



## **Mi Universidad**

**Nombre de la alumna:** Alma Maybeth Roblero Villatoro

**Nombre del tema:** Activity partial 2

**Parcial:** 2

**Nombre de la materia:** inglés

**Nombre del profesor (a):** Liliana

**Nombre de la licenciatura:** Enfermería

**Cuatrimestre:** 3

GRAMMAR FOCUS

Imperatives

Get some rest.

Drink lots of juice.

Take one pill every evening.

Don't stay up late.

Don't drink soda.

Don't work too hard.

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.            Don't go        a doctor.   |
| 3.            see                a hot bath. | 7.            not drink        coffee.    |
| 4.            take                to school. | 8.            Don't eat        any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. Use a bandage and ointment



2. Take a pain pill.



3. Use eye drops



4. take a relaxing tea.

B GROUP WORK Act out the problems from part A. 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 ...

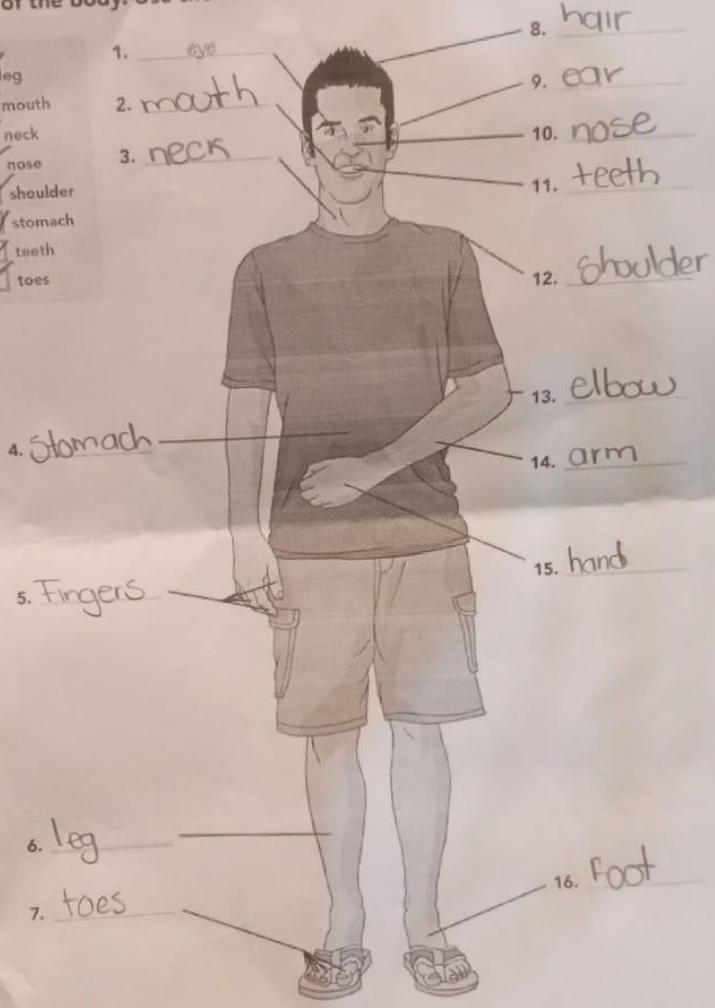
11 INTERCHANGE 12 Problems, problems

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 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     |



Give two pieces of advice for each problem.

- 1. I have a sore throat.
- 2. I have a toothache.
- 3. I have a cough.
- 4. I have a cold.
- 5. I have a stomachache.
- 6. I have a headache.
- 7. I have the flu.
- 8. I have a fever.

Don't go to work today. Drink some chamomile tea.  
 Go to the dentist and take a pill  
 Wear a sweater and drink some cough syrup  
 eat some chicken soup and sleep.  
 eat fruits and go to the doctor.  
 Take an aspirine  
 Wrap up and get some rest.  
 Bath with lukewarm water.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 hardly ever get a fever
2. I hardly ever get a headache
3. I often stay up late, but I hardly ever feel sleepy
4. I never get a stomachache