

Mi Universidad

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Nombre del tema: Workbook (unidad 2)

Parcial: I

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Nombre de la Licenciatura: Lic. En Enfermería

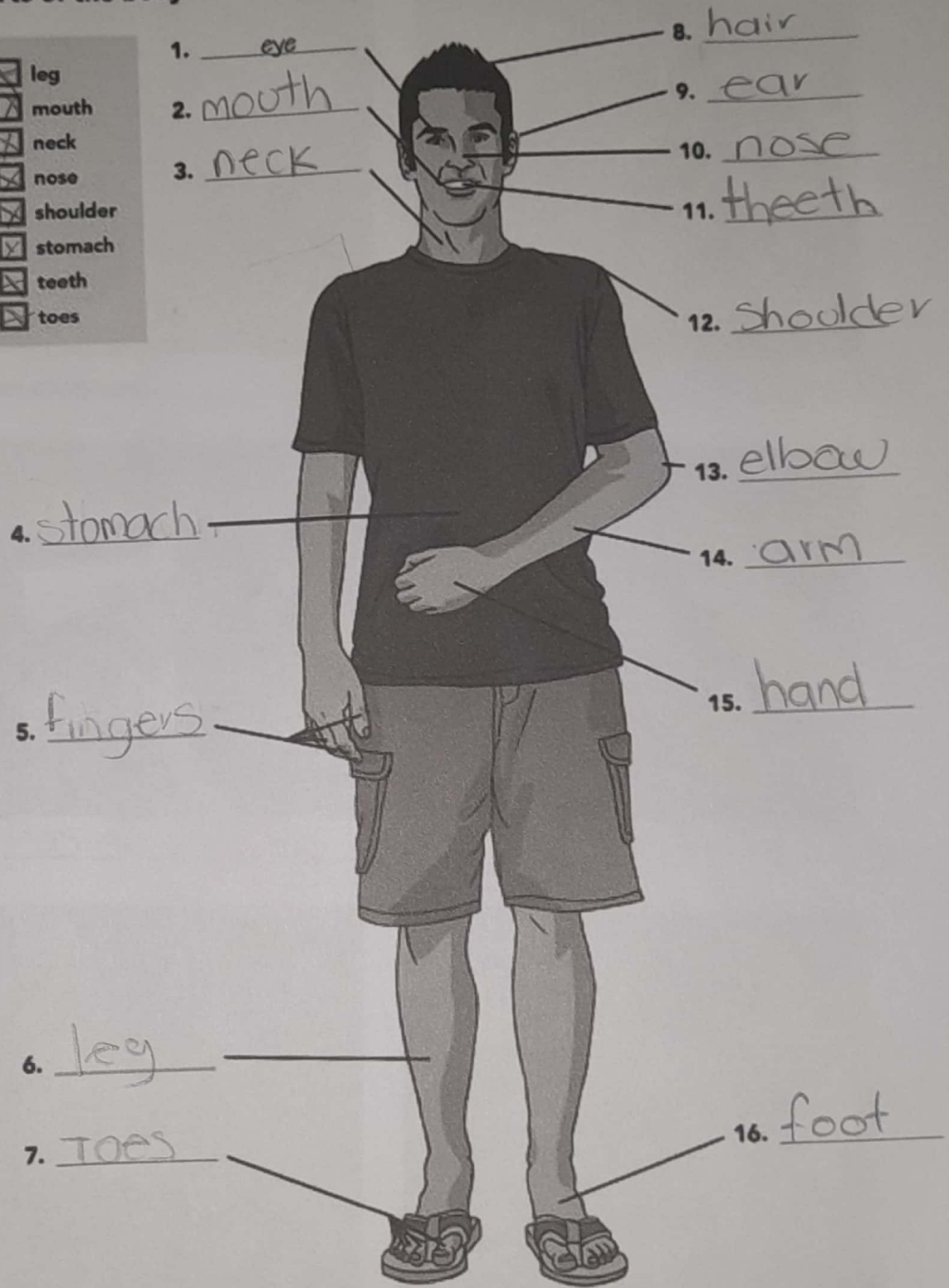
Cuatrimestre: III



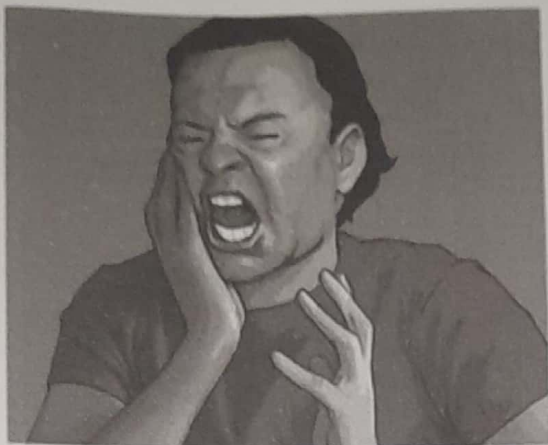
WORKBOOK

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

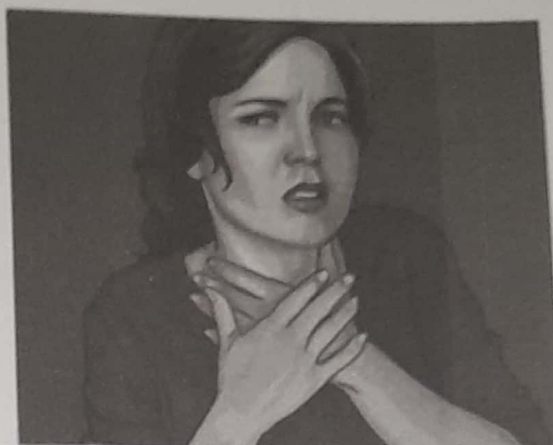
- | | |
|---|--|
| <input checked="" type="checkbox"/> arm | <input checked="" type="checkbox"/> leg |
| <input checked="" type="checkbox"/> ear | <input checked="" type="checkbox"/> mouth |
| <input checked="" type="checkbox"/> elbow | <input checked="" type="checkbox"/> neck |
| <input checked="" type="checkbox"/> 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.



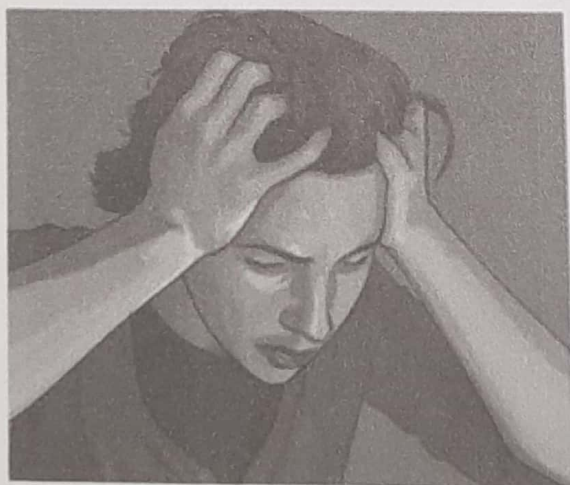
2. She has a sore throat



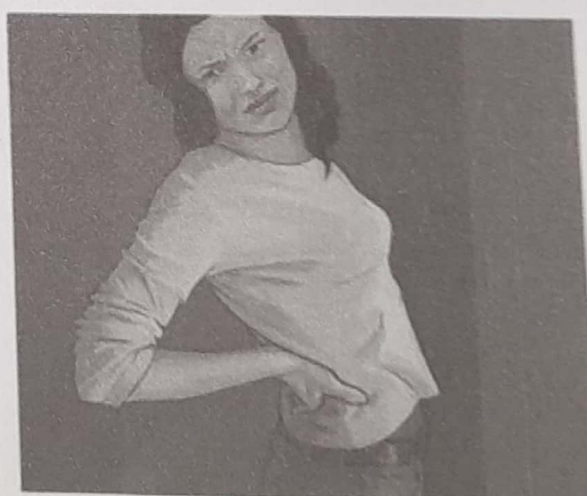
3. He has an earache.



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 checked="" type="checkbox"/> Great. See you later. | <input checked="" type="checkbox"/> OK. Get some rest. |
| <input checked="" type="checkbox"/> How do you feel today? | <input checked="" 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 checked="" 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.

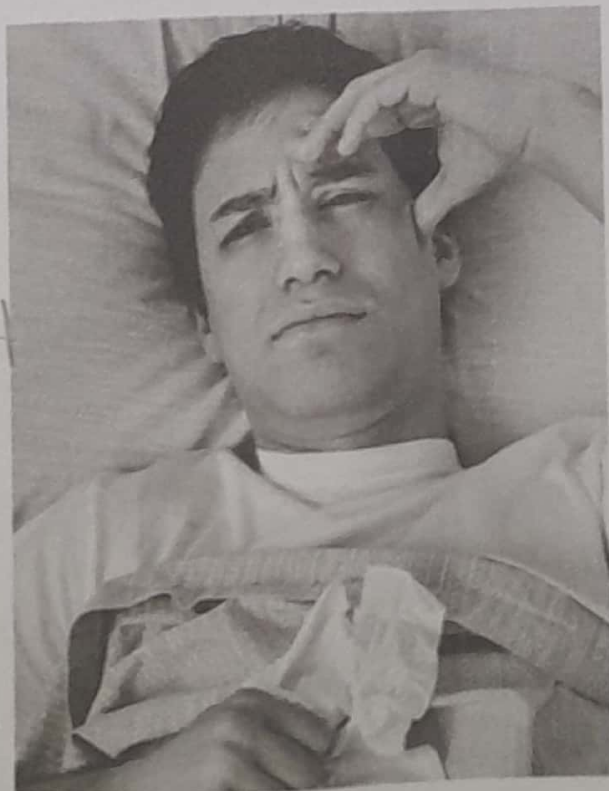
1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some colds pills.
3. Your eyes look red and tired. Get some eye drops.
4. Alan has a stomachache, so he's going to get some Antacid.
5. I have a terrible headache. I need some Aspirin.
6. Mandy's 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 checked="" type="checkbox"/> I'm sorry to hear that. |
| <input checked="" type="checkbox"/> What's wrong? | <input checked="" type="checkbox"/> I'm very tired. |
| <input checked="" type="checkbox"/> I'm glad to hear that. | <input checked="" 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 checked="" type="checkbox"/> have a hot drink |
| <input checked="" type="checkbox"/> go home early | <input checked="" type="checkbox"/> lift heavy things |
| <input checked="" type="checkbox"/> go outside | <input checked="" type="checkbox"/> stay up late |
| <input checked="" type="checkbox"/> go to the grocery store | <input type="checkbox"/> work too hard |



1. Don't go outside.



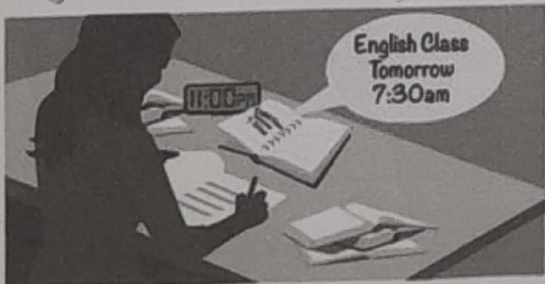
2. Drink some water.



3. go home early



4. go to the grocery store



5. Don't stay up late



6. have a hot drink



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. Take an aspirin. Go to the dentist.
- 3. I have a cough. Drink some cough syrup. Don't drink cold drinks.
- 4. I have a cold. Eat a chicken soup, it will help you. Take some cold medicine.
- 5. I have a stomachache. Drink some antacid. Don't eat so much.
- 6. I have a headache. ① Take an aspirin. Don't work too hard ②
- 7. I have the flu. Use the nasal spray. Drink some drink tea
- 8. I have a fever. ① Use ice pack. ② Don't go outside.

8 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 get a stomachache and sometime take pills
2. I sometime get a headache but the pain is little
3. I sometime fell Sleepy
4. I hardly ever get a fever.