



Mi Universidad

Activity 2

Nombre del Alumno: Adriana Zohemy Roblero Ramírez

Nombre del tema: Body parts and advices for each illness

Parcial: Segundo parcial

Nombre de la Materia: Inglés III

Nombre del profesor: Liliana Rubí Gutiérrez Penagos

Nombre de la Licenciatura: Licenciatura de enfermería

Cuatrimestre: Tercer cuatrimestre, grupo "A"

GRAMMAR FOCUS

Imperatives

Get some rest.
 Drink lots of juice.
 Take one pill every evening.

Don't stay up late.
 Don't drink soda.
 Don't work too hard.

GRAMMAR PLUS see page 143

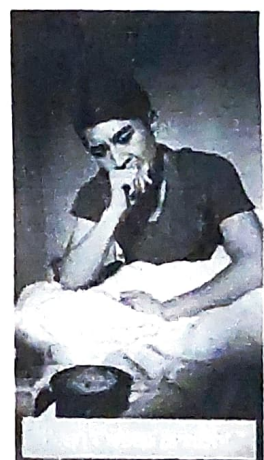
Complete these sentences. Use the correct forms of the words in the box.

✓ 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. not drink coffee. |
| 4. not go to school. | 8. not eat any candy. |

SPEAKING Good advice?

A Write two pieces of advice for each problem.



- | | | | |
|---|--------------------|-----------------------------|-------------------------|
| 1. Take a hot bath | 2. Put an ice pack | 3. Get some rest | 4. don't drink coffee |
| 2- Elevate feet to improve circulation. | 2- Take an aspirin | 2- Put a chamomile compress | 2- don't worry too much |

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 ...

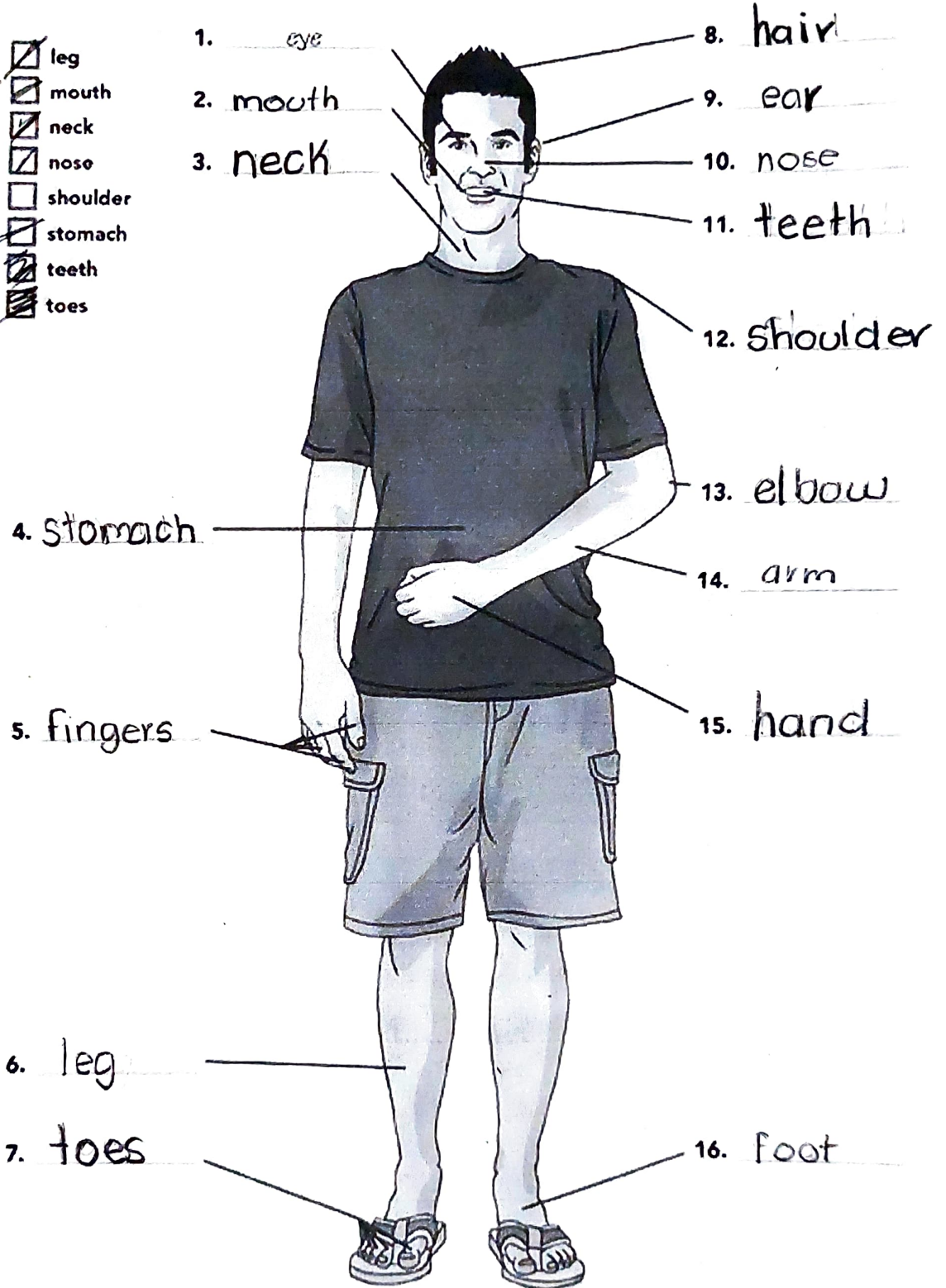
INTERCHANGE 12 Problems, problems

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 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. | don't eat candies / don't carry heavy things |
| 3. I have a cough. | Use sweater / drink hot tea with honey |
| 4. I have a cold. | Get some rest / eat a chicken soup |
| 5. I have a stomachache. | Take an antacid / don't eat junkily food |
| 6. I have a headache. | Take an aspirin / Put an ice pack |
| 7. I have the flu. | Take cold pills / blow your nose |
| 8. I have a fever. | Put a warm compress / drink plenty of fluids |

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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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 almost always have a stomachache
2. I often get the flu from weather changes
3. I am often feel sleepy because, I do homework very late
4. I get very stressed with my homework and sometimes I get a headache.