

INGLES III

ING.  
SISTEMAS

1 GRADO

UDS MI UNIVERCIDAD

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## 9 GRAMMAR FOCUS

### Imperatives

- |                              |                      |
|------------------------------|----------------------|
| Get some rest.               | Don't stay up late.  |
| Drink lots of juice.         | Don't drink soda.    |
| Take one pill every evening. | Don't work too hard. |

Complete these sentences. Use the correct forms of the words in the box.

✓ call    <sup>permanent</sup> stay    <sup>NO WAY TO</sup> not go    <sup>NO DEBEY</sup> not drink  
 see    take    ✓ not worry    not eat  
 ✓ see    never    <sup>NO COMER</sup>

- |                                 |                              |
|---------------------------------|------------------------------|
| 1. <u>Call</u> a dentist.       | 5. <u>stay</u> in bed.       |
| 2. <u>Don't worry</u> too much. | 6. <u>see</u> a doctor.      |
| 3. <u>Take</u> a hot bath.      | 7. <u>not drink</u> coffee.  |
| 4. <u>not go</u> to school.     | 8. <u>Not eat</u> any candy. |

## 10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. Soak your feet in warm water, take a pain reliever.



2. ice the wrist and stop all activity.



3. Get proper sleep and use eye drops.



4. Take a hot shower and listen to soft music.

B GROUP WORK Act out the problems from part A. Your classmates give advice.

A: I don't feel well.

B: What's the matter?

A: My feet hurt.

B: I have an idea. Take a hot bath. And don't...

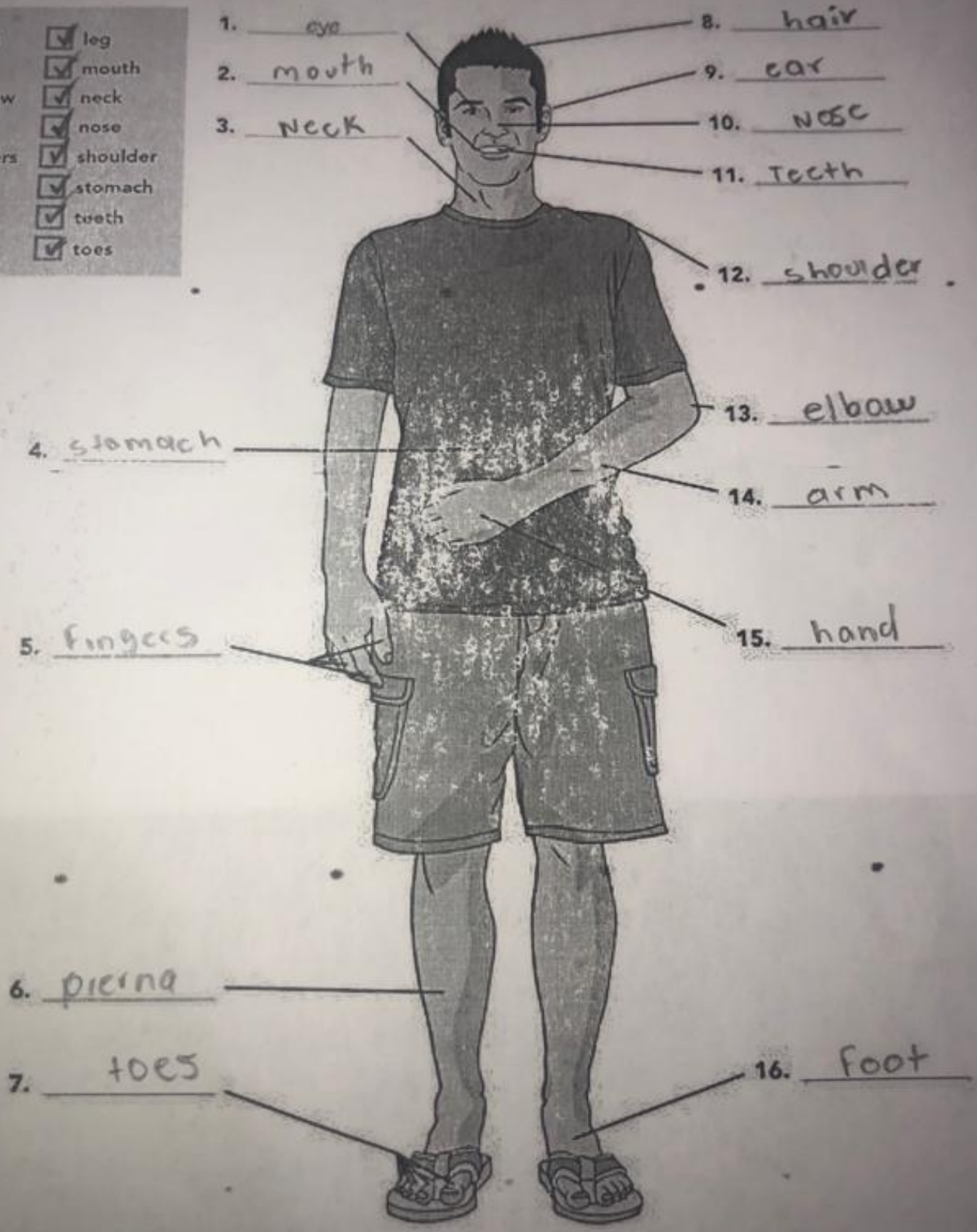
## INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.

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     |



**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.   | do not take cold, Take unibuprofen.                     |
| 3. I have a cough.       | donot use tobareo, TAKE honey.                          |
| 4. I have a cold.        | don't drink cold things, get enough.                    |
| 5. I have a stomachache. | do not consume dairy, drink a lot of water.             |
| 6. I have a headache.    | don't drink caffeine. put a cold cloth on your forehead |
| 7. I have the flu.       | don't drink alcohol, take a decongestant.               |
| 8. I have a fever.       | don't dress up too much, wear light clothing.           |

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" 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 sometimes stay up late, but I hardly ever feel sleepy.

I hardly ever get a cold or the flu.

1. I sometimes I stay up late because of a headache.
2. I sometimes when I have a fever I get very sleepy.
3. I never get an earache.
4. I hardly ever get a stomach ache.