SEP IEEPO
Juan Jacobo Rousseau
Elementary Bilingual School
Code:20PPR0107H School Zone: 055
"Today quality of teaching – Tomorrow quality of living"

NAME: _____

DATE: _____

I. Read and write, Use *You must* or *mustn´t*.

ride your bike listen to loud music eat lots of sweets
take some medicine ~~go on the roundabout~~ stay in bed

1. I feel dizzy. _____
2. I´ve got sore throat _____
3. I´ve got flu _____
4. I feel sick _____
5. I´ve got a broken leg _____

II. Circle the correct word and answer the questions.

1. Has she got ***flu / temperature***?

   Yes, _____.
2. Do Megan and Anne ***feel sick / feel dizzy***?

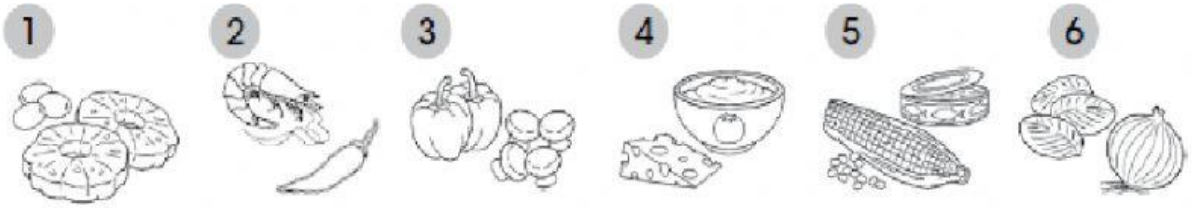
   Yes, _____.
3. Does James ***feel sick / feel dizzy***?

   Yes, _____.
4. Has he got ***sore throat / earache***?

   Yes, _____.
5. Have you got ***stomach ache / headache***?

   Yes, _____.

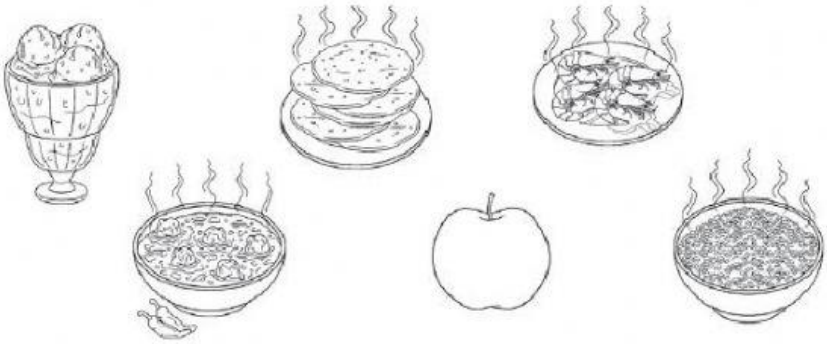
III. Look write the food and match



1. Do you prefer olives or pineapple?
2. Do _____?
3. Do _____?
4. Do _____?
5. Do _____?
6. Do _____?

a I prefer prawns
b I prefer tomato sauce
c I prefer sweetcorn
d I prefer olives
e I prefer spinach
f I prefer mushrooms

IV. Clasify the words.



plain
spicy
crunchy
savoury
soft
sweet

prawns	Ice cream	rice	curry	pancakes	apple