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*Parcial: II*

*Nombre de la Materia: Ingles II*

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*Nombre de la Licenciatura: Enfermería*

*Cuatrimestre: 3*

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 (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. <u>stay</u> _____ in bed.       |
| 2. _____ Don't worry _____ too much. | 6. <u>see</u> _____ a doctor.      |
| 3. <u>Take</u> _____ a hot bath.     | 7. <u>Not drink</u> _____ coffee.  |
| 4. <u>Not go</u> _____ to school.    | 8. <u>Not eat</u> _____ any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



- |  |  |  |   |
|--|--|--|---|
| 1. <u>take aspirin</u><br><u>pills</u><br><u>Get some</u><br><u>rest</u> | 2. <u>Put ice</u><br><u>pack</u><br><u>take an</u><br><u>pills</u> | 3. <u>Put some</u><br><u>drops</u><br><u>get some</u><br><u>rest</u> | 4. <u>Drink Chamomile</u><br><u>tea</u><br><u>take a hot</u><br><u>bath</u> |
|--|--|--|---|

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... |

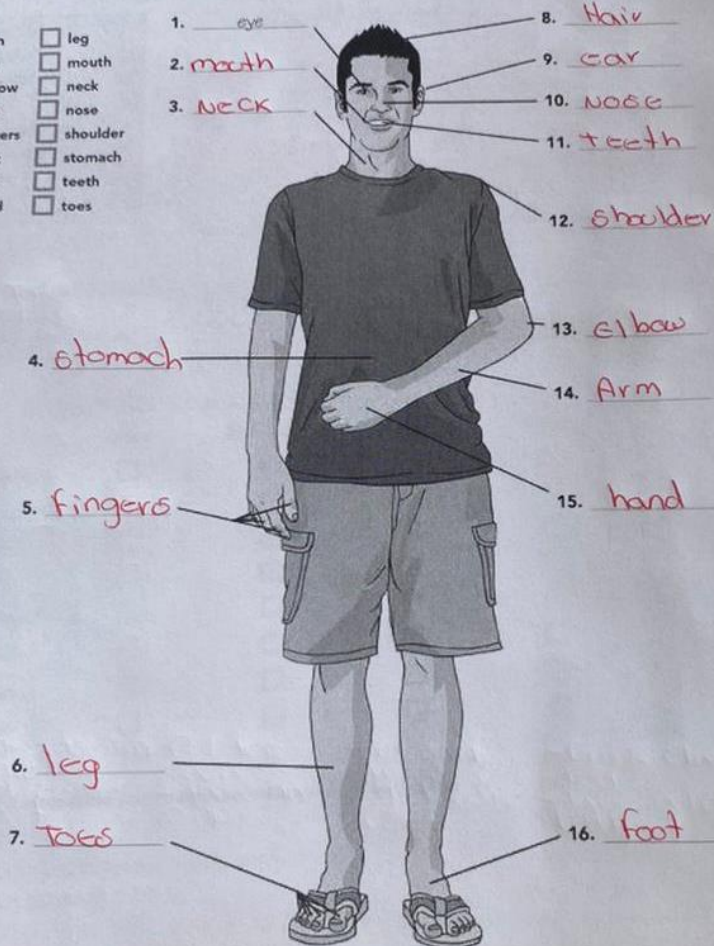
11 INTERCHANGE 12 Problems, problems

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 type="checkbox"/> arm            | <input type="checkbox"/> leg      |
| <input type="checkbox"/> ear            | <input type="checkbox"/> mouth    |
| <input type="checkbox"/> elbow          | <input type="checkbox"/> neck     |
| <input checked="" type="checkbox"/> eye | <input type="checkbox"/> nose     |
| <input type="checkbox"/> fingers        | <input type="checkbox"/> shoulder |
| <input type="checkbox"/> foot           | <input type="checkbox"/> stomach  |
| <input type="checkbox"/> hair           | <input type="checkbox"/> teeth    |
| <input 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 candy, go a dentist                     |
| 3. I have a cough.       | Don't go to school, get some rest                 |
| 4. I have a cold.        | Don't drink cold, put nasal spray                 |
| 5. I have a stomachache. | Don't eat meat, drink Chamomile tea               |
| 6. I have a headache.    | Don't go to work, get some rest                   |
| 7. I have the flu.       | Don't eat ice cream, put nasal spray              |
| 8. I have a fever.       | Don't get up, put ice pack                        |

**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 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 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.

- I sometimes get a headache.
- I often stay up late
- I often feel sleepy
- I hardly ever get a stomachache