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Nombre del tema: GRAMMAR FOCUS

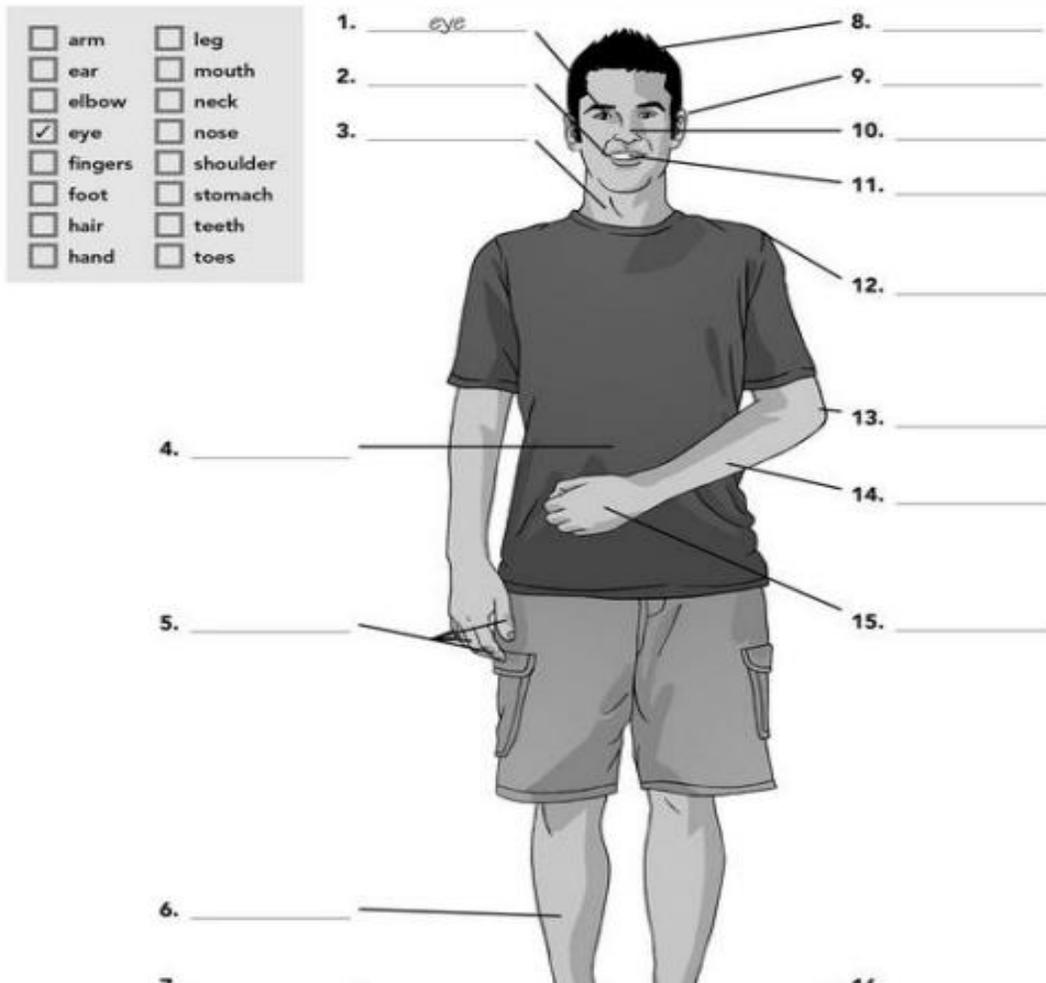
Parcial: SEGUNDO PARCIAL

Nombre de la Materia: INGLES

Nombre del profesor: LILIANA RUBI GUTIERREZ PENAGOS

Nombre de la Licenciatura: LIC ENFERMERIA

Cuatrimestre: TERCER CUATRIMESTRE



- | | |
|-------------|---------------|
| 1.- eye | 9.- ear |
| 2.- mauth | 10.- nose |
| 3.- neck | 11.- teeth |
| 4.- stomach | 12.- shoulder |
| 5.-fingers | 13.-elbow |
| 6.-leg | 14.-arm |
| 7.- toes | 15.- hand |
| 8.- hair | 16.-foot |

7 Write two pieces of advice for each problem.

- | | |
|--------------------------|--|
| 1. I have a sore throat. | <u>Don't go to work today. Drink some chamomile tea.</u> |
| 2. I have a toothache. | <u>go to the dentist and take your medicine</u> |
| 3. I have a cough. | <u>don't go to school and rest</u> |
| 4. I have a cold. | <u>take a painkiller and go rest</u> |
| 5. I have a stomachache. | <u>drink a lot of water avoid lying down</u> |
| 6. I have a headache. | <u>drink plenty of water and rest in a quiet place</u> |
| 7. I have the flu. | <u>keep rest take the medicine</u> |
| 8. I have a fever. | <u>get enough rest and shower with lukewarm water</u> |

How often do you ... ?

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input 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 hardly ever get a headache, an earache, or a stomachache.

I often stay up late on weekends, but I never stay up late on weekdays.

1. **I almost never have a stomachache**
2. **sometimes i get flu**
3. **I often stay up late**
4. **I have never had an earache**

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▶ 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.

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

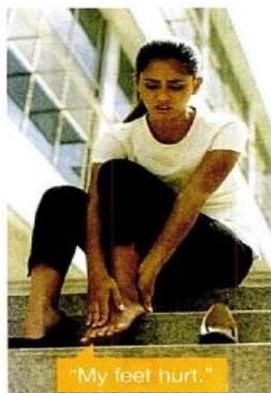
✓ call stay not go not drink
see take ✓not worry not eat

1. _____ Call _____ a dentist.
2. _____ Don't worry _____ too much.
3. _____ take _____ a hot bath.
4. _____ don't go _____ to school.

5. _____ stay _____ in bed.
6. _____ see _____ a doctor.
7. _____ don't drink _____ coffee.
8. _____ don't eat _____ any candy.

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



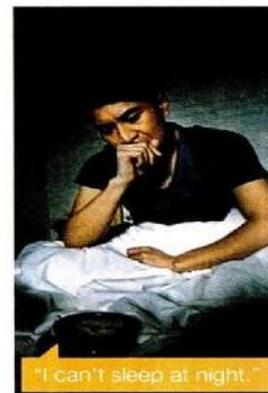
1. dip your feet in
warm water
take an analgesic



2. apply ice to the
area take an over
the counter pain



3. protect yourself
with glasses to rest
your eyes



4. limit parties relax
before going to
sleep