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

drink some water
 go home early

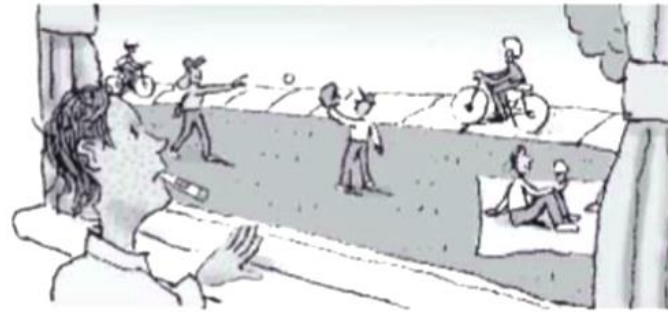
go to the grocery store
 lift heavy things

have a hot drink
 go outside

stay up late
 work too hard



1. Don't work too hard.



2. Don't Go outside



3. Have a hot drink



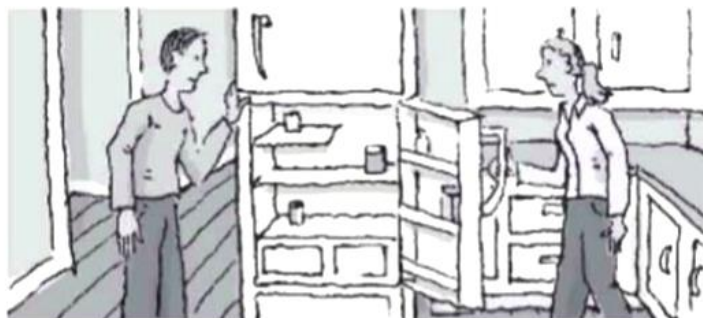
4. Don't Lift heavy things



5. Go home early



6. Don't Stay up late



7. Go to the grocery store



8. Drink some water

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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 eat sweet. Take an analgesic</u> |
| 3. I have a sore throat. | Take a pain reliever, and an antibiotic. You have to go to the doctor |
| 4. I have an earache. | Buy an otic dropper. use glycerin |
| 5. I have a stomachache. | Don't eat something irritating. Take a pain pill |
| 6. I have a backache. | Rub with an ointment. Massage the painful part. |
| 7. I have sore eyes. | Don't see your phone. Put on an eye drop. |
| 8. I have a fever. | Take an antipyretic. Put warm water on your forehead and feet. |

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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.

- I sometimes get a headache, or stomachache and Hardly ever get an earache _____
- I hardly ever get a cold and never get the flu _____
- I sometimes stay up late just like sometimes feel sleepy _____
- I hardly ever get a fever _____