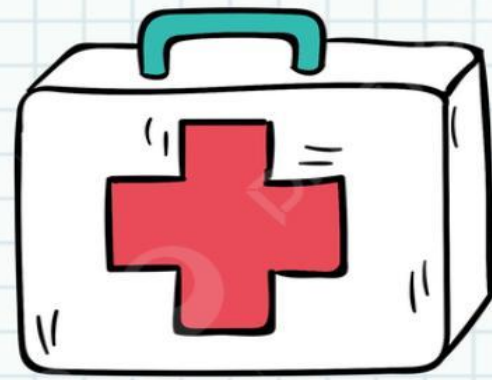




NOMBRE DEL ALUMNO:

BRENDA CARMONA JOACHIN



NOMBRE DEL TEMA:

BODY PARTS AND ADVICES FOR EACH ILLNESS

NOMBRE DE LA MATERIA:

INGLES III

NOMBRE DEL PROFESOR:

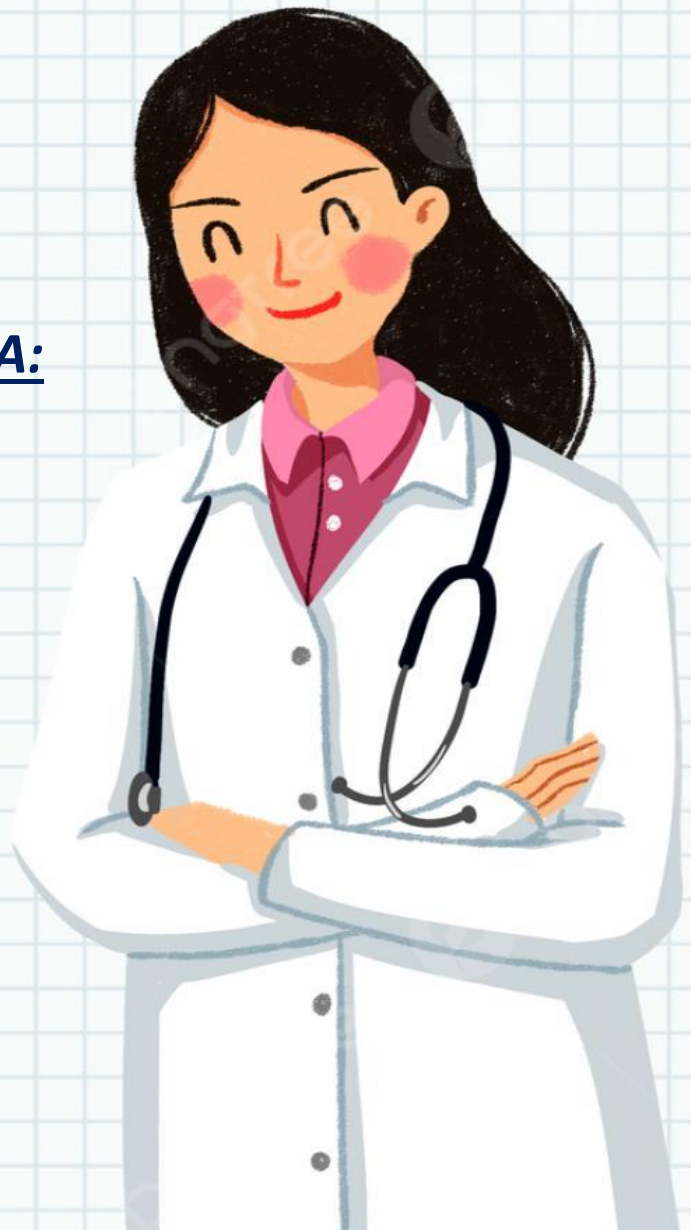
LILIANA RUBÍ GUTIÉRREZ

NOMBRE DE LA LICENCIATURA:

LICENCIATURA EN ENFERMERÍA

CUATRIMESTRE:

TERCER 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 see page 141

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. _____ Not drink _____ coffee. |
| 4. _____ Not go _____ to school. | 8. _____ Not eat _____ any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



- | | | | |
|---|---|---|---|
| 1. Put an cream _____
Take an analgesic _____
Get a massage _____
Rest _____ | 2. Put on an ice pack _____
Put on a cream _____
Take an analgesic _____
Rest your wrist _____ | 3. Put on drops _____
Rest _____
Protect yourself _____
with glasses _____ | 4. Take a sleeping pill _____
I tried to rest _____
Drink a chamomile tea _____
Take a bath before bed _____ |
|---|---|---|---|

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 . . . |

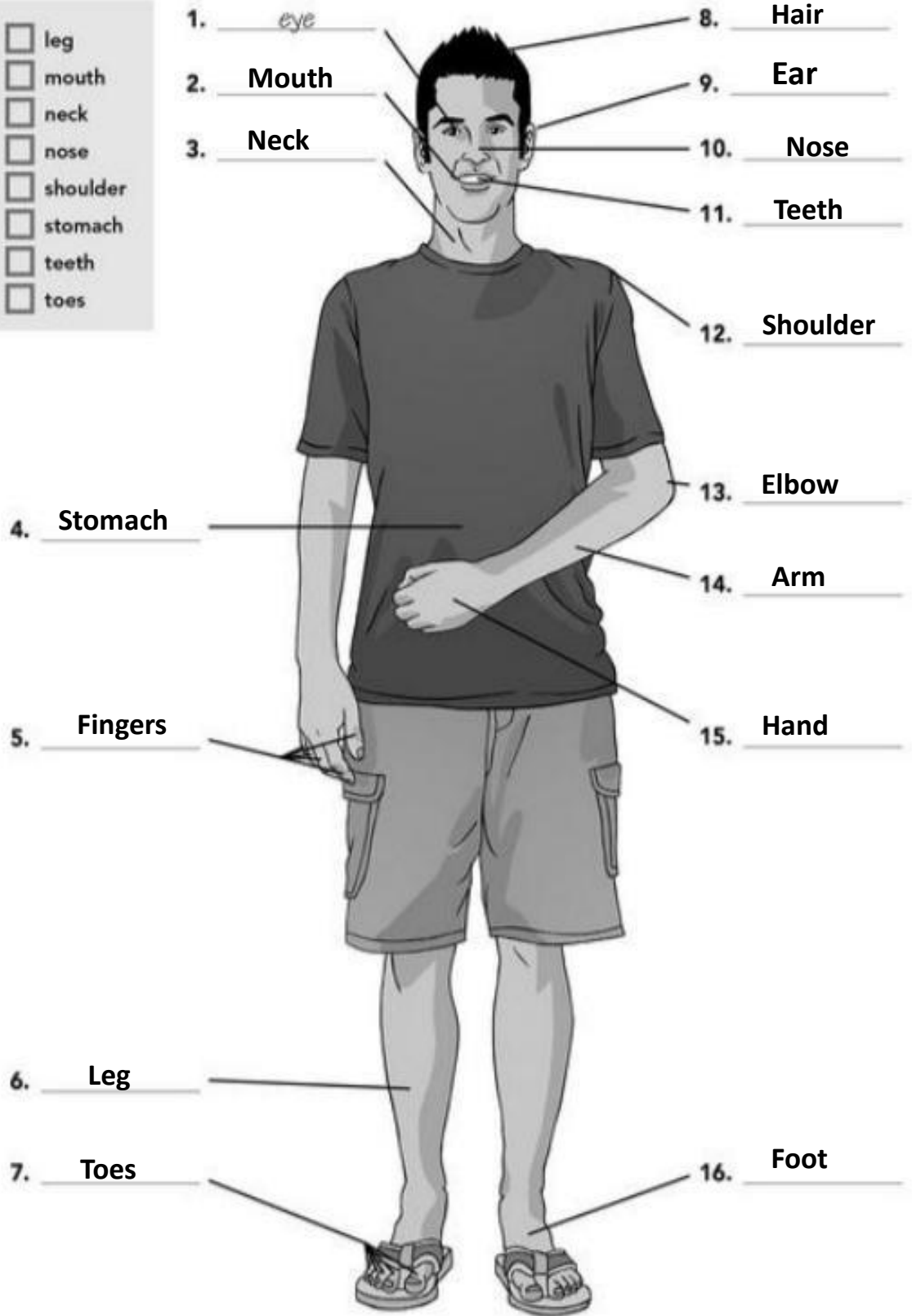
11 INTERCHANGE 12 Problems, problems

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. | <u>Don't go to work today. Drink some chamomile tea.</u> |
| 2. I have a toothache. | Take a pill. Make mouthwash |
| 3. I have a cough. | Take a cough syrup . Drink a honey tea with lemon |
| 4. I have a cold. | Take a pill . Stay a home and rest |
| 5. I have a stomachache. | Take a pill, and have a chamomile tea |
| 6. I have a headache. | Take a pill. Take a bath and sleep for a while |
| 7. I have the flu. | Drink a lemon tea and a pill. Eat chicken soup. |
| 8. I have a fever. | Apply cold water compresses . Rest |

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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. I suffer from insomnia
2. Sometimes my head hurts from migraine
3. I have to take pills to sleep
4. Sometimes my stomach hurts from colitis

Me- hi mom, how aré you?

Mom- not very well, i have a toothache

Me- mom you have to take a pain pill and go to the dentist

Mom- you're right

One day later...

Mom- i have had my tooth removed, what do i do so it doesn't get infected?

Me- First put on ice, make mouthwash and eat applesauce, continue taking your pills and you Will get better fast

Mom- thanks daughter. 