



Mi Universidad

Activity 2

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Nombre del tema: WHAT'S THE MATTER?

Parcial: 2 unidad

Nombre de la Materia: Ingles III

Nombre del profesor: Liliana Rubi Gutiérrez Penagos

Nombre de la Licenciatura: Enfermería

Cuatrimestre: 3-A

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. |

GRAMMAR PLUS see page 141

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

✓call ✓stay ✓not go ✓not drink
✓see take ✓not worry ✓not eat

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

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



- take a some rest
-give your feet a massage



- take a some rest
-put on ice pack



- put on eye drops
-put on cold cloths in your eyes



- Drink a tea
-Don't drink a coffee

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

A: I don't feel well.

A: My feet hurt.

B: What's the matter?

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

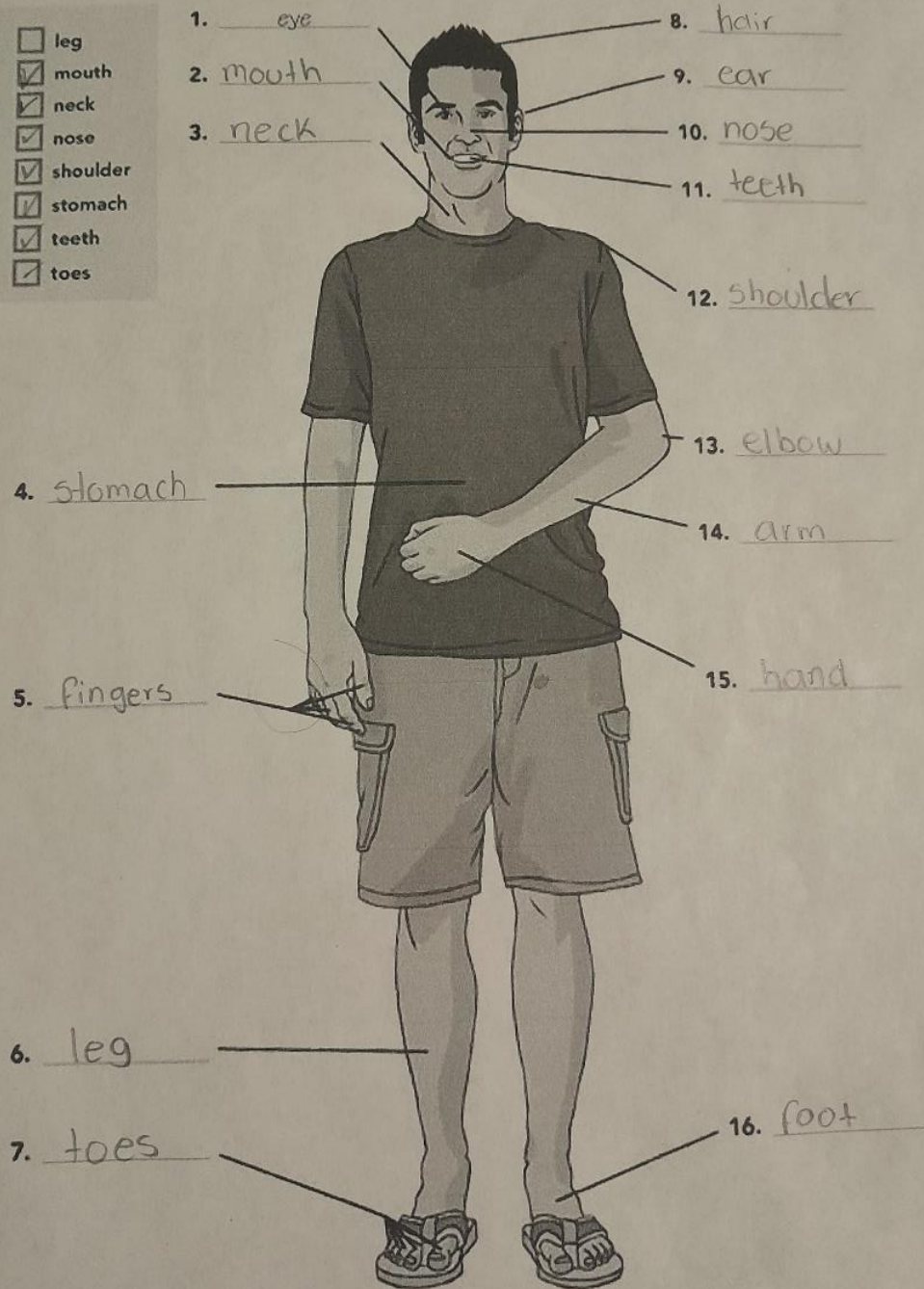
11 INTERCHANGE 12 Problems, problems

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 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. | go to the dentist. Don't eat a candy |
| 3. I have a cough. | Drink a cough syrup. Drink a hot tea |
| 4. I have a cold. | eat a chicken soup. Take an cold medicine |
| 5. I have a stomachache. | Drink a chamomile tea. eat a chicken soup |
| 6. I have a headache. | Take a some rest. Take an aspirin |
| 7. I have the flu. | Drink a hot tea. Go to the doctor |
| 8. I have a fever. | Put on cold cloths in your head. Take a pills of acetaminol |

8 Health survey

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

How often do you . . . ?

	Often <i>a menudo</i>	Sometimes <i>a veces</i>	Hardly ever <i>casí nunca</i>	Never <i>nunca</i>
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 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 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 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.

- I sometimes get a headache
- I often get the flu, but I sometimes get a cold
- I hardly ever get a fever
- I sometimes stay up late, but I sometimes feel sleepy