



Mi Universidad

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Nombre del tema: Body parts and advices for each illness

Parcial: II

Nombre de la Materia: English III

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Nombre de la Licenciatura: Enfermería

Cuatrimestre: 3

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

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

- ^{permanece} ^{never} ^{no good}
 ✓ call stay not go not drink
 ✓ see take ✓ not worry not eat
 level
 no come

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

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. • Put on ice pack
• Take a contrast bath



2. • Put ice
Put anti-inflammatory



3. Put eye drops and take some rest



4. Take a hot bath or drink chamomile tea

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...

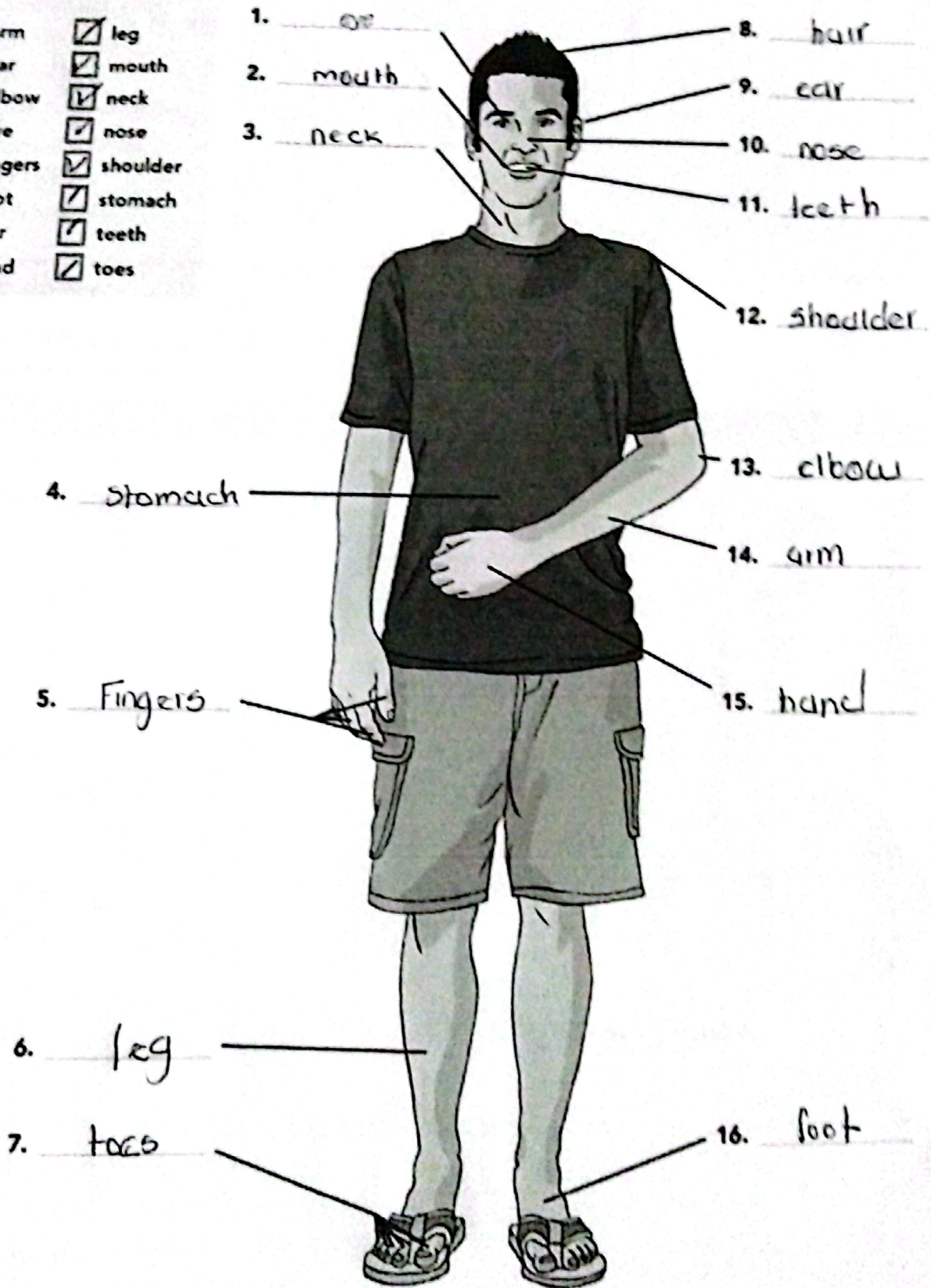
11 INTERCHANGE 12 Problems, problems

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 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. | <i>dolor de garganta</i>
Don't go to work today. Drink some chamomile tea. |
| 2. I have a toothache. | <i>dolor de muela</i>
Go to the doctor, take a pill |
| 3. I have a cough. | Take a cough syrup. |
| 4. I have a cold. | <i>resaca</i>
Take cold pills, Don't drink cold soda |
| 5. I have a stomachache. | Take a warm bath, Drink a chamomile tea |
| 6. I have a headache. | Drink water, Put a cold compress |
| 7. I have the flu. | Eat a chicken soup and take aspirin pills. |
| 8. I have a fever. | eat fruit and put on cold compresses |

8 Health survey

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

How often do you ... ?	<i>a menudo</i> Often	<i>a veces</i> Sometimes	<i>casí nunca</i> Hardly ever	<i>nunca</i> 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 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 checked="" type="checkbox"/>	<input 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 almost never have a headache.
- I almost never get a fever
- I often stay up late, but I only get sleepy sometimes
- I sometimes get a cold because of my allergies