



UNIVERSIDAD DEL SURESTE

ROXANA PEREZ MORALES

LIC. EN ENFERMERIA

TERCER CUATRIMESTRE GRUPO B

PROF. ANA LAURA CULEBRO

01 DE AGOSTO DEL 2020

CD. COMITAN DE DOMINGUEZ CHIAPAS MEXICO

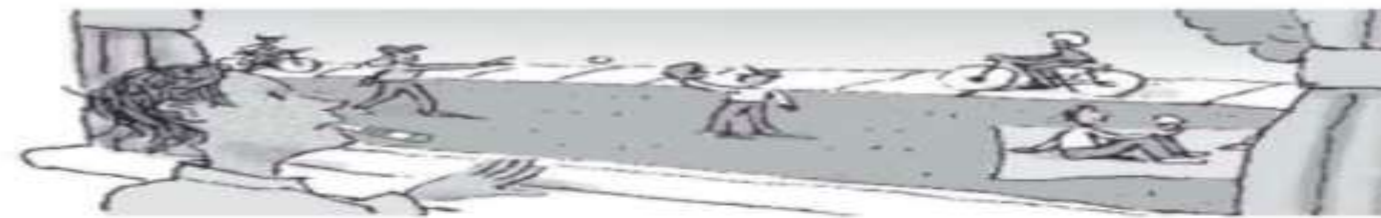
6

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

- drink some water
- go home early
- go to the grocery store
- lift heavy things
- have a hot drink
- go outside
- stay up late
- work too hard



1. Don't work too hard.



2. DON'T GO OUTSIDE



3. HAVE A HOT DRINK



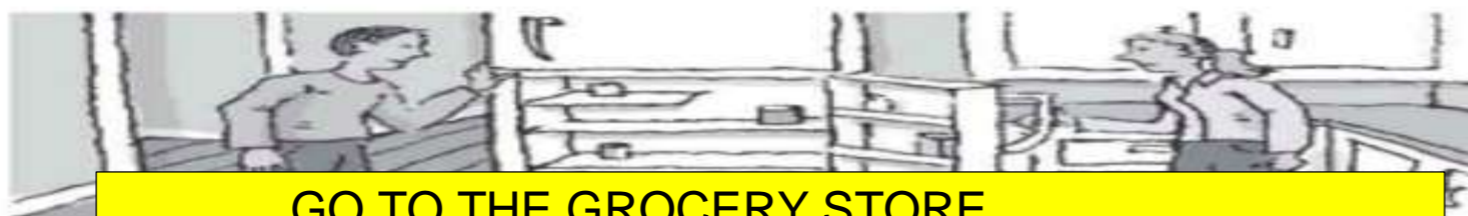
4. DON'T LIFT HEAVY THINGS



5. GO HOME EARLY



6. DON'T STAY UP LATE



7. GO TO THE GROCERY STORE



8. DRINK SOME WATER

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Write two pieces of advice for each problem.

1. I have a cold.
2. I have a toothache.
3. I have a sore throat.
4. I have an earache.
5. I have a stomachache.
6. I have a backache.
7. I have sore eyes.
8. I have a fever.

Don't go to school today. Take a cold pill.

- GO TO THE DENTIST, TAKE AN IBUPROFEN
- SEE A DOCTOR. DRINK COUGH SYRUP
- PUT SOME EAR DROPS, SEE A DOCTOR
- TAKE AN ANTACID (PEPTO), DRINK COKE WITH MAIZENA
- PUT SOME MUSCLE CREAM, DON'T LIFT HEAVY THINGS
- DON'T USE THE COMPUTER TOO MUCH, USE EYES DROPS
- USE SOME COLD WATER, TAKE SOME PARACETAMOL.

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Health survey

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

How often do you ... ?				
	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 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"/>
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 checked="" type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

1. I OFTEN HAVE A HEADACHE, I NEVER HAVE AN EARACHE
2. I SOMETIMES GET A EADACHE
3. I HARLDYEVEER GET AN EARACHE
4. I OFTEN FEEL SLEEPY