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9 GRAMMAR FOCUS

9 Imperatives

- | | |
|------------------------------|----------------------|
| Get some rest. | Don't stay up late. |
| Drink lots of juice. | Don't drink soda. |
| Take one pill every evening. | Don't work too hard. |

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. | 5. stay in bed. |
| 2. Don't worry too much. | 6. see a doctor. |
| 3. Take a hot bath. | 7. Don't drink coffee. |
| 4. Don't go to school. | 8. Don't eat any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



- Get some rest
- Put an ice pack



- Take an pills
- Put an ice pack



- Don't stay up late
- Don't work too hard.



- Get some rest
- Drink a hot tea

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

- | | |
|-----------------------|--|
| A: I don't feel well. | A: My feet hurt. |
| B: What's the matter? | 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.

Name: Udazquez Mazariegos

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. Take a pills and see a dentist
- 3. I have a cough. Don't eat cold. Drink cough soup
- 4. I have a cold. Don't go to outside, and take a cold medicine
- 5. I have a stomachache. Don't go to school today drink chamomile tea
- 6. I have a headache. Take an aspirin you take a rest
- 7. I have the flu. Don't go outside for rain Drink chicken soup
- 8. I have a fever. Take a shower with hot water and 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 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 often get a flu or cold
2. I hardly ever feel sleepy. But don't stay up late
3. I some times feel get a stomachache but take a pills.
4. I some times feel get a headache. but take an aspirin

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

- 1. eye
- 2. mouth
- 3. Neck

- 8. hair
- 9. ear
- 10. nose
- 11. teeth
- 12. Shoulder

4. Stomach

- 13. elbow
- 14. arm

5. fingers

15. hand

6. leg

7. toes

16. foot

