



Mi Universidad

Workbook

Nombre del Alumno Romero López Andrea Guadalupe

Nombre del tema What's the matter

Parcial 2

Nombre de la Materia Inglés III

Nombre del profesor Liliana Rubí Gutiérrez Penagos

Nombre de la Licenciatura: Licenciatura en Enfermería

Cuatrimestre 3

Romero López Andrea Guadalupe 3^oA IEN.

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 page 143

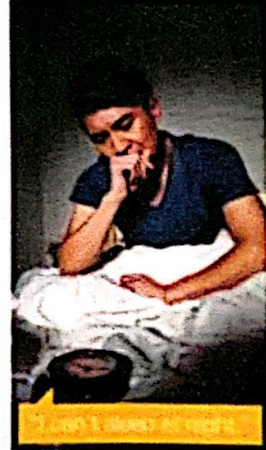
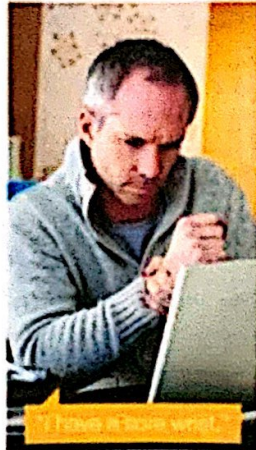
Complete these sentences. Use the correct forms of the words in the box.

- ✓ 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. _____ 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.



- | | | | |
|---|---|--|---|
| 1. She should take a rest.
• she should take a pills | 2. He should put Hot cloths
• He should take a pills | 3. She should put eyes drops
• she should put cold cloths | 4. He should take a shoe before of sleep.
• He should drink a tea for relax. |
|---|---|--|---|

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.

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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 pills and see a dentist. |
| 3. I have a cough. | Don't eat cold. Drink cough soup. |
| 4. I have a cold. | Don't go to outside. and take a cold medicine. |
| 5. I have a stomachache. | Don't go to school today. Drink chamomile tea. |
| 6. I have a headache. | Take an aspirin. You take a rest. |
| 7. I have the flu. | Don't go outside for rain. Drink chicken soup. |
| 8. I have a fever. | Take a shower with hot water and take an aspirin. |

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 type="checkbox"/>
get a cold	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 often get a flu or cold
- I hardly ever feel sleepy. But don't stay up late.
- I sometimes feel get a stomachache. But take a pills.
- I sometimes feel get a headache. But take an aspirin.

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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 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 |

