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Nombre del trabajo:

GIVE THESE PEOPLE

Materia:

INGLES

Grado:

"4"

Grupo:

"C"

Comitán de Domínguez Chiapas a 01 de agosto de 2020.



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



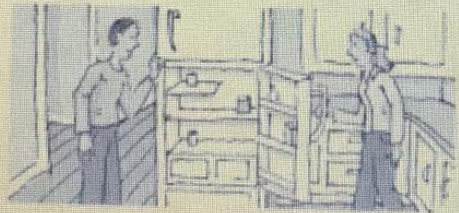
4. LIFT HEAVY THINGS



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 HARLDYEVER GET AN EARACHE
4. I OFTEN FEEL SLEEPY