



Mi Universidad

ACTIVITY

Nombre del Alumno: Mariana Itzel Hernández Aguilar

Parcial: Unidad 2

Nombre de la Materia: inglés

Nombre del profesor: Liliana Rubí Gutiérrez Penagos

Nombre de la Licenciatura: Enfermería

Cuatrimestre: 3er cuatrimestre

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 111

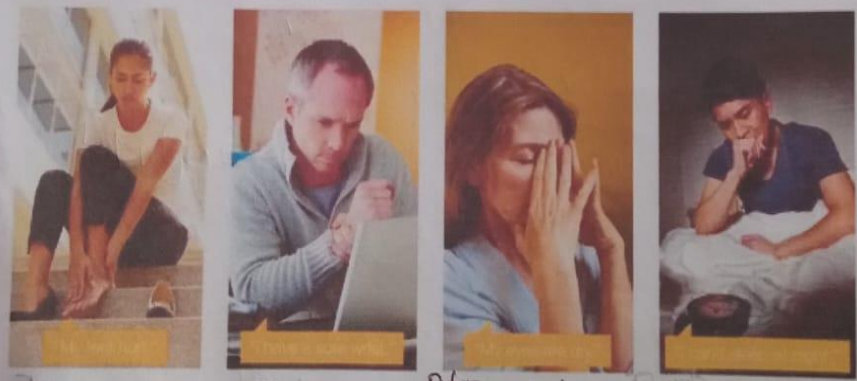
Complete these sentences. Use the correct forms of the words in the box.

- ✓ 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. Put a ice pack
Take a pill | 2. Take a analgesic
Put a Ointment | 3. Put Eyes drops
Get some rest | 4. Drink Chamomile tea
Take a hot bath |
|----------------------------------|---------------------------------------|------------------------------------|---|

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... |

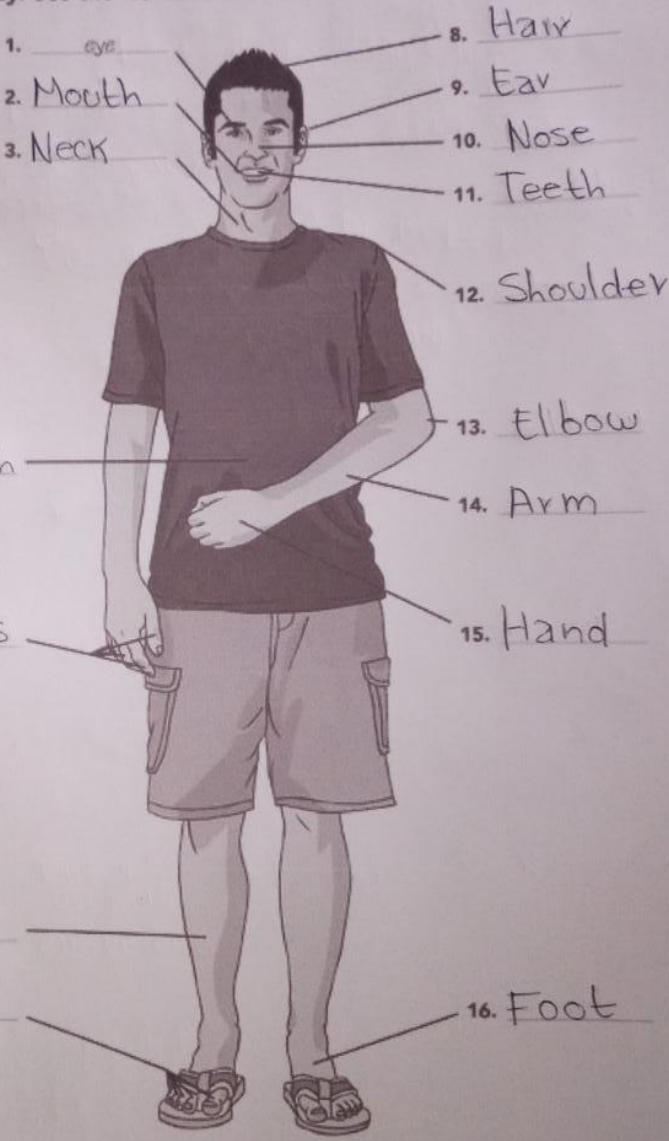
11 INTERCHANGE 12 Problems, problems

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 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 type="checkbox"/> teeth |
| <input checked="" type="checkbox"/> hand | <input 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 any candy. Call a dentist |
| 3. I have a cough. | Don't go to school. Drink Cough Syrup |
| 4. I have a cold. | Eat Chicken soup. Stay in bed |
| 5. I have a stomachache. | Take a pill. Drink chamomile tea |
| 6. I have a headache. | Don't stay up late. Get some rest |
| 7. I have the flu. | Use a sweater. Take a pill |
| 8. I have a fever. | Take a aspirin. Drink Chamomile tea |

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 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 headache, but I get some rest
- I hardly ever get an earache, but I drink Chamomile tea
- I sometimes get a cold, but I take a pill
- I sometimes I have fever, but I take a pill

