

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 126

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. to be 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.

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. she should take a pill.



2. He should take a pill.



3. she should put eyes drops.



4. He should take a shot before of sleep.

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.

7 Write two pieces of advice for each problem.

- I have a sore throat.
- I have a toothache.
- I have a cough.
- I have a cold.
- I have a stomachache.
- I have a headache.
- I have the flu.
- I have a fever.

Don't go to work today. Drink some chamomile tea.
 Take a pill and see a dentist
 Don't eat cold. Drink cough soup
 Don't go to outside. and take a cold medicine
 Don't go to school today. Drink chamomile tea.
 Take an aspirin you take a rest
 Don't go outside for rain. Drink chicken soup
 Take a shower with hot water and ~~have~~
 take an aspirin

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 type="checkbox"/>	<input type="checkbox"/>
get a cold	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input checked="" 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.

- I often get a flu or a cold
- I hardly ever feel sleepy. But don't stay up late
- I sometimes feel get a stomachache. But take a
- I sometimes feel get a headache. But take pills.
an aspirin.

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

