

How do you feel? - Homework

5. Write each sentence a different way. Use the sentences in the box.

My head feels terrible.

I have a stomachache.

What's wrong?

I'm glad to hear that.

I'm not happy.

I'm sorry to hear that.

I'm very tired.

I have a sore throat.

1. I feel sad.

I'm not happy

2. What's the matter?

3. I'm exhausted.

4. That's too bad.

5. That's good.

6. I have a headache.

7. My stomach hurts.

8. My throat is sore.

6. Give these people advice. Use the phrases in the box.

- | | |
|--|--|
| <input type="checkbox"/> drink some water | <input type="checkbox"/> have a hot drink |
| <input type="checkbox"/> go home early | <input type="checkbox"/> lift heavy things |
| <input checked="" type="checkbox"/> go outside | <input type="checkbox"/> stay up late |
| <input type="checkbox"/> go to the grocery store | <input type="checkbox"/> work too hard |



1. Don't go outside



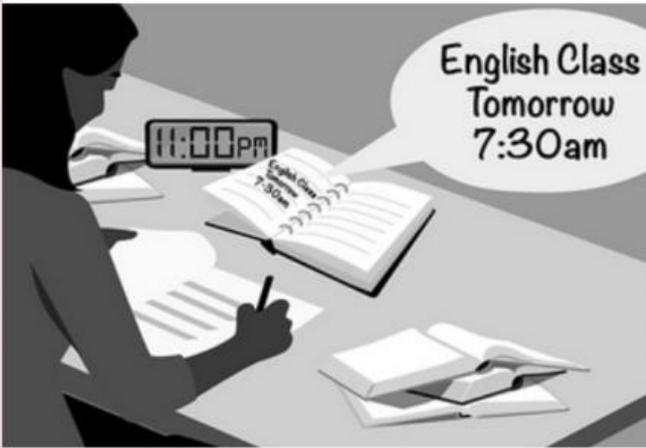
2.



3.



4.



5.



6.



7.



8.

7. Write two pieces of advice for each problem.

1. I have a sore throat.

Don't go to work today. Drink some chamomile tea.

2. I have a toothache.

3. I have a cough.

4. I have a cold.

5. I have a stomachache.

6. I have a headache.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input 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.

2.

3.

4.