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9 GRAMMAR FOCUS

▶ Imperatives

Get some rest.

Drink lots of juice.

Take one pill every evening.

Don't stay up late.

Don't drink soda.

Don't work too hard.

GRAMMAR PLUS see page 143

Complete these sentences. Use the correct forms of the words in the box.

✓ call stay not go not drink
see take ✓ not worry not eat

1. Call a dentist.
2. Don't worry too much.
3. take a hot bath.
4. Don't go to school.

5. stay in bed.
6. see a doctor.
7. don't drink coffee.
8. don't eat any candy.

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10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. take a rest
get a massage



2. don't move your wrist
go to see a doctor



3. go to an ophthalmologist
don't scratch



4. take a sleeping pill
have some tea

B **GROUP WORK** Act out the problems from part A. Your classmates give advice.

A: I don't feel well.

B: What's the matter?

A: My feet hurt.

B: I have an idea. Take a hot bath. And don't . . .

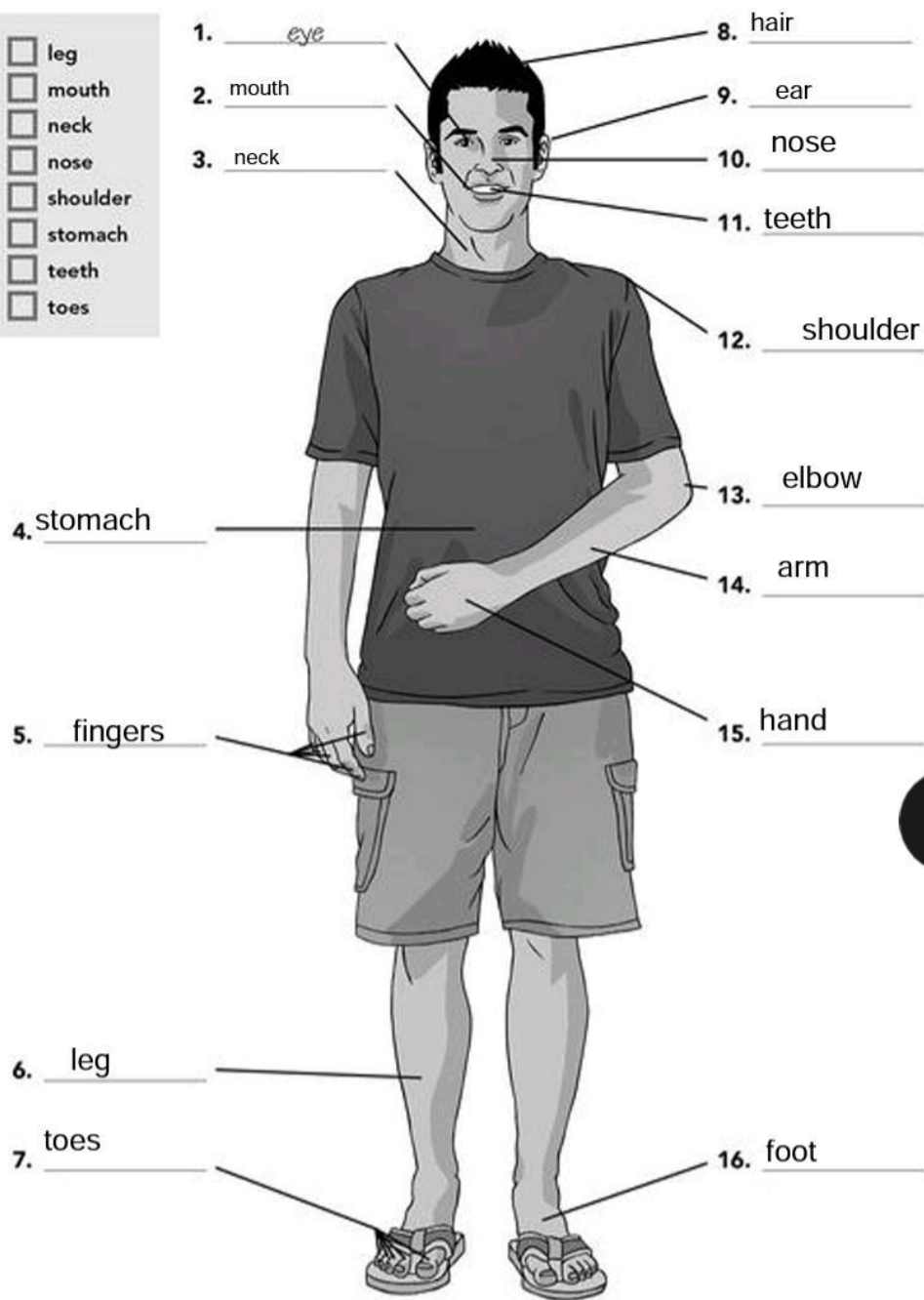
11 INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.

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 |



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>don't drink cold water. go to the dentist</u> |
| 3. I have a cough. | <u>don't force your throat too much. drink some tea</u> |
| 4. I have a cold. | <u>don't go outside. go see a doctor</u> |
| 5. I have a stomachache. | <u>don't eat anything spicy. take an antacid</u> |
| 6. I have a headache. | <u>don't move too much. take a rest</u> |
| 7. I have the flu. | <u>do not drink alcohol. eat a soup</u> |
| 8. I have a fever. | <u>don't get out of bed. take a pill</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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 often have a cold, flu and fever.
2. I often sleep late and feel sleepy
3. sometimes I get headache and earache
4. sometimes I have stomachache