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**Nombre del trabajo:** ACTIVIDAD # 5 HEALTH PROBLEMS  
AND ADVERBS OF FREQUENCY

**Materia: Ingles III**

**Grado: 3ro**

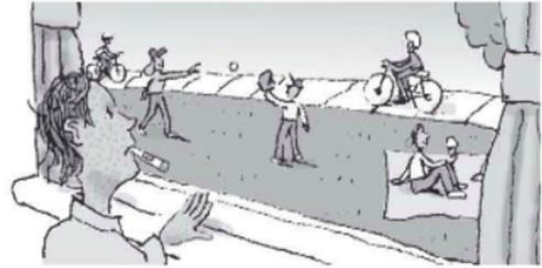
**Grupo: C**

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. DON'T GO OUT TOO MUCH



3. DRINK SOMETIMES HOT



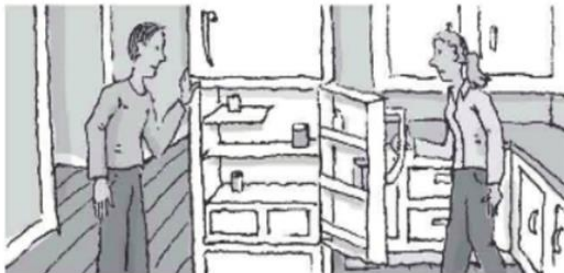
4. DONT LIFT HEAVY THINGS



5. GO HOME EARLY SOMETIMES



6. DON'T 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.
2. I have a toothache.
3. I have a sore throat.
4. I have an earache.
5. I have a stomachache.
6. I have a backache.
7. I have sore eyes.
8. I have a fever.

Don't go to school today. Take a cold pill.

2. I'll take a toothache pill
3. I'll HAVE A LEMON TEA WITH HONEY FOR A SORE THROAT
4. I'll PUT ON SOME EAR PAIN DROPS
5. I'll take a pill for the stomach pain
6. I'll PUT ON A BACK PAIN CREAM
7. I'll PUT ON EYE PAIN DROPS
8. I'll take a fever pill

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 OFTEN HAVE A HEADACHE I NEVER HAVE AN EARRACHE
2. SOMESTIMES GET A HEADACHE
3. I HARLDYEVER GET AN ERRACHE
4. I OFTEN FEEL SLEEPY