



**Mi Universidad**

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*Nombre del tema:*

*Parcial: segundo*

*Nombre de la Materia: ingles III*

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*Nombre de la Licenciatura: Enfermería*

*Cuatrimestre: 3 "B"*

## GRAMMAR FOCUS

6

Get some rest.  
Don't forget to...  
Take your medicine.

Don't stay in bed.  
Don't drink more.  
Don't work too hard.

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

Put your message on the desk.  
Put the book back on the shelf.

1. I don't feel well.  
2. I don't want to see a doctor.  
3. I take a hot bath.  
4. I don't go to school.

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

## SPEAKING Good advice?

4. Write two pieces of advice for each problem.



1. Put ice on it.  
2. Drink water.  
3. Take some painkillers.  
4. Use a hot water bottle.  
5. Use a cold compress.  
6. Use a hot compress.  
7. Use a hot water bottle.  
8. Use a cold compress.  
9. Use a hot water bottle.  
10. Use a cold compress.

5. GROUP WORK Act out the problems from part 4. 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...

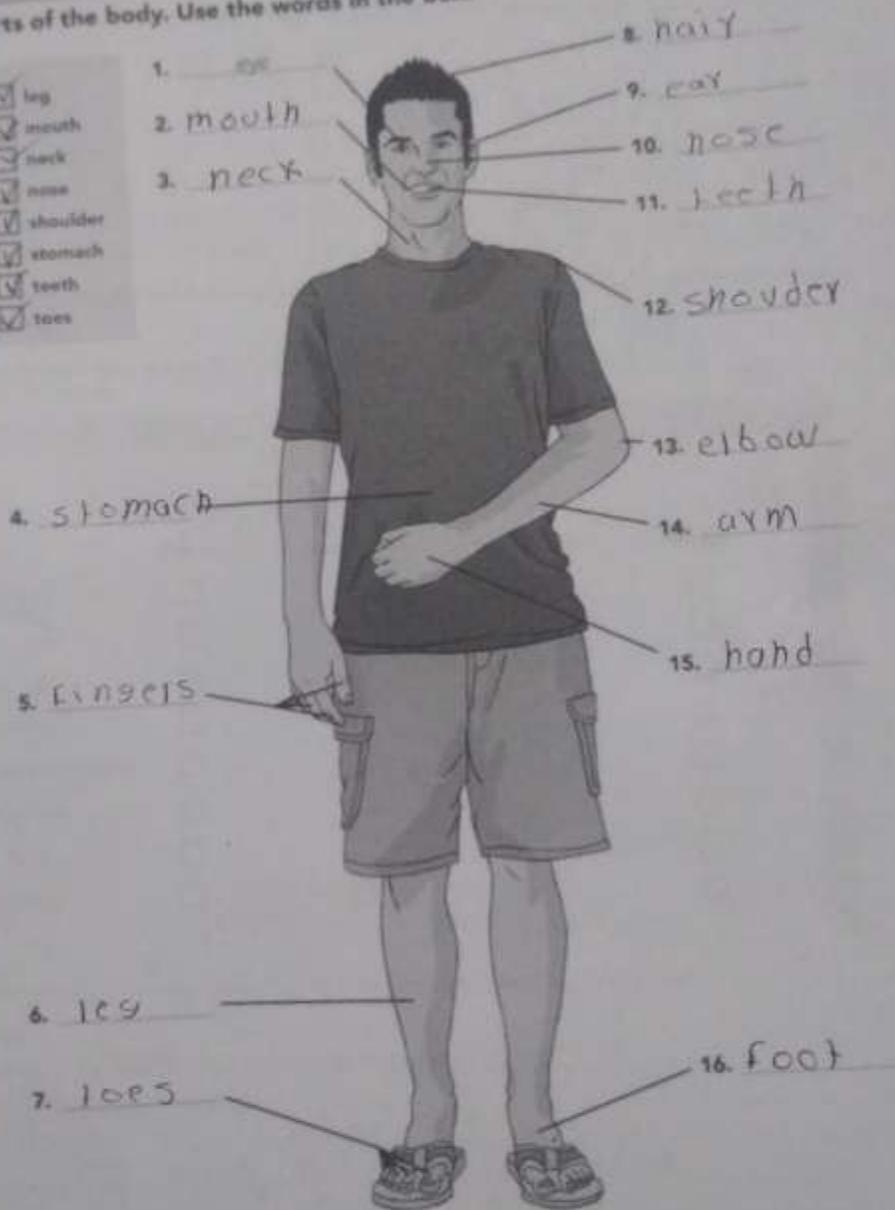
## INTERCHANGE 12 Problems, problems

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 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. | Don't go to work today. Drink some chamomile tea |
| 2. I have a toothache.   | Go to the dentist                                |
| 3. I have a cough.       | Drink some tea                                   |
| 4. I have a cold.        | Go to some where quiet and rest                  |
| 5. I have a stomachache. | Go to the bathroom                               |
| 6. I have a headache.    | Practice some yoga                               |
| 7. I have the flu.       | Stay home and rest                               |
| 8. I have a fever.       | Wear light clothing and see a lot of 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" 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.

1. Sometimes I have a headache
2. I hardly ever get an earache
3. I hardly ever catch a cold
4. Sometimes I have a stomachache