



UDS

Mi Universidad

NOMBRE DEL ALUMNO: Izari Yisel Pérez Castro

TEMA: ~~What's the matter~~

PARCIAL: 2

MATERIA: inglés II

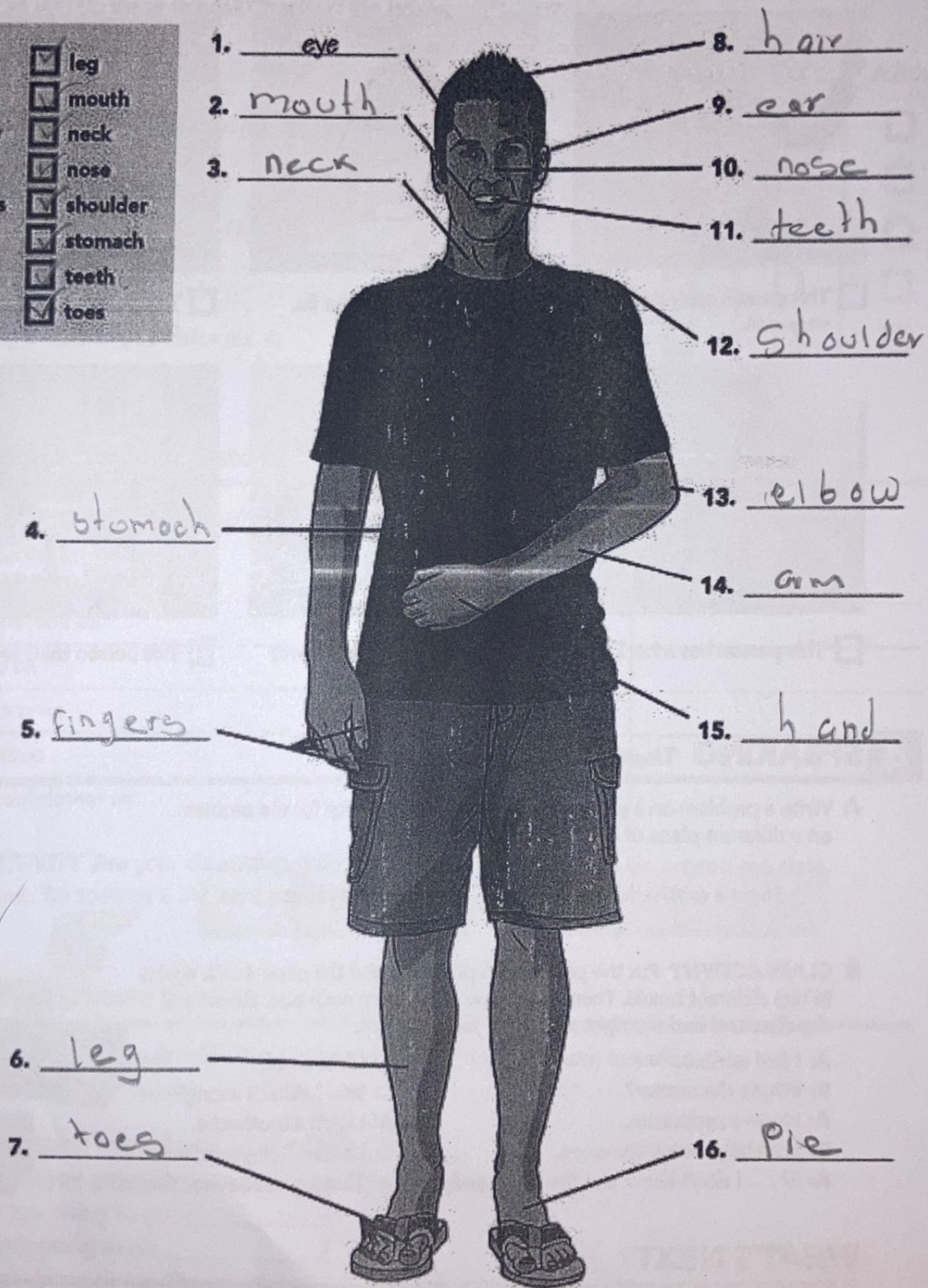
NOMBRE DEL PROFESOR: Lic. JeZabel Wonne Silvestre

LICENCIATURA: enfermería

Montes

1 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 |
| <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 |



2 What's wrong with these people? Write sentences.



1. He has a toothache.



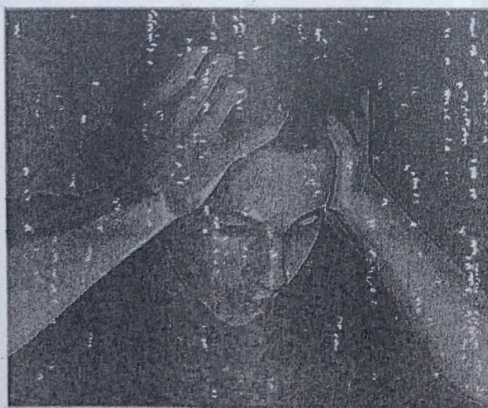
2. She has a sore throat.



3. He has an earache.



4. he has a stomachache.



5. He has a headache.



6. She has a backache.

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

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

Tuesday morning

1. **Jake:** Hi, Camila. How are you?
Camila: I'm fine, thanks. How about you?
Jake: Not so good. Actually, I feel really awful.
Camila: what's wrong
Jake: I think I have the flu.
Camila: That's too bad. are you going to see a doctor?
Jake: No, I'm going to go home now.
Camila: OK. Get some rest
Jake: OK. Thanks.

Thursday morning

2. **Camila:** How do you feel today
Jake: I feel much better.
Camila: i'm glad to hear that
Jake: Thanks.
Camila: So are you going to go to the meeting this afternoon
Jake: Yes, I am.
Camila: Great. see you later



Tuesday morning



Thursday morning

4 Complete the sentences with the correct medications.

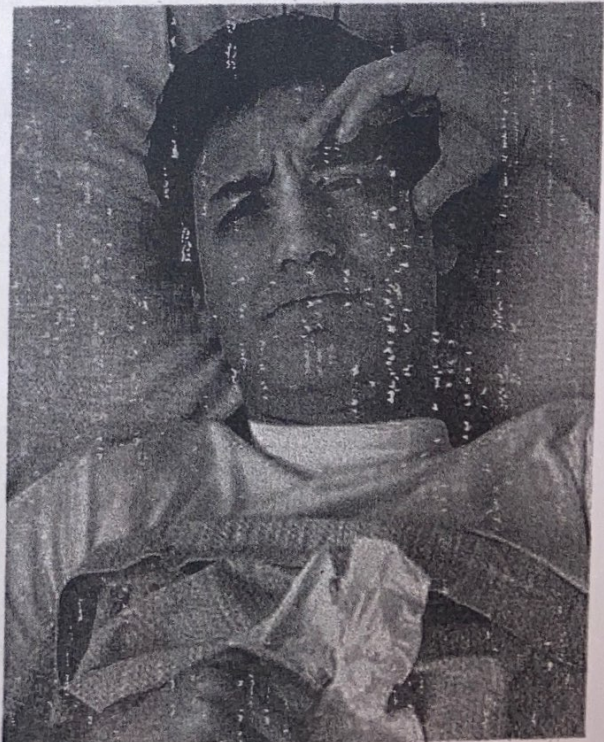
1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some cold medicine "theraflu".
3. Your eyes look red and tired. Get some eye drops.
4. Alan has a stomachache, so he's going to get some aspirin and chamomile tea.
5. I have a terrible headache. I need some aspirin.
6. Mandy's cough sounds awful. I'm going to give her some cough syrup.



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

- | | |
|---|--|
| <input checked="" type="checkbox"/> My head feels terrible. | <input checked="" type="checkbox"/> I'm not happy. |
| <input checked="" 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 checked="" type="checkbox"/> I'm glad to hear that. | <input type="checkbox"/> I have a sore throat. |

1. I feel sad. I'm not happy.
2. What's the matter? what's wrong
3. I'm exhausted. i'm very tired
4. That's too bad. I'm sorry to hear that
5. That's good. i'm glad to hear that
6. I have a headache. my head feels terrible
7. My stomach hurts. I have a stomachache
8. My throat is sore. I have a sore throat



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

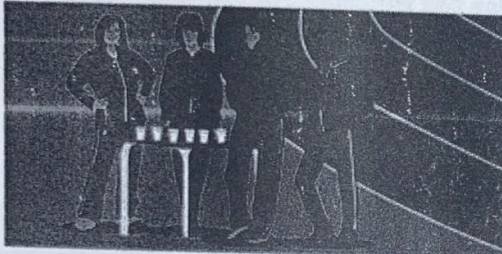
- | | |
|--|--|
| <input type="checkbox"/> drink some water | <input type="checkbox"/> have a hot drink |
| <input type="checkbox"/> go home early | <input type="checkbox"/> lift heavy things |
| <input checked="" type="checkbox"/> go outside | <input type="checkbox"/> stay up late |
| <input type="checkbox"/>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



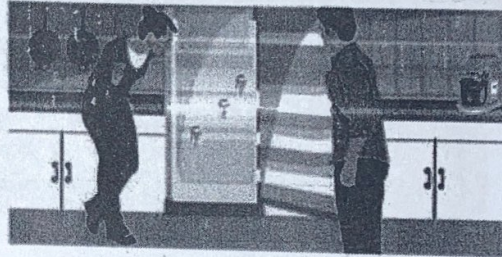
1. Don't go outside.



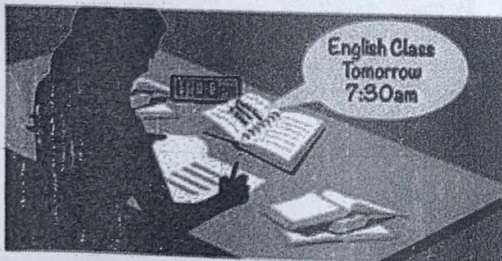
2. have a hot drink



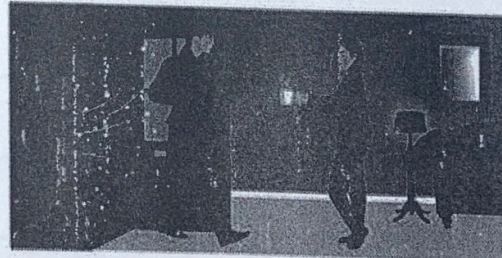
3. Don't drink some water



4. go to the grocery store



5. Don't stay up late



6. go home early



7. Don't lift heavy things



8. Don't work too hard

7 Write two pieces of advice for each problem.

1. I have a sore throat.

Don't go to work today. Drink some chamomile tea.

2. I have a toothache.

Don't eat any hot food. take a pain reliever

3. I have a cough.

Don't smoke. Take cough Syrup

4. I have a cold.

Don't drink milk. Drink: take good medicine

5. I have a stomachache.

Don't drink so cold. take a chamomile tea

6. I have a headache.

Don't drink coffee. take a aspirin

7. I have the flu.

Don't drink alcohol take acetaminol

8. I have a fever.

Don't eat related things. take a warm bath

8 Health survey

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

How often do you ... ?	Frequency			
	Often <small>con frecuencia</small>	Sometimes <small>alguna</small>	Hardly ever <small>prácticamente nunca</small>	Never <small>nunca</small>
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 cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 sometimes have a headache

2. I hardly ever get an earache

3. I sometimes get a cold

4. I often feel sleepy