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**Nombre del trabajo: "Pagina 29 y 30"**

**Materia: Ingles**

**PASIÓN POR EDUCAR**

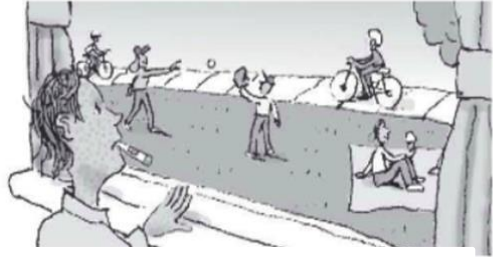
**Grado: 3 Grupo: A**

Give these people advice. Use the phrases in the box.

- drink some water
- go to the grocery store
- have a hot drink
- stay up late
- go home early
- lift heavy things
- go outside
- work too hard



1. Don't work too hard.



2. Don't go outside



3. Go have a hot drink



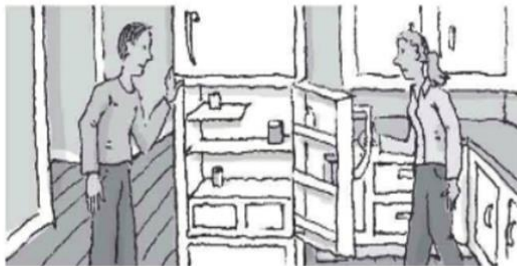
4. Don't lift heavy things



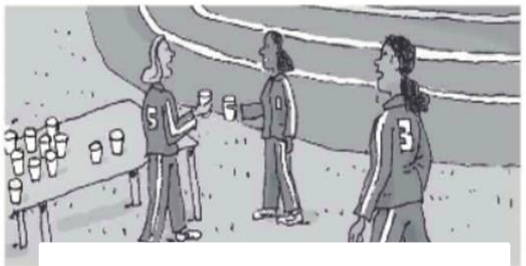
5. You can go home early



6. Don't stay up late



7. We can go to the grocery store



8. Drink some water

## 7

Write two pieces of advice for each problem.

- |                          |  |
|--------------------------|--|
| 1. I have a cold.        | Don't go to school today. Take a cold pill.              |
| 2. I have a toothache.   | Do not chew hard things. Take a pill.                    |
| 3. I have a sore throat. | Don't go out if it's cold. Take a sore throat pill.      |
| 4. I have an earache.    | Take an earache pill. Don't expose yourself to the wind. |
| 5. I have a stomachache. | Take antacid. Drink water.                               |
| 6. I have a backache.    | Take a backache pill. Stay lying down.                   |
| 7. I have sore eyes.     | Use eye drops. Don't use cell phone, computer, etc.      |
| 8. I have a fever.       | Take ibuprofen.  |

## 8

Health survey

A How healthy and happy are you? Complete the survey.

**How often do you ... ?**

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I hardly ever get a headache, an earache, or a stomachache.

I often stay up late on weekends, but I never stay up late on weekdays.

1. I hardly ever get an earache, a stomachache, or a fever.
2. I sometimes get a headache, a cold, get the flu, or feel sleepy.
3. I often stay up late.
4. I sometimes feel sleepy. But I never sleep in the afternoons.