



Mi Universidad

Exercises

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Common Medication

Parcial II

Inglés

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Licenciatura en Enfermería

3er. Cuatrimestre

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 PLAN

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. |

SPEAKING Good advice?

A Write two pieces of advice for each problem.



- Put an ice pack
Apply a muscle cream before sleeping
- Take an analgesic twice a day
Put on ice pack
- Put on eye drops
Take some rest
- Don't drink coffee before sleeping
Don't worry too much

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...

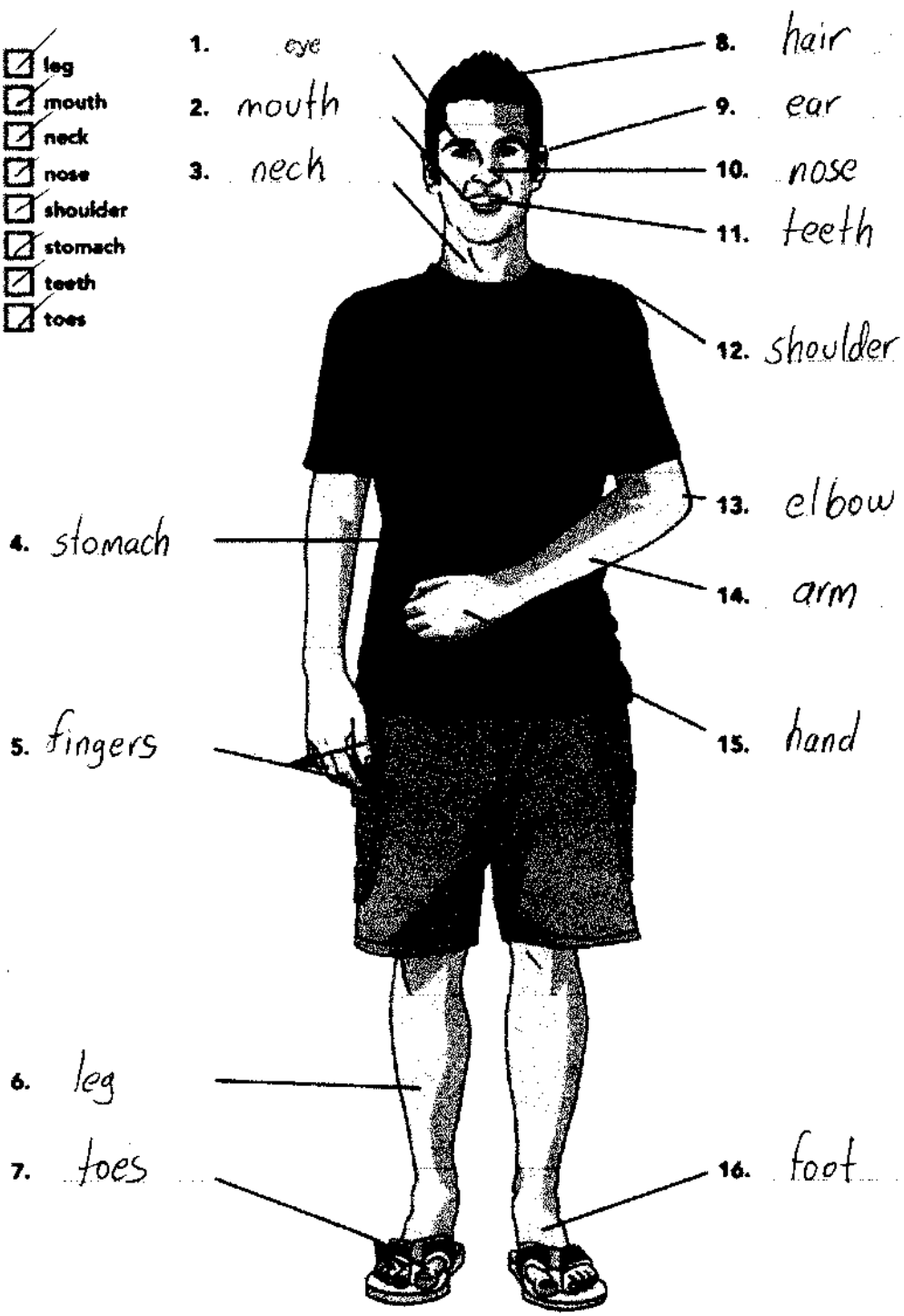
INTERCHANGE 12 Problems, problems

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 |



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. | take an analgesic twice a day / Don't drink cold drinks |
| 3. I have a cough. | Drink a Cough Syrup / Drink a lemon tea with honey |
| 4. I have a cold. | Don't smoke / Drink a lot of fluids |
| 5. I have a stomachache. | Don't eat a spicy food / take an antacid |
| 6. I have a headache. | Take an aspirin / Take some rest |
| 7. I have the flu. | Stay at home / Don't drink cold drinks |
| 8. I have a fever. | Take an analgesic / Wear light clothes |

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 sometimes feel sleepy, but I often sleep fine.
2. I never get an earache, but I often listen to music with the headphones.
3. I hardly ever get a flu, but I often take a shower with cold water
4. I hardly ever get a fever.

Conversation with a friend

A: Hi Sergio, how are you?

B: What's up Ivan, I feel bad.

A: What is the matter?

B: I have body pain and a lot of chills

A: I see, have you had a fever?

B: Oh no! just pain and the horrible chills.

A: Ok, the safest thing is that you get the flu.

B: Really? It can't be! Today I have to go to the movies with my girlfriend.

A: It will be another time! Stay at home, take an analgesic, drink a lot of fluids and take a some rest.

B: I can't believe it! It's okay I'm going to follow your advice since you're the nurse.

A: If you take care of yourself, you will be fine soon and you will be able to go to the movies.

B: I know, thank you friend, see you!