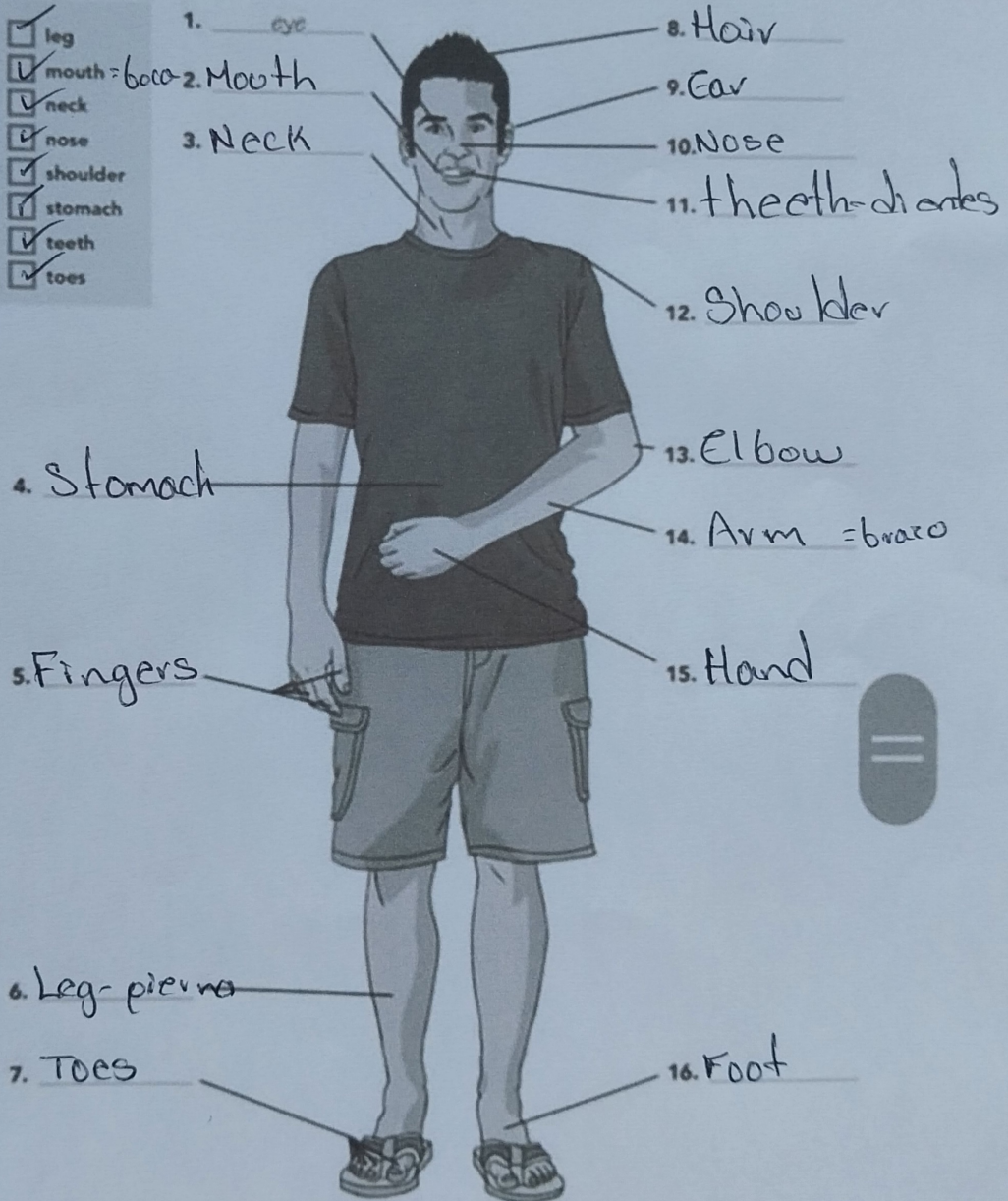


WORKBOOK

Label the parts of the body. Use the words in the box.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> arm     | <input checked="" type="checkbox"/> leg          |
| <input checked="" type="checkbox"/> ear     | <input checked="" type="checkbox"/> mouth = boca |
| <input checked="" type="checkbox"/> elbow   | <input checked="" type="checkbox"/> neck         |
| <input checked="" type="checkbox"/> eye     | <input checked="" type="checkbox"/> nose         |
| <input checked="" type="checkbox"/> fingers | <input checked="" type="checkbox"/> shoulder     |
| <input checked="" type="checkbox"/> foot    | <input checked="" type="checkbox"/> stomach      |
| <input checked="" type="checkbox"/> hair    | <input checked="" type="checkbox"/> teeth        |
| <input checked="" type="checkbox"/> hand    | <input checked="" type="checkbox"/> toes         |





## 9 GRAMMAR FOCUS

### Imperatives

Get some rest.

Drink lots of juice.

Take one pill every evening.

Don't stay up late.

Don't drink soda.

Don't work too hard.

GRAMMAR PLUS see page 127

Complete these sentences. Use the correct forms of the words in the box.

✓ call    stay    not go    not drink  
 see    take    ✓ not worry    not eat  
 no corners    no babies

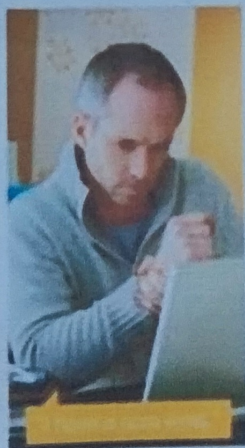
- |                                      |                                    |
|--------------------------------------|------------------------------------|
| 1. _____ Call _____ a dentist.       | 5. _____ Stay _____ in bed.        |
| 2. _____ Don't worry _____ too much. | 6. _____ See _____ a doctor.       |
| 3. _____ Take _____ a hot bath.      | 7. <b>not drink</b> _____ coffee.  |
| 4. <b>not go</b> _____ to school.    | 8. <b>not eat</b> _____ any candy. |

## 10 SPEAKING Good advice?

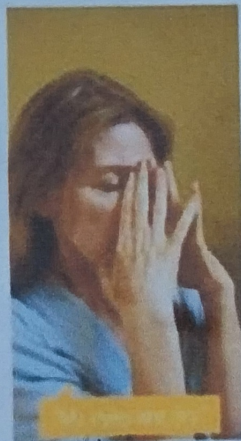
A Write two pieces of advice for each problem.



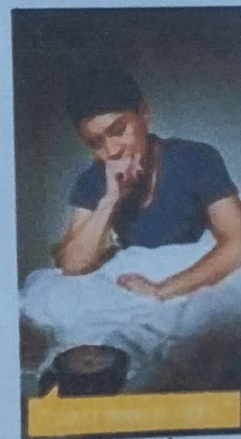
1. **Apply a muscle**  
 Take a **pain pill**



2. Take an **aspirin**  
 take **pain pills**



3. Get some **Eye drops**  
 take **some rest**



4. **I need some**  
**hypnotic**  
 take **some rest**

B **GROUP WORK** Act out the problems from part A. Your classmates give advice.

A: I don't feel well.  
 B: What's the matter?

A: My feet hurt.  
 B: I have an idea. Take a hot bath. And don't...

## 11 INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.



**7 Write two pieces of advice for each problem.**

1. I have a sore throat.
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.

Don't go to work today. Drink some chamomile tea.  
 take an aspirin, take an analgesic  
 Drink some tea, take antibiotics  
 take a cold pill, don't go bathing  
 some antacid, take bubblegum pills  
 Some ice pack, I need some aspirin  
 Don't go to take cold, take paracetamol pill  
 Don't go drinking, take some rest

**8 Health survey**

A How healthy and happy are you?  
 Complete the survey.

How often do you	Often	Sometimes	Hardly ever	Never
Tengo dolor de cabeza get a headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dolor de oídos get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
gripe get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Despierto hasta tarde sentir bueno get the flu	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. I often have a stomach ache
2. I almost never get a fever
3. I always wake up late
4. I rarely have the flu



# Dialogue



Sister: Hellor Sister

Nurse: HI, how are you

Sister: I don't feel well

Nurse: Tell me what you feel

Sister: I have **eye pain** **get a**  
**stomachache**

Nurse: Take a some rest, **Apple**  
eye drops, take an aspirin

Sister: I have a horrible cold

Nurse: Take some cold pills

Sister: Thank you sister.

