



Mi Universidad

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Nombre del tema: ¿WHAT'S THE MATTER?

Parcial: 2

Nombre de la Materia: ingles I I I

Nombre del profesor: Liliana rubí Gutiérrez

Nombre de la Licenciatura: Enfermería

Cuatrimestre: 3do

Cecilia Gabriela Pérez Valverde

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

- | | |
|---------------------------------|------------------------------|
| 1. <u>Call</u> a dentist. | 5. <u>See</u> in bed. |
| 2. <u>Don't worry</u> too much. | 6. <u>take</u> a doctor. |
| 3. <u>stay</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. you have to go to the doctor
- you have to ~~take~~ put on ointment



2. you have to put on ointment
you ~~have~~ take tablet



3. you have to do relax
you have to take tablet



4. you have to go to the doctor.
~~you have to~~
~~the~~ you have to take leg

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.

Cecilia Gabriela Pérez Vázquez

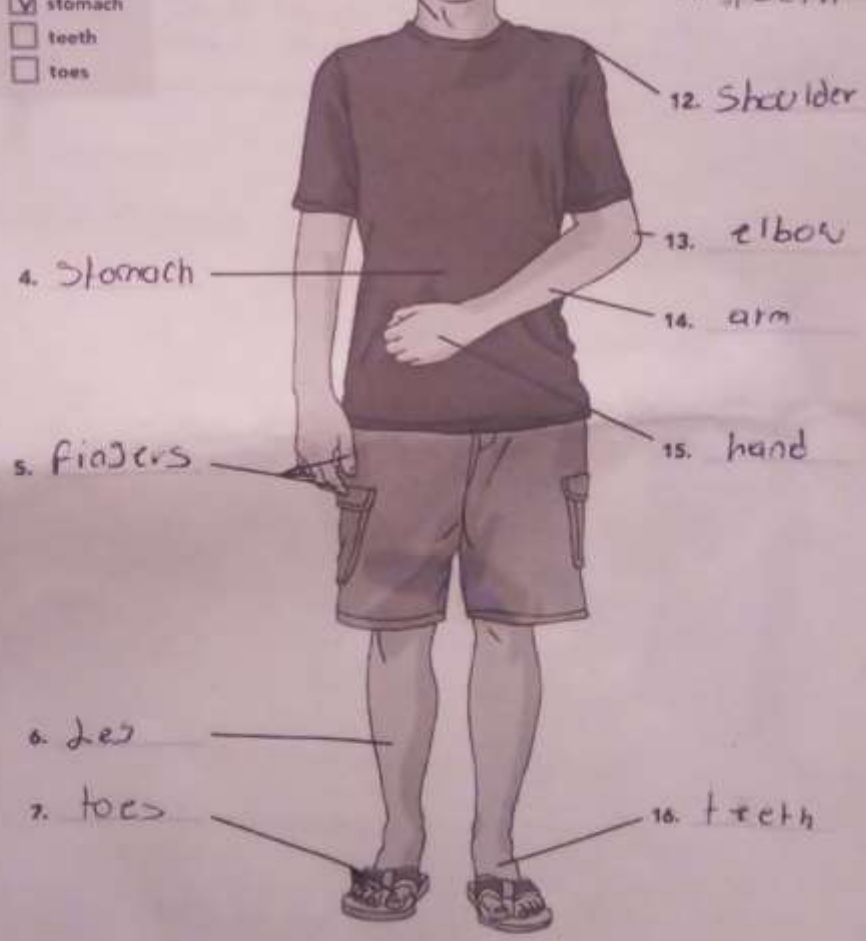
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WORKBOOK

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 type="checkbox"/> foot | <input checked="" type="checkbox"/> stomach |
| <input checked="" type="checkbox"/> hair | <input type="checkbox"/> teeth |
| <input checked="" type="checkbox"/> hand | <input type="checkbox"/> toes |

- 1. eye
- 2. mouth
- 3. neck
- 8. hair
- 9. ear
- 10. nose
- 11. teeth



Lucia Gabriela Pérez Vargas

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 a pill, make a mouthwash and visit the doctor. |
| 3. I have a cough. | Take a throat tea, go to the doctor for treatment. |
| 4. I have a cold. | Take a tea, and take medication. |
| 5. I have a stomachache. | Taking a butylazine, take a Chamomile tea. |
| 6. I have a headache. | taking 900 mg of ibuprofen or yoga. |
| 7. I have the flu. | Go to the doctor, take medicine. |
| 8. I have a fever. | take a Paracetamol, bathed with thibio water. |

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 hardly ever have a fever.
2. I almost never have stomach pain.
3. I never have an ear pain.
4. I sometimes get a toothache.