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**Materia: Ingles 3**

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**Grupo: B**

**PASIÓN POR EDUCAR**

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6

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

drink some water  
 go home early

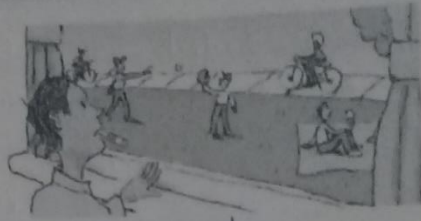
go to the grocery store  
 lift heavy things

have a hot drink  
 go outside

stay up late  
 work too hard



1. Don't work too hard



2. stay up late



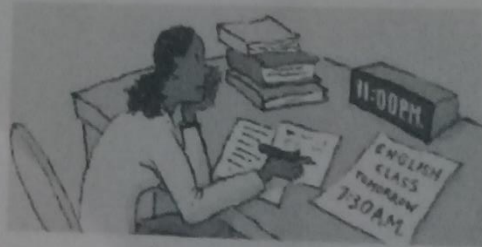
3. Have a hot drink



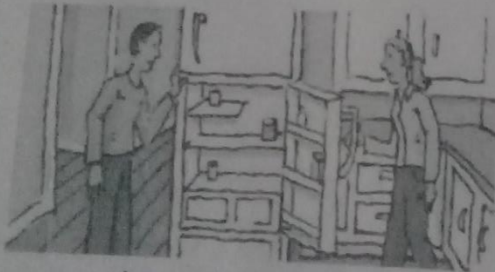
4. LIFT heavy things



5. go outside



6. go home early



7. go to the grocery store



8. drink some water

**7** Write two pieces of advice for each problem.

- |                          |   |
|--------------------------|---|
| 1. I have a cold.        | <u>Don't go to school today. Take a cold pill.</u>                          |
| 2. I have a toothache.   | <u>Don't play anymore more. take a calmor.</u>                              |
| 3. I have a sore throat. | <u>Don't drink cold water. take an orange tea with honey.</u>               |
| 4. I have an earache.    | <u>rest at a good time. take some pill for the pain.</u>                    |
| 5. I have a stomachache. | <u>Put on comfortable clothes. take a Chamomile tea.</u>                    |
| 6. I have a backache.    | <u>take a flonax pill. Sleep in good position.</u>                          |
| 7. I have sore eyes.     | <u>Stop using the computer and call phone for a while.</u>                  |
| 8. I have a fever.       | <u>take a paracetamol pill. don't rest early leave home for a few days.</u> |

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
feel sleepy	<input checked="" type="checkbox"/>	<input 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 a fever, I never go home early
2. I never get a cold
3. I sometimes get a headache
4. I hardly ever get an earache.