I AM (REALLY) STRESSED OUT

I HAVE…
problems sleeping

I FEEL SICK / I DON'T FEEL WELL

My ____ hurt(s)
I have a pain in my ____(s)

a sore throat
a cold
a cough
the flu
fever
a sprained ankle
a sunburn
asthma
an infection/ an ear-eye infection
an insect bite
temperature
an upset stomach

HIGH-LOW blood pressure

a backACHE
a headACHE
a stomach ACHE
a toothACHE
ACHING muscles

LIVEWORKSHEETS