



# Mi Universidad

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*Nombre del tema: Workbook unidad 2*

*Parcia: tercer parcial*

*Nombre de la Materia: ingles I I I*

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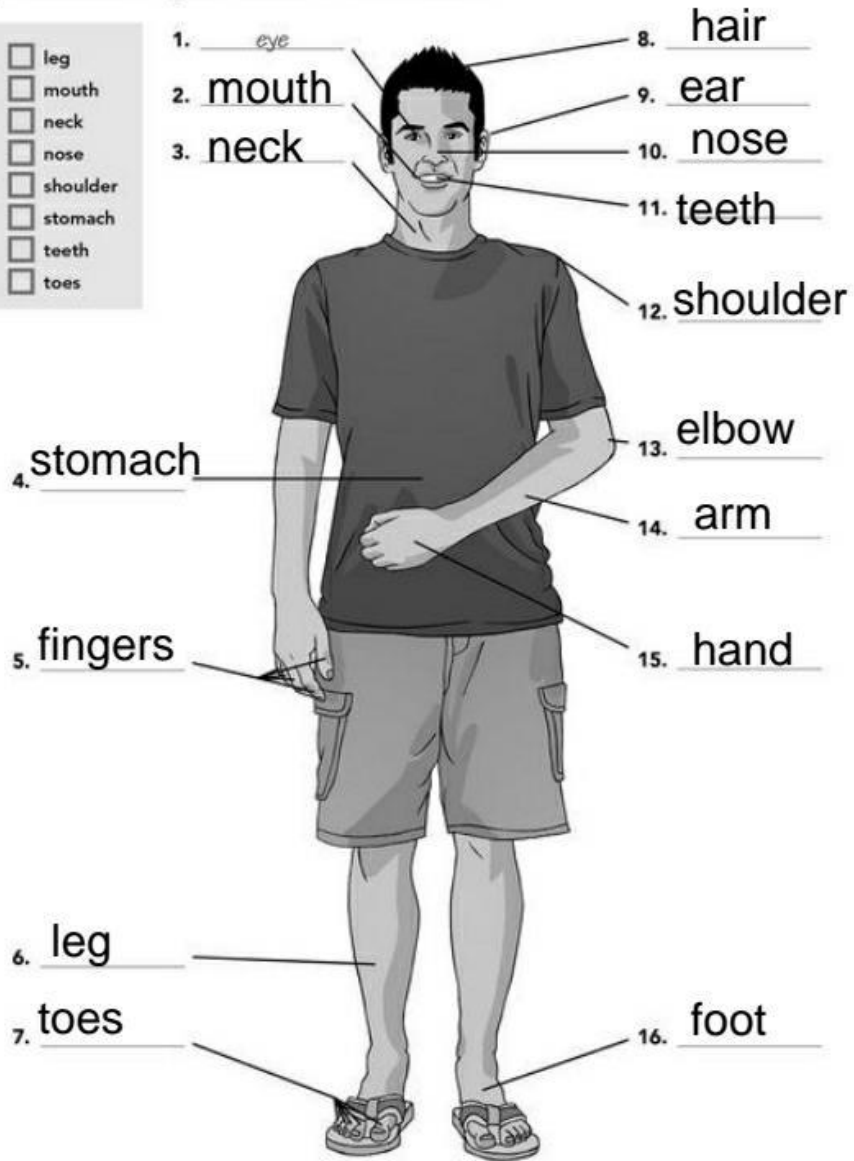
*Nombre de la Licenciatura: Enfermería*

*Cuatrimestre: tercer cuatrimestre*

WORKBOOK

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 checked="" type="checkbox"/> eye | <input type="checkbox"/> nose     |
| <input type="checkbox"/> fingers        | <input type="checkbox"/> shoulder |
| <input type="checkbox"/> foot           | <input type="checkbox"/> stomach  |
| <input type="checkbox"/> hair           | <input type="checkbox"/> teeth    |
| <input type="checkbox"/> hand           | <input 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 a earache



4. he has a estomachache



5. she has a headache



6. she has a back pain

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

- |  |   |
|--|---|
| <input type="checkbox"/> Great. See you later.                       | <input 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 type="checkbox"/> That's too bad. Are you going to see a doctor?         |
| <input type="checkbox"/> I'm glad to hear that.                      | <input 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



**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 cough Syrup.
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 cold pills.



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

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

1. I feel sad.  
I'm not happy.
2. What's the matter?  
I'm very tired
3. I'm exhausted.  
What's wrong?
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. go home early



3. drink some water



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. | <u>Don't go to work today. Drink some chamomile tea.</u> |
| 2. I have a toothache.   | <u>take something for the pain and something cold</u>    |
| 3. I have a cough.       | <u>take some syrup and don't go out</u>                  |
| 4. I have a cold.        | <u>take some tea and wrap up</u>                         |
| 5. I have a stomachache. | <u>take an antacid and stay home</u>                     |
| 6. I have a headache.    | <u>take an aspirin and a tea</u>                         |
| 7. I have the flu.       | <u>drink something hot and don't go out</u>              |
| 8. I have a fever.       | <u>take a paracetamol and rest</u>                       |

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 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 have a headache
2. I almost never have a fever
3. sometimes i have ear pain
4. I almost always suffer from insomnia

