



Name: \_\_\_\_\_ Group: \_\_\_\_\_ Date: 09/11/2021



### Activity 4: Do it yourself



**Goal - Propósito:** Elabora un cuestionario y un párrafo para promover la actividad física y buenos hábitos alimenticios.

**1** Write/Match the phrases with the pictures. - Escribe/ubica la frase bajo la imagen correcta.

Try exercise classes online

Eat moderate amount of fats and oils

Stay active

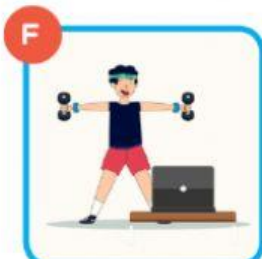
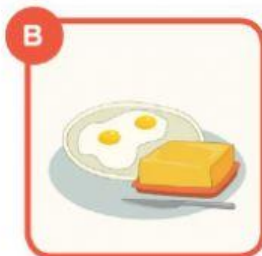
Drink enough water

Dance to the music

Limit sugar diet

Eat a variety of vegetables and fruit

Take healthy walks



**2** Match the questions and the answers. Une las preguntas con la respuesta correcta:

Do you **drink water**?

How often do you **eat vegetables**?

Do you **exercise**?

What **vegetables** do you like?

Yes, I do. I love exercise.

I like lettuce, tomatoes and carrots.

I eat vegetables twice a week.

No, I don't. I drink soda.

### Let's create. Creamos nuestra evidencia

**RETO:** elaborar recomendaciones en inglés para promover la actividad física y los buenos hábitos alimenticios de otros adolescentes como tú a partir de la información obtenida en un cuestionario.

**Topic: Food and drink habits**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Nationality: \_\_\_\_\_

keep **ME** healthy



ITEM	QUESTIONS
Eat fruits?	_____ Yes <input type="checkbox"/> No <input type="checkbox"/>
What fruit/eat?	_____
Frequency...?	Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> More than three times a day <input type="checkbox"/>
Like vegetables?	_____ Yes <input type="checkbox"/> No <input type="checkbox"/>
What vegetables/eat?	_____
Frequency...?	Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> More than three times a day <input type="checkbox"/>
Like fast food?	_____ Yes <input type="checkbox"/> No <input type="checkbox"/>
What fast food/eat?	_____
Frequency...?	Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> More than three times a day <input type="checkbox"/>
Drink water?	_____ Yes <input type="checkbox"/> No <input type="checkbox"/>
Frequency...?	Never <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Always <input type="checkbox"/>

**Results:**

Healthy lifestyle

Unhealthy lifestyle

PASO  
02

**Complete the paragraph with some recommendation to improve the lifestyle. – Completa el párrafo con recomendaciones para mejorar su estilo de vida.**

Dear, \_\_\_\_\_

You have to follow these recommendations to improve your lifestyle:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Take care.

\_\_\_\_\_ (your name)

