













Name P.6/..... No.

Look at the pictures and choose should or shouldn't, must or mustn't

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| <p>1.I've got toothache. I eat sweets.</p>  <p><input type="text" value="should"/> <input type="text" value="shouldn't"/></p> | <p>8.He's got fever. He take an aspirin.</p>  <p><input type="text" value="must"/> <input type="text" value="mustn't"/></p> |
| <p>2.She's got a cold. She.....take some medicine.</p>  <p><input type="text" value="should"/> <input type="text" value="shouldn't"/></p> | <p>7.I've got a flu. I go outside.</p>  <p><input type="text" value="must"/> <input type="text" value="mustn't"/></p> |
| <p>3.He's got cough. He..... warm water.</p>  <p><input type="text" value="should"/> <input type="text" value="shouldn't"/></p> | <p>8.He's got headache. He take an aspirin.</p>  <p><input type="text" value="must"/> <input type="text" value="mustn't"/></p> |
| <p>4.I've got sore throat. I go to school.</p>  <p><input type="text" value="should"/> <input type="text" value="shouldn't"/></p> | <p>9She feels dizzy. She take some rest.</p>  <p><input type="text" value="must"/> <input type="text" value="mustn't"/></p> |
| <p>5.She's got stomach ache. She eat spicy food.</p>  <p><input type="text" value="should"/> <input type="text" value="shouldn't"/></p> | <p>10.He feels ill. He go to swim.</p>  <p><input type="text" value="must"/> <input type="text" value="mustn't"/></p> |