



Licenciatura En Enfermería.

3° cuatrimestre

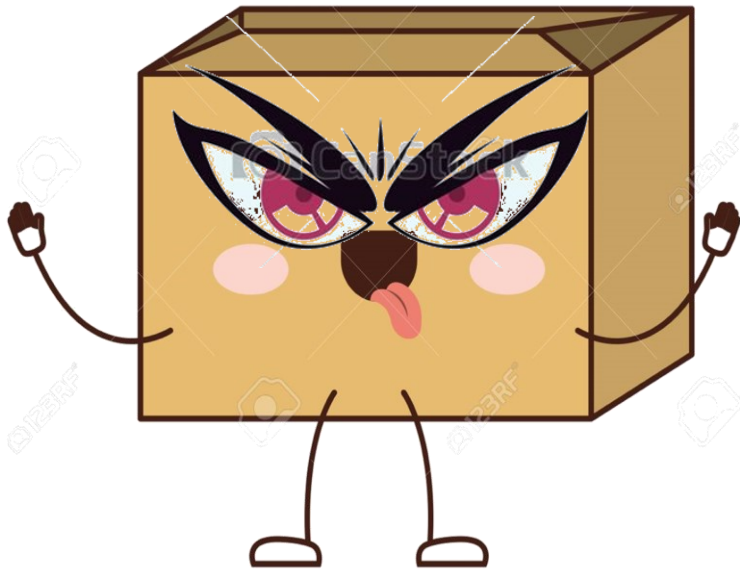
INGLÉS III

HOMEWORK ENGLISH HANDBOOK

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PROBLEMS



1.- I have toothache

2.- My mother is going to be years old and I don't know what to cook for her

3.- They broke into my house

4.- My pants is torn

5.- I bend my foot and it hurts

6.- I want to wash clothes but it's cloudy

7.- My laptop battery runs out

8.- My baby can't sleep

ADVICES

1.- Go to the dentist.

2.- Ask him what he likes, but don't tell him that it will be a surprise.

3.- You have to talk to the police

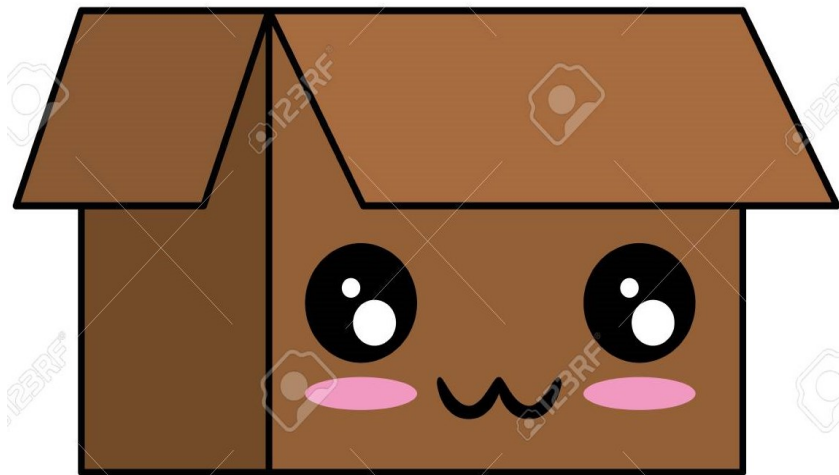
4.- Let's take it with the tailor

5.- Go to the doctor, it could be something serious

6.- Expect a sunny day

7.- Keep the charger connected

8.- Try to lull him

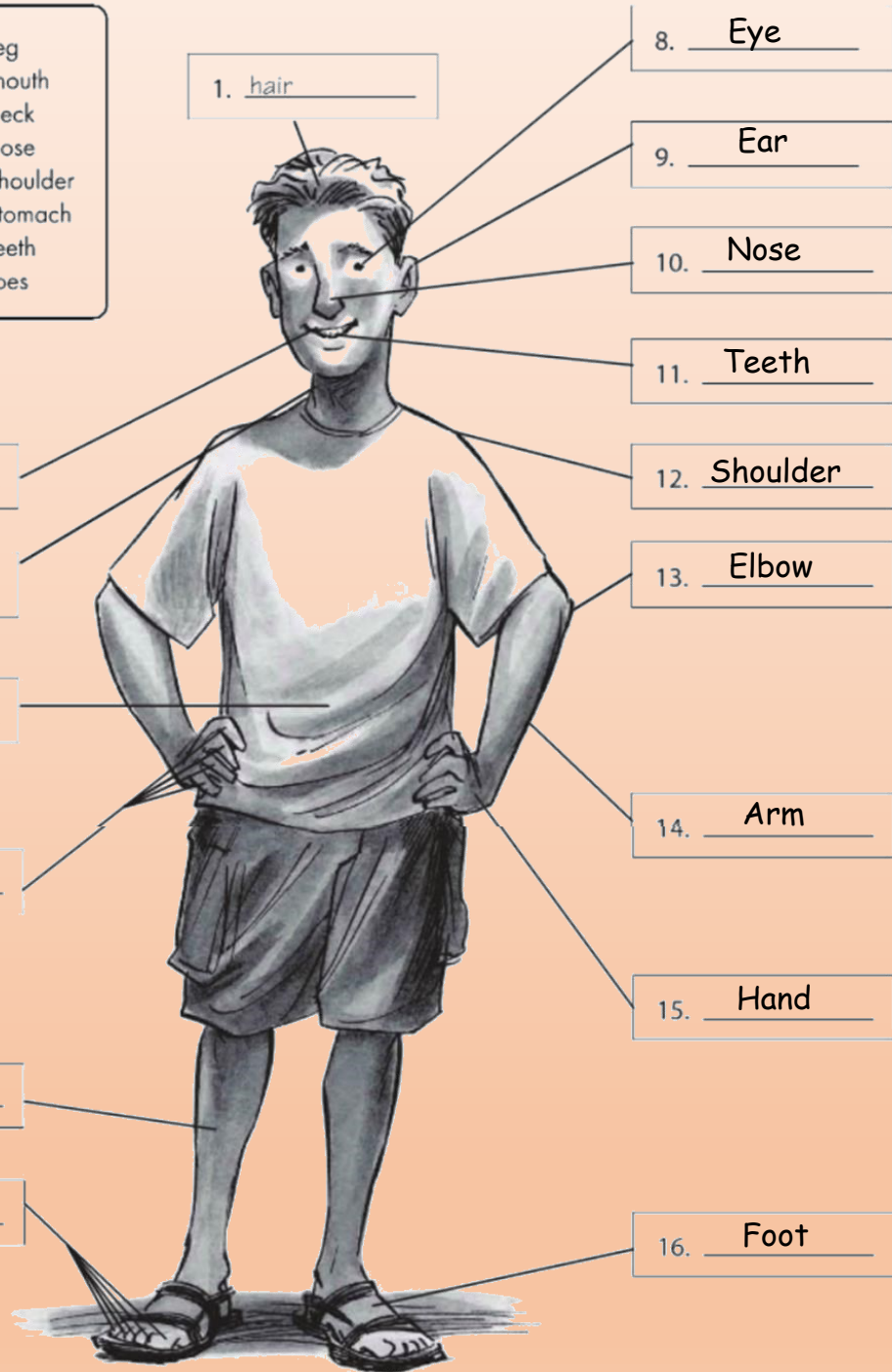




1

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

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



1. hair

8. Eye

9. Ear

10. Nose

11. Teeth

2. Mouth

12. Shoulder

3. Neck

13. Elbow

4. Stomach

14. Arm

5. Fingers

15. Hand

6. Leg

16. Foot

7. Fingers



2

What's wrong with these people? Write sentences.



1. He has an earache.



2. She has a sore throat



3. She has a stomachache



4. She has headache



5. Mister has toothache



6. She has a cold

3 Complete the conversations. Use the questions and sentences in the box.

- | | |
|---|--|
| <input type="checkbox"/> I'm glad to hear that. | <input type="checkbox"/> What's wrong? |
| <input type="checkbox"/> How do you feel tonight? | <input type="checkbox"/> Great. See you tomorrow. |
| <input checked="" type="checkbox"/> I'm fine, thanks. How about you? | <input type="checkbox"/> OK. Get some rest. |
| <input type="checkbox"/> That's too bad. Are you going to see a doctor? | <input type="checkbox"/> So, are you going to go to school tomorrow? |

In the afternoon

1. Jason: Hi, Lisa. How are you?
 Lisa: I'm fine, thanks. How about you?
 Jason: Not so good. Actually, I feel really awful.
 Lisa: That's too bad
 Jason: I think I have the flu.
 Lisa: So, are you going to go to school tomorrow?
 Jason: No, I'm going to go home now.
 Lisa: OK. Get some rest
 Jason: OK. Thanks.

In the evening

2. Lisa: How do you feel tonight?
 Jason: I feel much better.
 Lisa: I'm glad to hear that
 Jason: Thanks.
 Lisa: Are you going to see a doctor?
 Jason: Yes, I am.
 Lisa: Great. See you tomorrow



Om

4 Complete the sentences with the correct medications.

- Her eyes are very tired. She needs some eyedrops.
- Your cough sounds terrible. Buy some cough syrup or some Cough drops.
- I have a headache, so I'm going to take some Aspirin.
- My arm is sore. I'm going to put some Muscle cream on my arm.
- Kristina has a stomachache, so I'm going to give her some Antacid.
- Suzie has a terrible cold. She's going to take some Cold pills.



Om

5 Write each sentence a different way. Use the sentences in the box.

- | | |
|---|--|
| <input type="checkbox"/> My head feels terrible. | <input type="checkbox"/> I'm not happy. |
| <input type="checkbox"/> I have a stomachache. | <input type="checkbox"/> I'm sorry to hear that. |
| <input checked="" type="checkbox"/> What's wrong? | <input type="checkbox"/> I'm very tired. |
| <input type="checkbox"/> I'm glad to hear that. | <input type="checkbox"/> I have a sore throat. |

- What's the matter?
What's wrong?
- I feel sad.
I'm not happy.
- That's too bad.
I'm sorry to hear that.
- My stomach hurts.
I have a stomachache.
- My throat is sore.
I have a sore throat
- I have a headache.
My head feels terrible.
- That's good.
I'm glad to hear that.
- I'm exhausted.
I'm very tired.



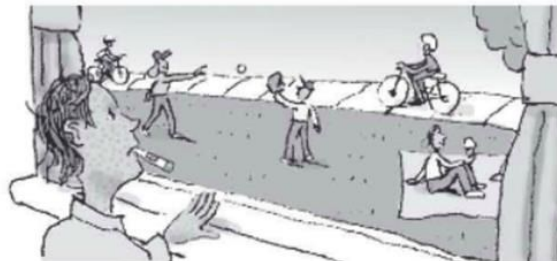
6

Give these people advice. Use the phrases in the box.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> drink some water | <input type="checkbox"/> go to the grocery store | <input type="checkbox"/> have a hot drink | <input type="checkbox"/> stay up late |
| <input type="checkbox"/> go home early | <input type="checkbox"/> lift heavy things | <input type="checkbox"/> go outside | <input checked="" type="checkbox"/> work too hard |



1. Don't work too hard.



2. Don't go outside



3. _____



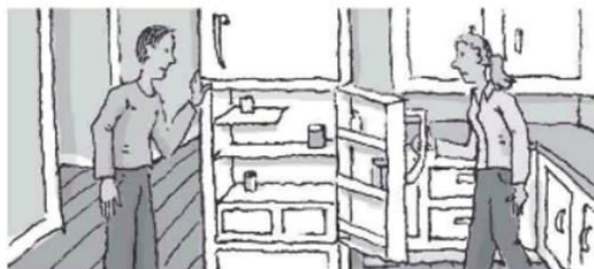
4. Don't lifting heavy things



5. Have a hot drink



6. Don't stay up late



7. Go to the grocery store



8. Drink some water

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

- | | |
|--------------------------|---|
| 1. I have a cold. | <u>Don't go to school today. Take a cold pill.</u> |
| 2. I have a toothache. | <u>1.- Go to the dentist * 2.-Take a pain pill</u> |
| 3. I have a sore throat. | <u>1.- Have a tea * 2.-Go to the doctor</u> |
| 4. I have an earache. | <u>1.- Put on oxygenated water * 2.- Take something for the pain</u> |
| 5. I have a stomachache. | <u>1.- Put on a warm cloth * 2.- Take pepto bismol</u> |
| 6. I have a backache. | <u>1.- You need a massage * 2.-Take an anti-inflammatory</u> |
| 7. I have sore eyes. | <u>1.- Put on eye drops * 2.- Go to the ophthalmologist</u> |
| 8. I have a fever. | <u>1.- Put warm compresses on the stomach and forehead * 2.- Take paracetamol</u> |

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

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input 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 checked="" type="checkbox"/>	<input 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 hardly ever get a headache, an earache, or a stomachache.I often stay up late on weekends, but I never stay up late on weekdays.

- I hardly ever have a headache
- Sometimes I catch a cold
- I often stay up late
- I never get an earache