



# UDRS

## Mi Universidad

*Nombre del Alumno: Fabiola Martínez Gamboa.*

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*Nombre del profesor: Liliana Rubí Gutiérrez Penagos.*

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**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

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. Take pain analgesico. don't wear slippers. | 2. Take some rest. put an ointment on | 3. Put eye drops. put on a tea bag. | 4. drink a chamomile tea don't drink coffee before bed |
|---|---------------------------------------|-------------------------------------|--|

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...

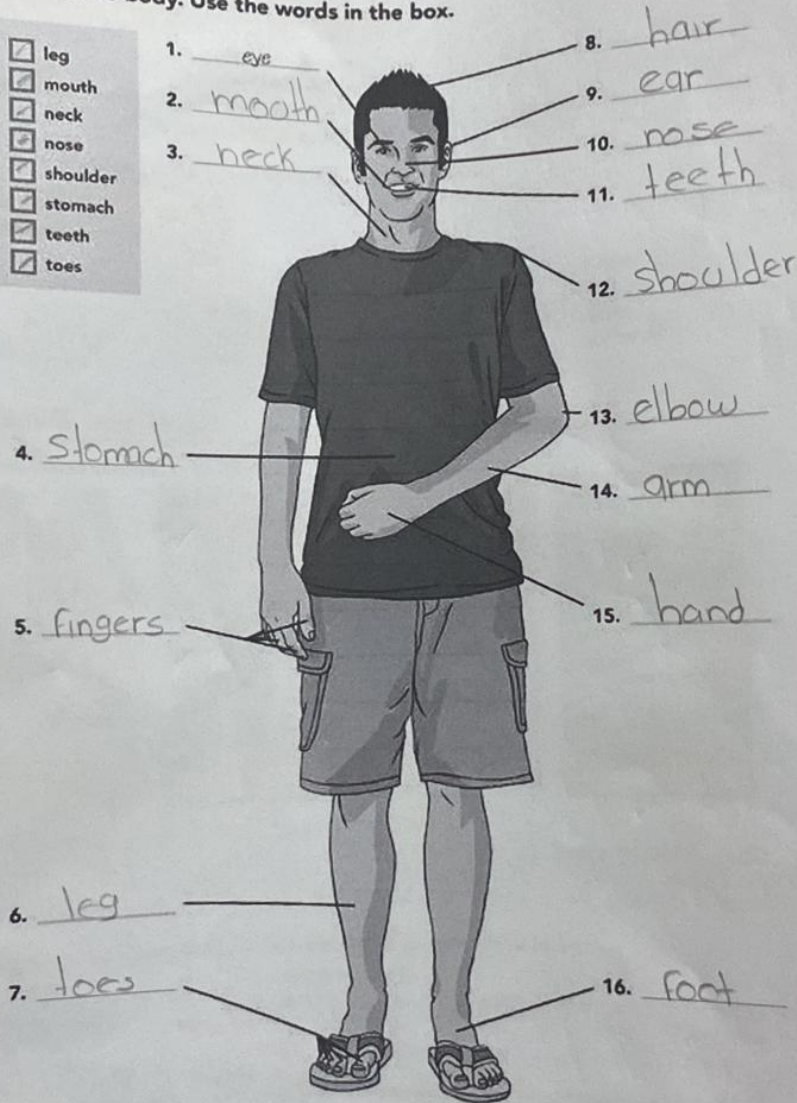
**11 INTERCHANGE 12 Problems, problems**

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 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.
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.  
 Don't eat sweets. Go to the dentist.  
 Don't drink cold drinks. Drink a lemon tea with honey.  
 Don't bathe with cold water. Wrap up well.  
 Don't eat irritating food. Drink some chamomile tea.  
 Don't exercise. Take an aspirin.  
 Don't go out without a sweater. Take a lemon tea.  
 Don't dress up too much. Take a bath with lukewarm water.

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

