



**Nombre del alumno: María José Muñoz Arguello**

**Nombre del profesor: Jezabel Ivonne Silvestre Montejo**

**Nombre del trabajo: Label the parts of the body**

**Materia: Ingles 3**

**Grado: 3°**

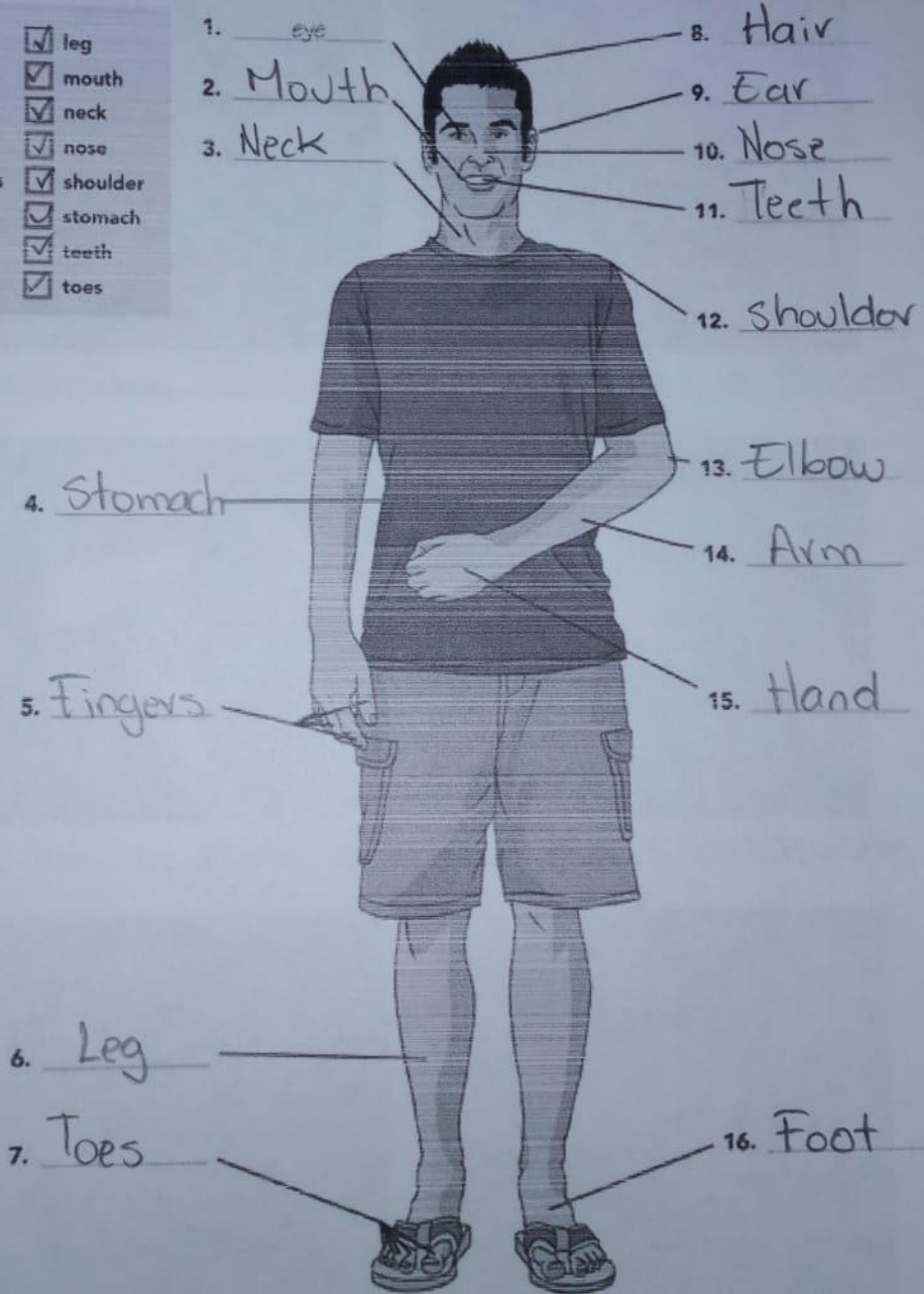
**Grupo: "A"**

Comalapa Chiapas a 13 de Junio de 2023.

WORKBOOK

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

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



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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Great. See you later.            | <input checked="" type="checkbox"/> OK. Get some rest.                                     |
| <input checked="" type="checkbox"/> How do you feel today?           | <input checked="" type="checkbox"/> So, are you going to go to the meeting this afternoon? |
| <input checked="" type="checkbox"/> I'm fine, thanks. How about you? | <input checked="" type="checkbox"/> That's too bad. Are you going to see a doctor?         |
| <input checked="" type="checkbox"/> I'm glad to hear that.           | <input checked="" type="checkbox"/> 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



Tuesday morning



Thursday morning

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 stomachache



5. She has headache



6. She has back pain

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

- drink some water
- go home early
- go outside
- go to the grocery store
- have a hot drink
- lift heavy things
- stay up late
- work too hard



1. Don't go outside.



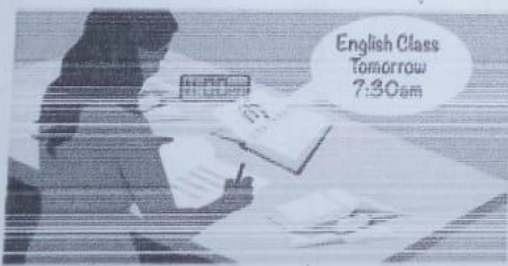
2. Go home early



3. drink some water



4. Go to the grocery store



5. stay up late



6. have a hot drink



7. Lift heavy things



8. Work too hard

**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 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?  
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



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

- |                          |   |
|--------------------------|---|
| 1. I have a sore throat. | Don't go to work today. Drink some chamomile tea. |
| 2. I have a toothache.   | Go to the dentist                                 |
| 3. I have a cough.       | Don't drink cold, take cough syrup                |
| 4. I have a cold.        | Drink a tea and a cold pill                       |
| 5. I have a stomachache. | Take antacid                                      |
| 6. I have a headache.    | Take an aspirin pill                              |
| 7. I have the flu.       | Take a flu  |
| 8. I have a fever.       | Go to the doctor or take a paracetamol<br>take    |

**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" 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 usually have a headache
- I often have a stomachache
- Sometimes I usually have a fever
- I often have the flu