



UDS

ACTIVITY TWO

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Theme name: Nurse to patient dialogue

nouns Partial: 1st Partial.

Name of the Subject: English

Teacher's name: lic. Liliana Rubi Gutierrez Penagos

Degree Name: Bachelor of Nursing

Semester: 3st Semester

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. 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. Pain pill _____
Ice Pack _____
Pain Cream _____ | 2. Splint _____
Ice Pack _____
Pain Pill _____
Pain Cream _____ | 3. Pain pill _____
Warm Cloth _____
Eye drops _____ | 4. Pain pill _____
Hot shower _____
Chamomite tea _____ |
|---|--|--|--|

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 . . . |

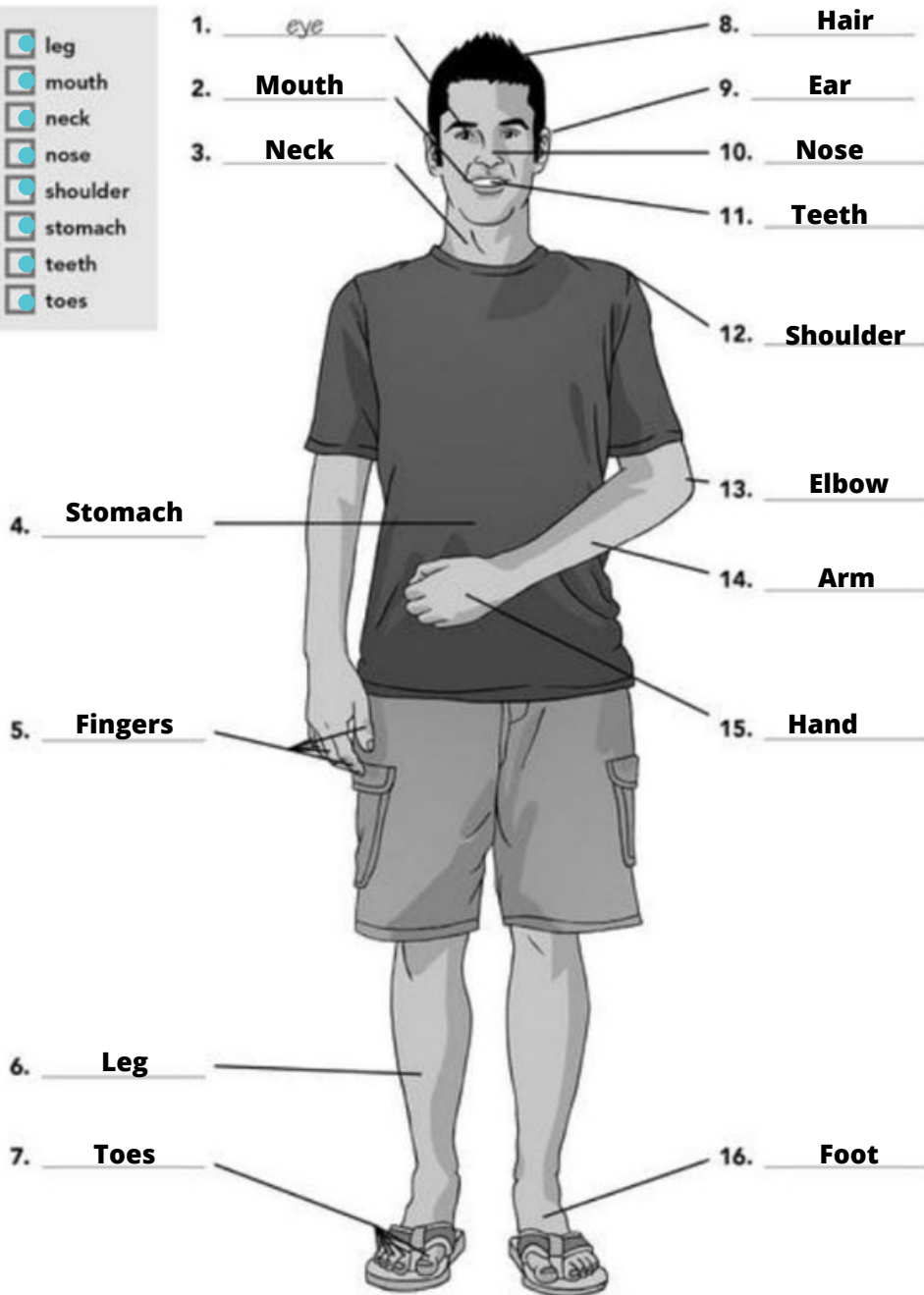
11 INTERCHANGE 12 Problems, problems

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. | <u>take a pill and go to the dentist</u> |
| 3. I have a cough. | <u>take a pill, drink a chamomile tea, cover yourself from the cold.</u> |
| 4. I have a cold. | <u>drink a chamomile tea and put on vaporub</u> |
| 5. I have a stomachache. | <u>Take a pill, a chamomile tea.</u> |
| 6. I have a headache. | <u>take a pill, and place a cool rag</u> |
| 7. I have the flu. | <u>take a syrup, cover yourself from the cold</u> |
| 8. I have a fever. | <u>Take a pill, check your temperature, take a syrup</u> |

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 my nose bleeds from the heat**
2. **I almost always get sore throat**
3. **i sometimes get a cold**
4. **sometimes I don't eat well and it makes my stomach hurt**

conversation

Good afternoon doctor jorge.

Good afternoon lady, how can I help you?

I've been feeling bad lately

what is wrong? tell me

I have had nausea and dizziness

maybe it's an infection, it may have been caused by eating on the street or by food in poor condition

I understand, what do you recommend doctor

well it's going to take a antihistamine every 24 hours. moderate your diet, do not eat foods with a lot of fat or junk foods, and avoid eating on the street. It is also important that you are drinking a lot of water.

It's okay, doctor, thank you very much. I'm going to buy my medication.

It's nothing, take good care of yourself and take your medicine at the right time.

thanks with your permission

