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GIVE THESE PEOPLE

**Materia:**

Ingles

**Grado:**

3

**Grupo:**

B



6 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. GO OUTSIDE



3. HAVE A HOT DRINK

4. LIFT HEAVY THINGS



5. GO HOME EARLY

6. STAY UP LATE



7. 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. **GO TO THE DENTIS. TAKE AN IBUPROFEN**
- 3. I have a sore throat. **SEE A DOCTOR. DRINK COUGH SYRUP**
- 4. I have an earache. **PUT SOME EAR DROPS. SEE A DOCTOR**
- 5. I have a stomachache. **TAKE AN ANTACID (PEPTO). DRINK COKE WITH MAIZENA AND TORTILLA**
- 6. I have a backache. **PUT SOME MUSCLE CREAM. DON T LIFT HEAVY THINGS**
- 7. I have sore eyes. **DON T USE THE COMPUTER TOO MUCH . USE EYE DROPS**
- 8. I have a fever. **USE SOME COLD WATER. TAKE SOME PARACETAMOL**

**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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 OFTEN HAVE A HEADACHE. I NEVER HAVE AN EARACHE**

2 **I SOMETIMES GET A HEADACHE**

3 **I HARLDYEVEER GET AN EARACHE**

4 **I OFTEN FEEL SLEEPY**