

# STUDY ENGLISH

IELTS PREPARATION

ACTIVITY SHEET      EPISODE 13: READING SKILLS AND QUESTION TYPES

Practise and consolidate your learning by completing our activities. Both activities refer to **Reading Passage 1** which you will find on page 3.

The answers for all activities are on the last page.

**ACTIVITY 1**

Use the skills and strategies for matching paragraphs with headings to answer questions 1-6 below which are based on Reading Passage 1 **Childhood Obesity: On Being Overweight and Obese**. (Questions 1-6 in Activity 1 and 7-12 in Activity 2 together form a set of questions for one reading section. There are three sections in the real IELTS Reading Test. You should spend about 20 minutes on each.)

Reading Passage 1 (which you will find on **page 3**) has six paragraphs **A-F**.

*Choose the correct heading for paragraphs A-F from the list of headings below.*

*Write the correct number i-x in boxes 1-6 on your answer sheet.*

**List of Headings**

- i. Initial short-term consequences
- ii. Statistical data on obesity
- iii. Developing healthy eating habits
- iv. Grim prospects for obese children
- v. Findings yield concerns about childhood obesity
- vi. Professional health care support leads to success
- vii. Introduction to a regime of physical activity
- viii. Treatment for obesity
- ix. Causes and effects of gaining excess weight
- x. Risks associated with obesity

1 Paragraph A      _____	4 Paragraph D      _____
2 Paragraph B      _____	5 Paragraph E      _____
3 Paragraph C      _____	6 Paragraph F      _____

**ACTIVITY 2**

Use the skills and strategies for short answer questions to answer questions 7-12 below which are based on Reading Passage 1 **Childhood Obesity: On Being Overweight and Obese**. (Questions 1-6 in Activity 1 and 7-12 in Activity 2 together form a set of questions for a reading section. There are three sections in the real IELTS Reading Test. You should spend about 20 minutes on each.)

**Questions 7-10**

Answer the questions below using **NO MORE THAN THREE WORDS AND/OR A NUMBER** from the passage (which you will find on page 3) for each.

7. In what form is excessive energy stored as?
8. Who are obese children frequently bullied or teased by?
9. Which organisation was involved in finding a treatment for obesity in children?
10. What is the recommended amount of physical activity for children per day?

**Questions 11-12**

Using **NO MORE THAN THREE WORDS** for each, name **TWO** types of technological activities that cause obesity in children.

Write the types next to 11 and 12 on your answer sheet.

11. \_\_\_\_\_

12. \_\_\_\_\_



## READING PASSAGE 1

**Childhood Obesity****On Being Overweight and Obese**

A. There can be no doubt that our children are gaining weight at an alarming rate. In a study conducted by the National Institute of Childhood Health in the 1990s, one quarter of Australian children was found to be in the overweight or obese weight ranges. Over a decade later, that number has nearly doubled. For children in the overweight category, it has nearly doubled to 43.7% and more than tripled from 1.3 to 3.3% for obese children. Researchers are estimating that by the year 2020 the percentages will reach epidemic proportions – 55% overweight and 10% obese – if the necessary health and lifestyle adjustments are not made. The issue is that parents are just not heeding the advice of experts, and this is a major concern for health authorities.

B. It is a well-known fact that children who are physically inactive are at greater risk of becoming obese. With the increase in sedentary activities such as playing computer games or watching television, children are not expending enough energy, therefore leaving excess energy to be stored as body fat. But technological activities are not the only threat. The kinds of food choice aggressively marketed towards working families have led to a higher consumption of processed and take-away foods which are often high in calories, especially fat and sugar, but low in nutrition. Convenience, ease of preparation and the preferences of demanding children tend to outweigh the benefits of more healthy food choices including fresh fruits and vegetables, for time-strapped parents who are struggling to cope with the demands of work and their responsibilities to the family.

C. The challenges of modern life though cannot justify the serious consequences for children's health and well-being in both the long and short terms. Research has shown there is a strong link between childhood obesity and obesity in adulthood that results in debilitating or life-threatening conditions. These include cardiovascular disease and respiratory illnesses such as asthma or even type-2 diabetes. The findings from a recent study published in the *Journal of International Studies on Childhood Obesity* show that the chances of premature death in adulthood are greatly increased because of obesity during childhood.



D. The short-term effects of obesity on children can be equally devastating. These effects are usually the first consequences to be experienced and fall under the category of adverse emotional and social problems. It has been well-documented by researchers and confirmed by parents and teachers alike that obese children have low self-esteem and poor body image. As a result they easily suffer at the hands of their peers who often bully, harass or tease them. Retreating into themselves, they become socially isolated and depressed. If left untreated, the prospects for these children become grim.

E. There is, fortunately, widespread agreement throughout the medical community on the treatment for obesity in children. Though prevention is always better than cure, the Childhood Health Association has developed an effective program, which combines two treatments: the development of healthy eating patterns and the maintenance of an active lifestyle. Treatment begins in the home. Children are encouraged to eat a variety of foods from the main food groups including fruit and vegetables, dairy, protein, carbohydrates and fats, but only appropriate amounts from each of the groups. For example, consumption of foods high in saturated fats and sugar, which are energy dense and usually found in children's snacks, has to be carefully monitored and restricted. Parents are advised to help change their children's behaviour and choose more nutritional foods, especially for snacks.

F. The second part of the treatment is becoming active and enjoying physical activity, which needs to occur in tandem with developing good eating habits. It is important that exercise be fun for a child if the program is to succeed. Treatment usually begins with low intensity exercise walking to and from school, and walking or playing with the dog after school. Building up to a moderate level of exercise the child should be encouraged to play sport with their friends and family. Where the family is active together, the chances of success are better. The goal is for the child to be physically active for a minimum of 60 minutes a day and restrict sedentary home activities to a maximum of two hours a day. This program offers ongoing support of health professionals for both parents and children, which has been shown to increase the chances of success.



## ACTIVITY 1 ANSWERS

- |               |     |
|---------------|-----|
| 1 Paragraph A | v   |
| 2 Paragraph B | ix  |
| 3 Paragraph C | x   |
| 4 Paragraph D | i   |
| 5 Paragraph E | iii |
| 6 Paragraph F | vii |

## ACTIVITY 2 ANSWERS

- body fat
- their peers
- Childhood Health Association
- minimum 60 minutes
- playing computer games (MUST have the word **games**)
- watching television