

**ALUMNA:** NOEMI CONCEPCION PUERTO ANTONIO

**MATERIA:** INGLES III

**DOCENTE:** EDUARDO ENRIQUE ARREOLA JIMENEZ

**TEMA:** WORKBOOK

**FECHA:** 06/06/2022

## SELF-ASSESSMENT

How well can you do these things? Check (✓) the boxes.

I can . . .

Talk about ways to celebrate holidays (Ex. 1)

Use future time expressions (Ex. 1, 2)

Understand conversations about problems (Ex. 3)

Talk about problems (Ex. 4)

Ask how people are and give advice (Ex. 4)

Very well

OK

A little
















## 1 SPEAKING Holiday customs

A Complete the questions with names of different holidays.

Are you going to . . . ?

eat special food on

give gifts on

have a party on

play music on

wear special clothes on

Name

**Christmas Eve**

**birthday**

**party room**

**horn**

**ceremonies and church**

B **CLASS ACTIVITY** Are your classmates going to do the things in part A? Go around the class and find out. Try to write a different person's name on each line.

## 2 SPEAKING Future plans

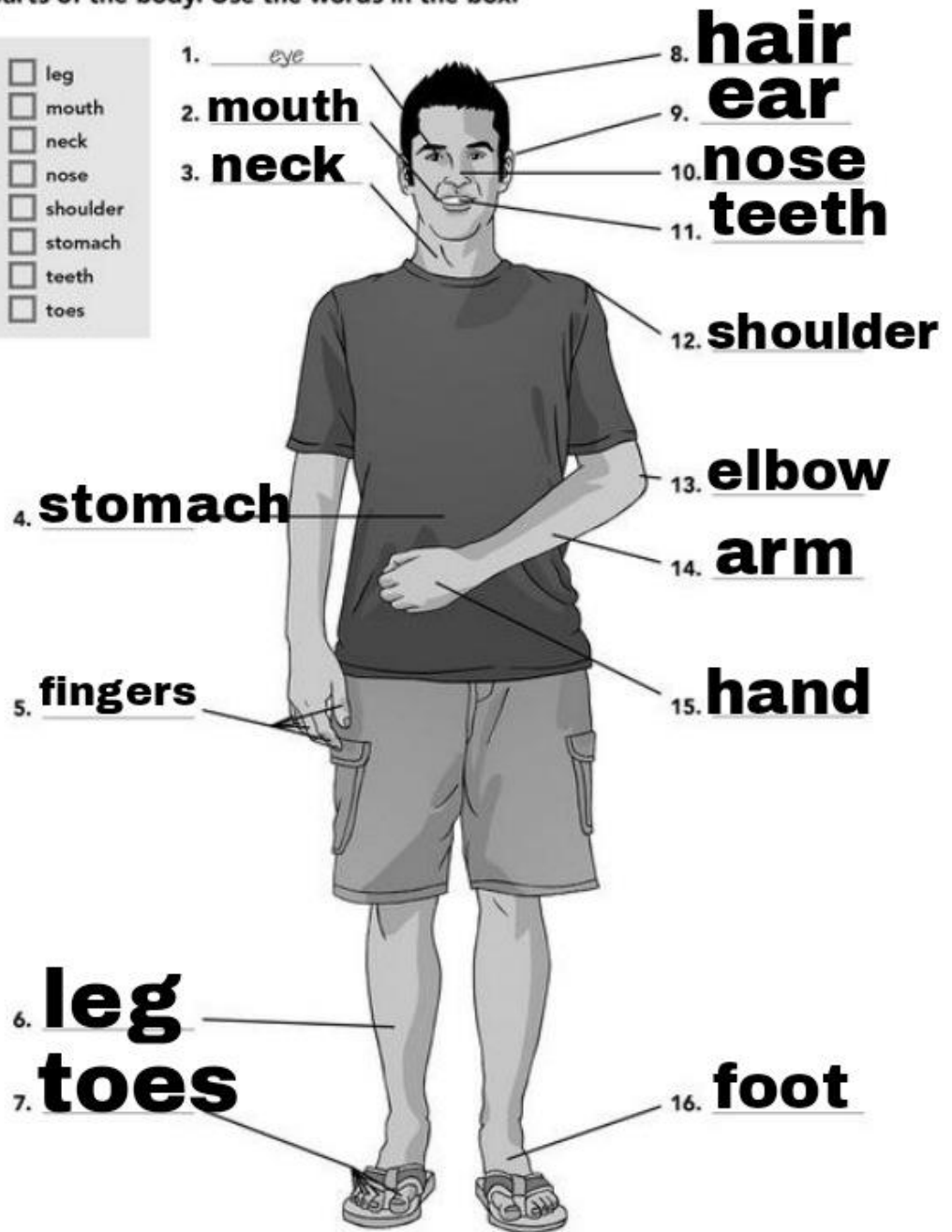
Complete these questions with different time expressions. Add one more question. Then ask a partner the questions.

- How are you going to get home tonight ?
- What time are you going to go to bed **tomorrow** ?
- Where are you going to go **Weekend** ?
- What are you going to do **afternoon** ?
- Who are you going to eat dinner with **tomorrow** ?
- Who are you going to the plaza with next week?** ?

WORKBOOK

1 Label the parts of the body. Use the words in the box.

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> arm            | <input type="checkbox"/> leg      |
| <input type="checkbox"/> ear            | <input type="checkbox"/> mouth    |
| <input type="checkbox"/> elbow          | <input type="checkbox"/> neck     |
| <input checked="" type="checkbox"/> eye | <input type="checkbox"/> nose     |
| <input type="checkbox"/> fingers        | <input type="checkbox"/> shoulder |
| <input type="checkbox"/> foot           | <input type="checkbox"/> stomach  |
| <input type="checkbox"/> hair           | <input type="checkbox"/> teeth    |
| <input type="checkbox"/> hand           | <input type="checkbox"/> toes     |



**2** What's wrong with these people? Write sentences.



1. He has a toothache.



2. **he has Neckache**



3. **he has earache**



4. **he has stomachache**



5. **he has headache**



6. **he has waistache**





**4 Complete the sentences with the correct medications.**

1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some **cold pills**.
3. Your eyes look red and tired. Get some **eye drops**.
4. Alan has a stomachache, so he's going to get some **Antacid**.
5. I have a terrible headache. I need some **Aspirin**.
6. Mandy's cough sounds awful. I'm going to give her some **Cough Syrup**.



**5 Write each sentence a different way. Use the sentences in the box.**

- |  |  |
|--|--|
| <input type="checkbox"/> My head feels terrible. | <input checked="" type="checkbox"/> I'm not happy. |
| <input type="checkbox"/> I have a stomachache.   | <input type="checkbox"/> I'm sorry to hear that.   |
| <input type="checkbox"/> What's wrong?           | <input type="checkbox"/> I'm very tired.           |
| <input type="checkbox"/> I'm glad to hear that.  | <input type="checkbox"/> I have a sore throat.     |

1. I feel sad.  
I'm not happy.
2. What's the matter?  
**What's wrong?**
3. I'm exhausted.  
**I'm very tired**
4. That's too bad.  
**I'm sorry to hear that**
5. That's good.  
**I'm glad to hear that**
6. I have a headache.  
**My head feels terrible**
7. My stomach hurts.  
**I have a stomachache**
8. My throat is sore.  
**I have a sore throat**



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

- |  |  |
|--|--|
| <input type="checkbox"/> drink some water        | <input type="checkbox"/> have a hot drink  |
| <input type="checkbox"/> go home early           | <input type="checkbox"/> lift heavy things |
| <input checked="" type="checkbox"/> go outside   | <input type="checkbox"/> stay up late      |
| <input type="checkbox"/> go to the grocery store | <input type="checkbox"/> work too hard     |



1. Don't go outside.



2. drink some water



3. work too hard



4. go to the grocery store



5. go home early



6. have a hot drink



7. lift heavy things



8. stay up late

**7 Write two pieces of advice for each problem.**

- |                          |   |
|--------------------------|---|
| 1. I have a sore throat. | <u>Don't go to work today. Drink some chamomile tea.</u>                          |
| 2. I have a toothache.   | <u>Rinse your mouth with warm water.</u>  |
| 3. I have a cough.       | <u>Take a spoonful of honey with lemon.</u>                                       |
| 4. I have a cold.        | <u>Your body needs to rest. drink hot drinks, avoiding coffee and alcohol.</u>    |
| 5. I have a stomachache. | <u>Drink plenty of fluids, especially water.</u>                                  |
| 6. I have a headache.    | <u>Get enough sleep.</u>  |
| 7. I have the flu.       | <u>Plenty of fluids and rest. drink orange or lemon juice, vitamin C is good.</u> |
| 8. I have a fever.       | <u>Place water compresses on the forehead and stomach.</u>                        |

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I sometimes stay up late, but I hardly ever feel sleepy.

I hardly ever get a cold or the flu.

1. **I sleep late and I'm almost always sleepy**
2. **sometimes I can get a stomach ache from some heavy food**
3. **when the rain catches me on the street and i get wet it gives me a fever**
4. **I get a headache when I spend time on the computer doing homework**



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