

Name: _____

Class: _____



Listening

1 Listen and match.



Monday

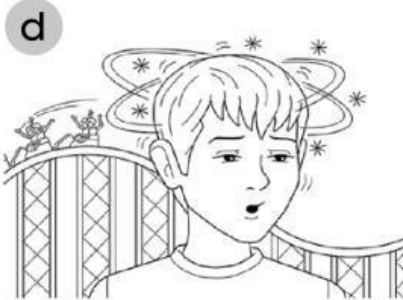
Tuesday

Wednesday

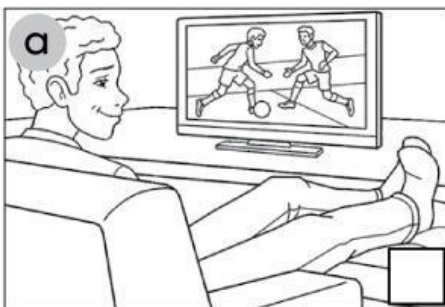
Thursday

Friday

Saturday



2 Listen and number.



1

10

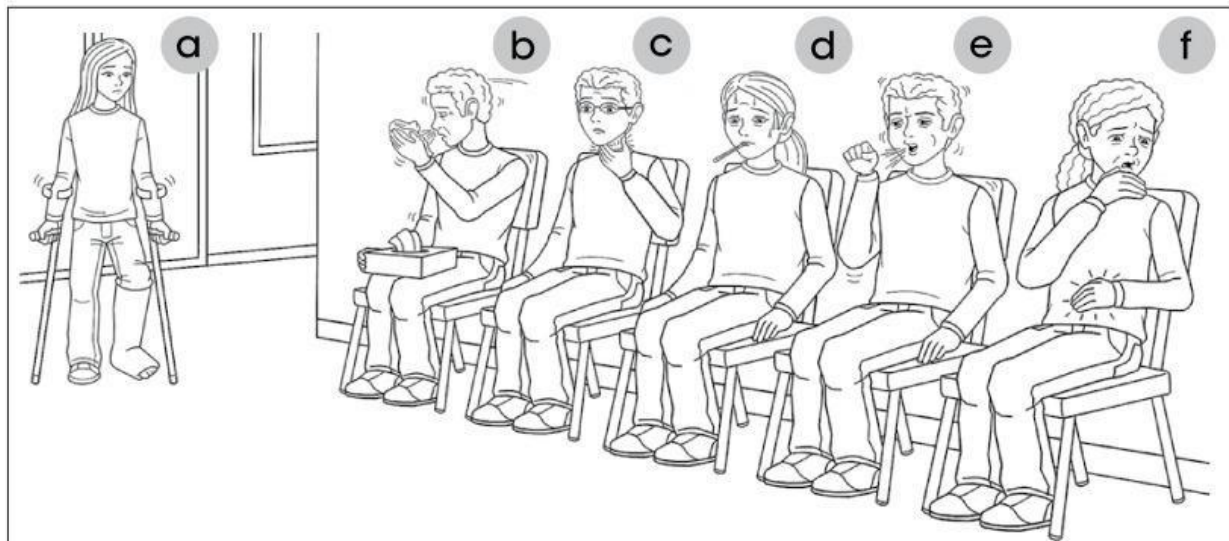
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Reading

3 Look, read and write the letters.



- | | |
|-------------------------------------|---------------------------|
| 1 She's got a temperature. <u>d</u> | 4 He's got a cold. _____ |
| 2 He's got a sore throat. _____ | 5 She feels sick. _____ |
| 3 She's got a broken leg. _____ | 6 He's got a cough. _____ |



4 Read and match.

- | | |
|---------------------------|-------------------------------------|
| 1 I've got a sore throat. | a You mustn't eat lots of sweets. |
| 2 I feel dizzy. | b You mustn't go on the roundabout. |
| 3 I've got flu. | c You must take some medicine. |
| 4 I feel sick. | d You mustn't ride your bike. |
| 5 I've got a broken leg. | e You mustn't go to school. |
| 6 I've got earache. | f You mustn't listen to loud music. |



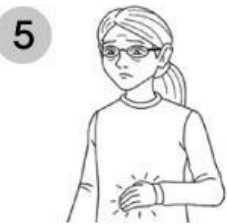
Name: _____

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Writing

5 Look and write.



- 1 Has Amy got _____ **flu** _____?
Yes, she has.
- 2 Do Megan and Anne _____?
Yes, they do.
- 3 Does James _____?
Yes, he does.
- 4 Has Sam got _____?
Yes, he has.
- 5 Have you got _____?
Yes, I have.
- 6 Have you got _____?
Yes, I have.



6 Look and write.



- 1 How often **do you eat breakfast** _____?
- 2 How often _____?
- 3 How often _____?
- 4 How often _____?
- 5 How often _____?
- 6 How often _____?

