

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 page 142

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

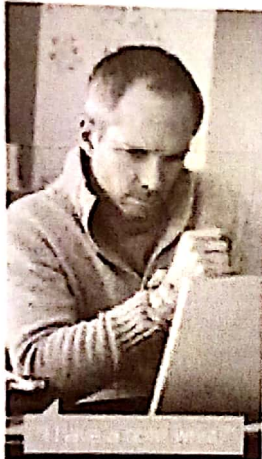
- | | |
|---|------------------------------------|
| 1. _____ Call _____ a dentist. | 5. <u>STAY</u> _____ in bed. |
| 2. _____ Don't worry _____ too much. | 6. <u>SEE</u> _____ a doctor. |
| 3. _____ <u>TAKE</u> _____ a hot bath. | 7. <u>NOT DRINK</u> _____ coffee. |
| 4. _____ <u>NOT GO</u> _____ to school. | 8. <u>NOT EAT</u> _____ any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. TAKE ANALGESICS



2. PUT AN OINTMENT



3. POT AN EYE DROPS



4. DRINK A SPEARMINT 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.

- 6. I have a nose...
- 7. I have the flu.
- 8. I have a fever.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 always have back pain
2. I sometimes my feet hurt
3. Many times they give me pain in the heart
4. I get cramps on the sole of my foot

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 |

