

Match what happened with the results. Write the numbers in the boxes.

What happened		Result
1) I hit my head on the door	<input type="checkbox"/>	I have diarrhea
2) I had a car accident	<input type="checkbox"/>	I have a toothache
3) I am seasick. I need to go to the restroom	<input type="checkbox"/>	I have a fever
4) I ate something and got a reaction on my skin.	<input type="checkbox"/>	I have the measles
5) I slipped in the stairs and landed on my foot	<input type="checkbox"/>	I have blisters
6) I keep sneezing. My nose is runny and I cough	<input type="checkbox"/>	I have a rash
7) My cheek is swollen and my tooth hurts	<input type="checkbox"/>	I am dizzy
8) I fell on my hand while playing tennis	<input type="checkbox"/>	I'm vomiting
9) I ate something damaged or rotten	<input type="checkbox"/>	I cut my finger
10) I get a sharp pain in my back when I bend or twist my body	<input type="checkbox"/>	I have a concussion
11) I feel ill, I can't stand up. Everything is spinning	<input type="checkbox"/>	I have a sunburn
12) My new shoes hurt my feet yesterday	<input type="checkbox"/>	I have a big bump
13) My body feels very hot and I'm thirsty. Temperature 38C	<input type="checkbox"/>	I have a sprained ankle
14) I was ironing and got distracted	<input type="checkbox"/>	I have the flu
15) Your new knife was really sharp	<input type="checkbox"/>	I have a sprained wrist
16) I can't breathe easily through my nose. It feels blocked	<input type="checkbox"/>	I have a backache
17) My body aches and I have a fever, spots and a rash	<input type="checkbox"/>	I have a stuffy nose
18) I was fighting with my brother; he hit me on the eye	<input type="checkbox"/>	I have an insect bite
19) My face skin is bumpy, I don't like it	<input type="checkbox"/>	I have a burnt hand
20) I was fishing and there were lots of insects	<input type="checkbox"/>	I have a blackeye
21) I fell asleep at the beach and now my body aches	<input type="checkbox"/>	I have a lot of pimples