



A multiple choice quiz. Tick the boxes to record the answer

1. have a headache

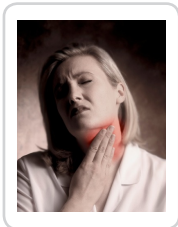
A



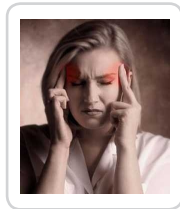
B



C

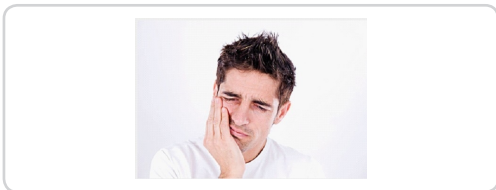


D

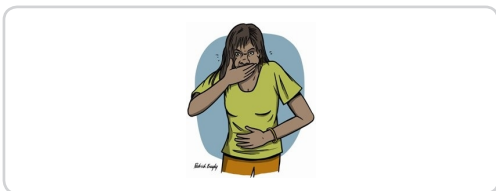


2. have a cough

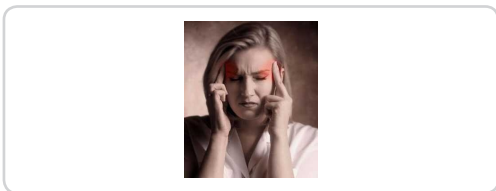
A



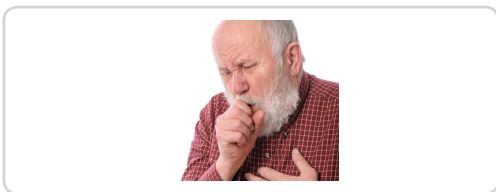
B



C

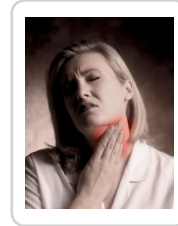


D



3. have a cold

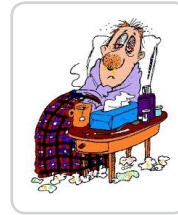
A



B



C

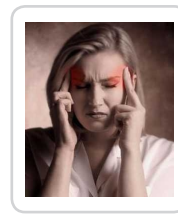


D



4. have a sore throat

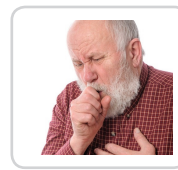
A



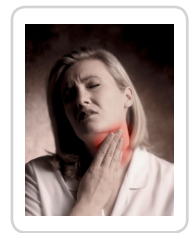
B



C



D



5. have a toothache

A



B



C



D



6. have an earache

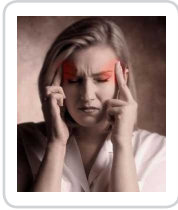
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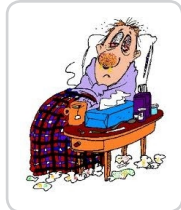
B



C



D

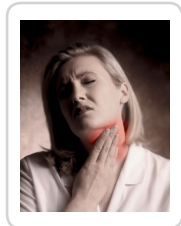


7. have a stomach ache

A



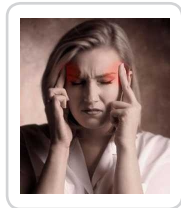
B



C



D



8. feel dizzy

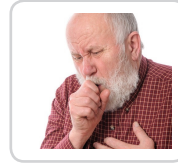
A



B



C



D



9. feel sick

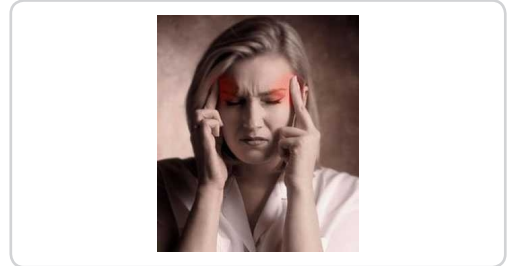
A



B



C



D

