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***Nombre del tema: BODY PARTS AND ADVICES FOR EACH ILLNESS***

***Nombre de la Materia: INGLES III***

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***Nombre de la Licenciatura: ENFERMERIA***

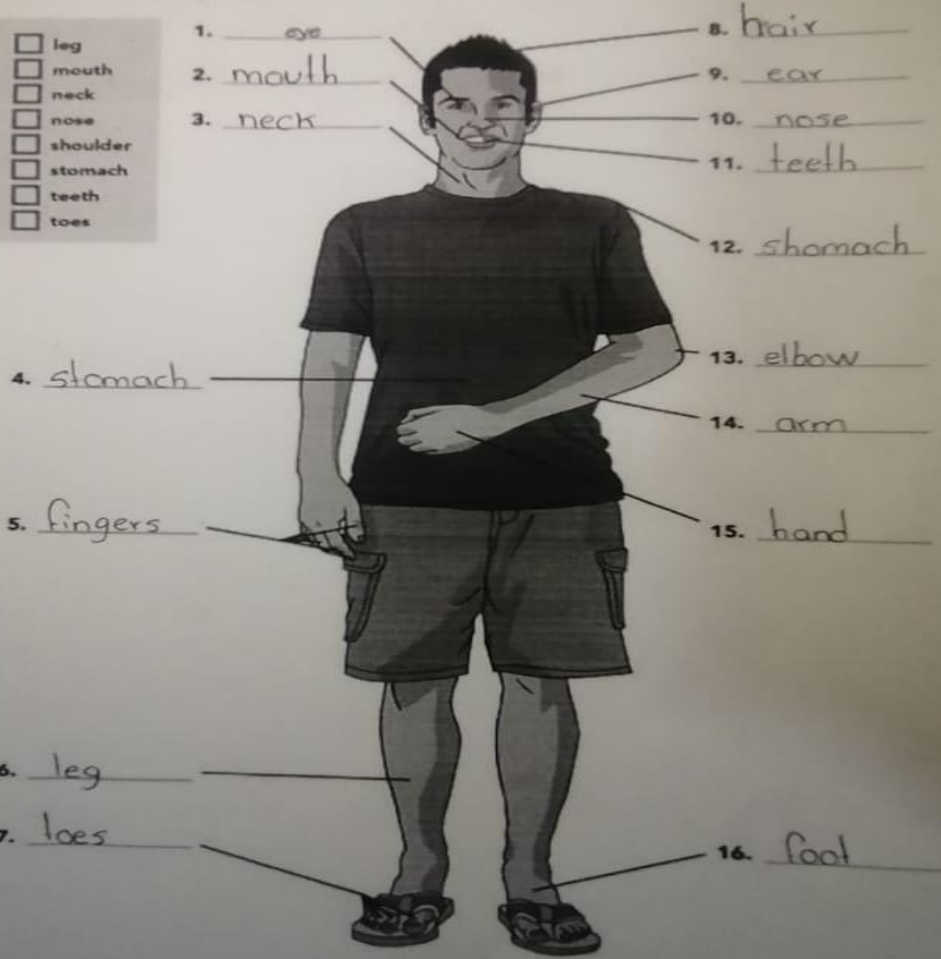
***Cuatrimestre: 3er***

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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     |



**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 126

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. sit a while,<br>Do foot massages | 2. Do massages,<br>Put ointment | 3. put drops,<br>Sleep for a while | 4. exercise,<br>bathe |
|-------------------------------------|---------------------------------|------------------------------------|-----------------------|

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.

**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.   | Go to the dentist, take the medicines.            |
| 3. I have a cough.       | Take Jorabe, and have a hot tea.                  |
| 4. I have a cold.        | drink Water, Avoid alcohol.                       |
| 5. I have a stomachache. | Drink chamomile water, take pain pills            |
| 6. I have a headache.    | Get a head massage, tak pills, lie down           |
| 7. I have the flu.       | for a while, put on a sweater.                    |
| 8. I have a fever.       | Put a damp cloth on your head, take the pills     |

**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 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 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 hardly ever sleep, but I want to sleep
- Sometimes I get the flu, but it doesn't hit me hard
- Sometimes my head hurts, but I take pills
- I almost never have a stomach ache, but I drink tea

# CONVERSATION

Leandro.. HELLO VALERIA, HOW ARE YOU?

Valeria.. HELLO GOOD BAD

Leandro.. AND BECAUSE?

Valeria.. I HAVE A STRONG HEADACHE

Leandro.. I ADVISE YOU TO TAKE A PILL

Valeria.. BUT WHICH?

Leandro.. THE PILL OF ASPIRIN AND NAPROXEN

Valeria.. THANKS FOR THE ADVICE

Leandro.. YES, BUT TRY TO REST AND SLEEP FOR WHILE

Valeria.. THANKS FOR THE ADVISE

Leandro.. DON'T WORRY, TAKE CARE

Valeria.. THANK YOU