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PASIÓN POR EDUCAR

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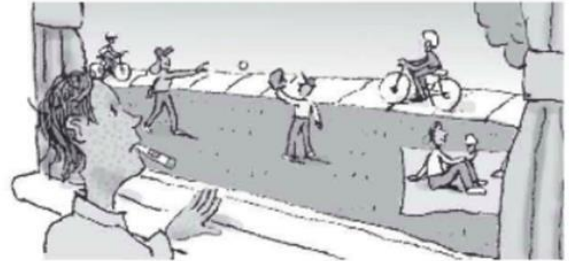
6

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 out side



3. Have a hot drink



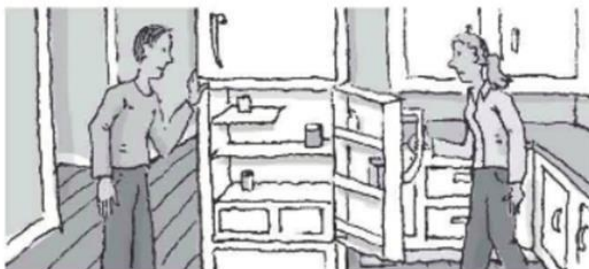
4. Don't lift heavy things



5. Drink some wather



6. Don't stay up late



7. Go the grocery store



8. Go home early

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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.	Don't eat heavy food. take an antacid
3. I have a sore throat.	Don't drink water cold, drink a cough syrup
4. I have an earache.	You must rest, take a aspirin
5. I have a stomachache.	Don't eat much. take a pain pill
6. I have a backache.	Don't lift heavy thing
7. I have sore eyes.	Sleep you a little. take a pain pill
8. I have a fever.	Don't Self-medicate, go to the doctor

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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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 never get sleep on the day, but i often sleep all the nighth
- I don't have sleepy in the day, but i sometimes in the nighth
- I hardly ever get a headache, but yes sometimes in summer
- I hardlv ever get a cold. but sometimes in winter