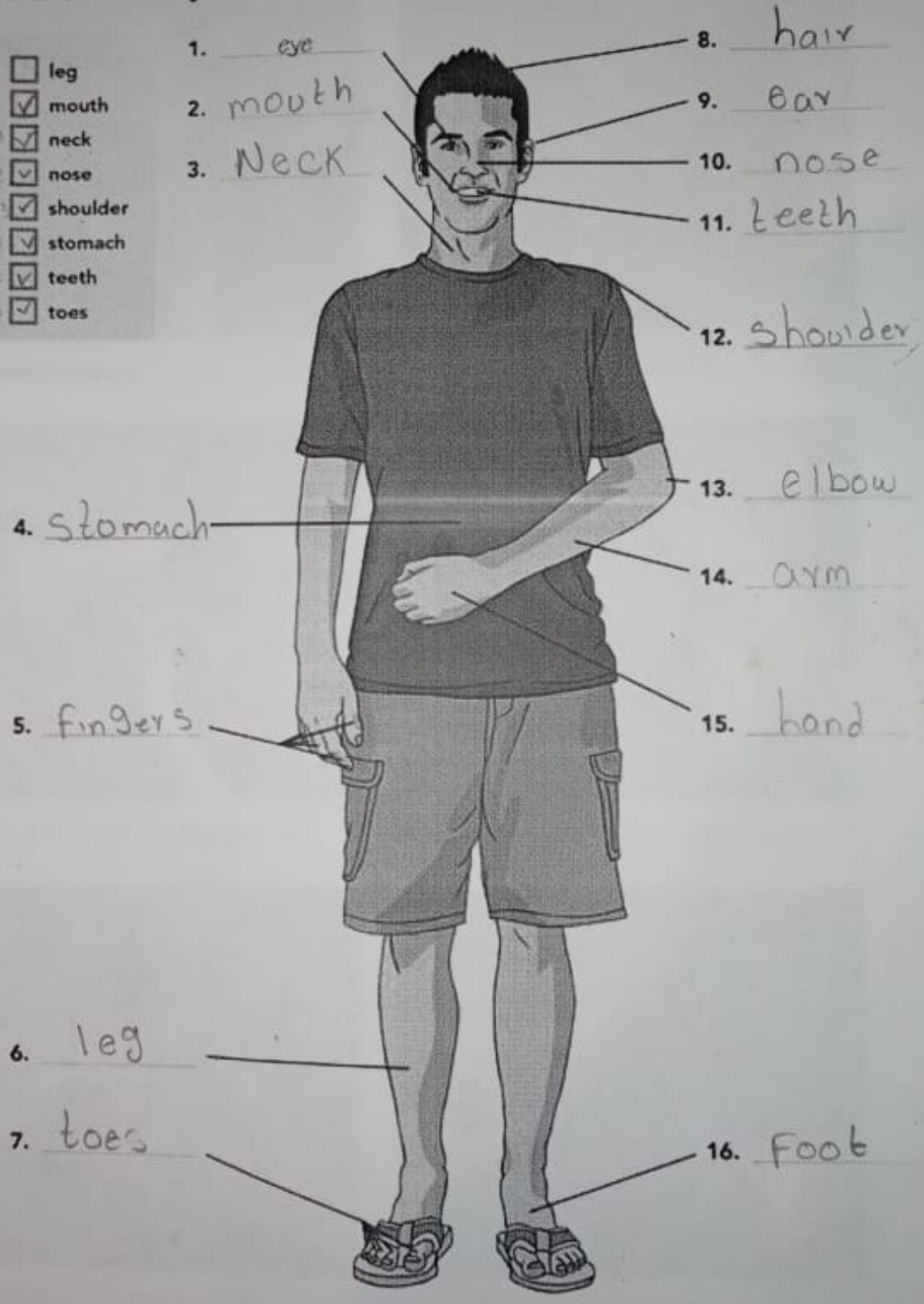


WORKBOOK

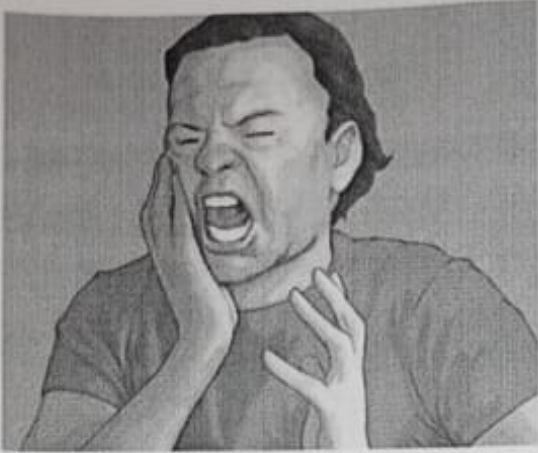
1 Label the parts of the body. Use the words in the box.

- |                                     |         |    |                                     |          |
|-------------------------------------|---------|----|-------------------------------------|----------|
| <input checked="" type="checkbox"/> | arm     | 1  | <input type="checkbox"/>            | leg      |
| <input checked="" type="checkbox"/> | ear     | 10 | <input checked="" type="checkbox"/> | mouth    |
| <input checked="" type="checkbox"/> | elbow   | 11 | <input checked="" type="checkbox"/> | neck     |
| <input checked="" type="checkbox"/> | eye     | 12 | <input checked="" type="checkbox"/> | nose     |
| <input checked="" type="checkbox"/> | fingers | 13 | <input checked="" type="checkbox"/> | shoulder |
| <input checked="" type="checkbox"/> | foot    | 14 | <input checked="" type="checkbox"/> | stomach  |
| <input checked="" type="checkbox"/> | hair    | 15 | <input checked="" type="checkbox"/> | teeth    |
| <input checked="" type="checkbox"/> | hand    | 16 | <input checked="" type="checkbox"/> | toes     |



2

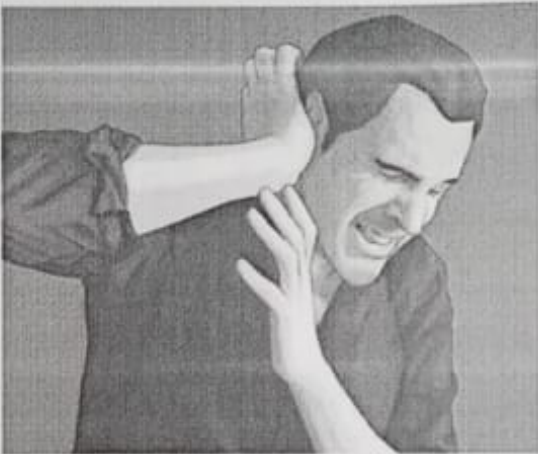
What's wrong with these people? Write sentences.



1. He has a toothache.



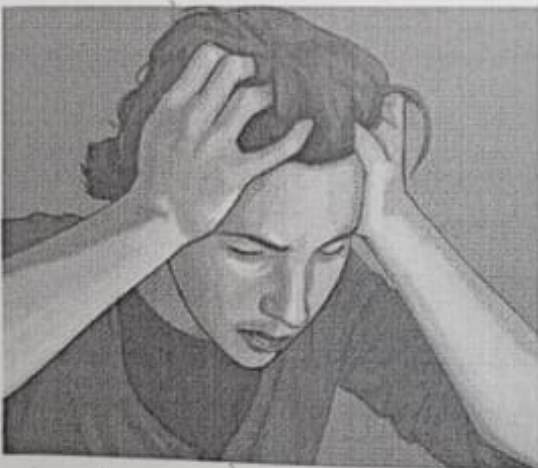
2. she has a sore throat



3. he has an earache



4. he has a stomachache



5. he has a headache



6. she has a backache

**3** Complete the conversations. Use the questions and sentences in the box.

- Great. See you later.
- How do you feel today?
- I'm fine, thanks. How about you?
- I'm glad to hear that.

- OK. Get some rest.
- So, are you going to go to the meeting this afternoon?
- That's too bad. Are you going to see a doctor?
- What's wrong?

**Tuesday morning**

1. **Jake:** Hi, Camila. How are you?  
**Camila:** I'm fine, thanks. How about you?  
**Jake:** Not so good. Actually, I feel really awful.  
**Camila:** What's wrong?  
**Jake:** I think I have the flu.  
**Camila:** That's too bad. Are you going to see a doctor?  
**Jake:** No, I'm going to go home now.  
**Camila:** OK. Get some rest  
**Jake:** OK. Thanks.

**Thursday morning**

2. **Camila:** How do you feel today?  
**Jake:** I feel much better.  
**Camila:** I'm glad to hear that.  
**Jake:** Thanks.  
**Camila:** So, are you going to go to the meeting this afternoon?  
**Jake:** Yes, I am.  
**Camila:** Great. See you later.





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

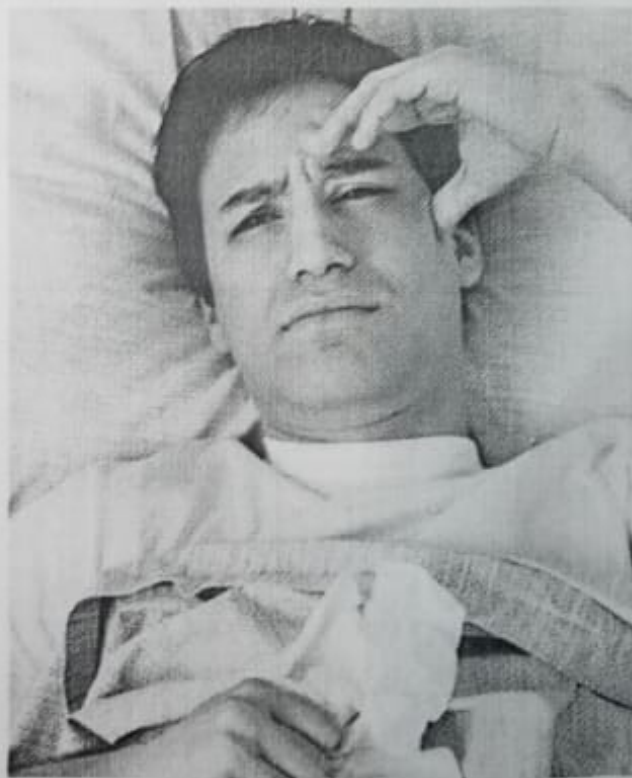
1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some I'm going to take a drop.
3. Your eyes look red and tired. Get some A few drops will help.
4. Alan has a stomachache, so he's going to get some A pill for pain.
5. I have a terrible headache. I need some A migraine pill.
6. Mandy's cough sounds awful. I'm going to give her some tea.



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

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

1. I feel sad.  
I'm not happy.
2. What's the matter?  
My head feels terrible.
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.  
what's wrong?
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 checked="" type="checkbox"/> drink some water        | <input type="checkbox"/> have a hot drink             |
| <input type="checkbox"/> go home early                      | <input checked="" type="checkbox"/> lift heavy things |
| <input checked="" type="checkbox"/> go outside              | <input checked="" type="checkbox"/> stay up late      |
| <input checked="" type="checkbox"/> go to the grocery store | <input type="checkbox"/> work too hard                |



1. Don't go outside.



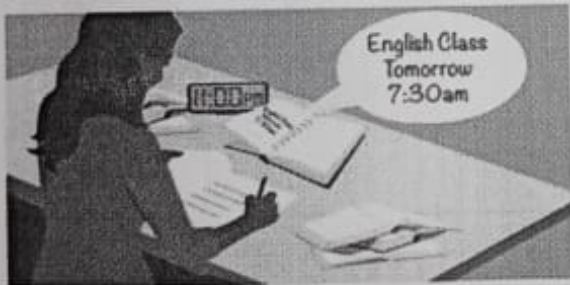
2. Does's go home early



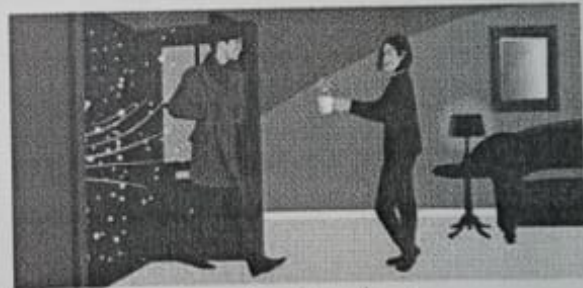
3. Drink some water



4. I have to go to the grocery store.



5. stay up late



6. have a hot drink



7. Don't lift heavy things



8. work too hard

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

- |  |  |
|--|--|
| 1. I have a sore throat.<br><i>Tengo dolor de garganta</i> | Don't go to work today. Drink some chamomile tea.          |
| 2. I have a toothache.<br><i>Tengo dolor de muela</i>      | Go to the dentist  |
| 3. I have a cough.<br><i>Tengo tos</i>                     | take a cough drop  |
| 4. I have a cold.<br><i>Tengo un resfriado</i>             | take a pill so you don't get sick                          |
| 5. I have a stomachache.<br><i>Tengo dolor de estomago</i> | take a pill for the stomache so it won't hurt you any more |
| 6. I have a headache.<br><i>Tengo dolor de cabeza</i>      | take a headache pill and relax                             |
| 7. I have the flu.<br><i>Tengo gripe</i>                   | take a pill  |
| 8. I have a fever.<br><i>Tengo fiebre</i>                  | Take a bath to lower the temperature and a 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 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.

- Sometimes I don't have breakfast
- I almost never get sick
- I often sleep so late
-