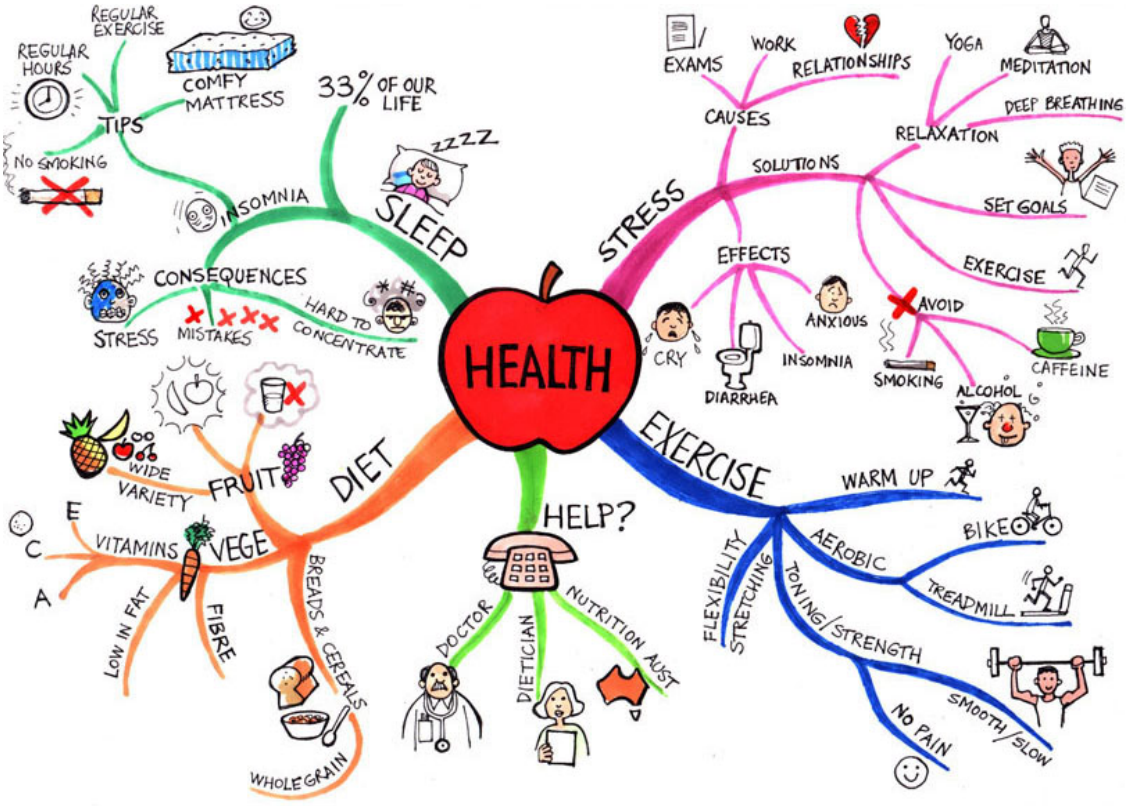
HEALTH 2



COURSE NOTEBOOK

SPRING 2012-2013

NAME_____ **PERIOD**_____

TEACHER_____ **ROOM**_____

Dear Students and Parent(s)/Guardian(s),

We would like to take this opportunity to welcome you to your Health 2 Fitness course. We look forward to working with you during this semester and hope that you will email or visit us if you should have any questions concerning the course, your progress, or issues that arise in the classroom. Although Wellness/Fitness classroom teachers are not required to update Pinnacle on a regular basis, they will strive to enter grades for your written work as quickly as they are able. Your classroom teacher will discuss grading in detail during one of your first classroom meetings. This information is also available in written form within the course content provided in this notebook. It is our hope that you will see this course not as merely a graduation requirement, but as a tool to a better future as well.

The one thing we must all face - whether young, old, student, parent or teacher - is that without good personal health our lives are limited. Participation in classes, sports, dramas, social activities and our lives with our families is possible because of our good health. Therefore, the first goal of this course is to provide you with the information and skills necessary to achieve total health. The area of Wellness/Fitness is broad and diverse, so a combination of information and tools from the internet, mobile apps, news media and health research centers will serve as our "textbook".

The second goal of this course is to help you establish a path towards becoming an independent and accountable young adult as part of a global community. Too often today, teenagers suffer trauma due to preventable situations and conditions. Both teenagers and parents can pick up the newspaper and read of yet another risky choice or behavior that has ended in tragedy. In Health/Fitness Education, we work with you to help you recognize the physical, mental and social consequences of the choices you make in your life. The choices you make do not only impact you as an individual but may also have a lasting impact on the lives of many in your local and global community.

Finally, we know that the Health Care System of the 21st Century requires that each of us take a greater role in the responsibility for our own health. Therefore, the third goal of this course is to help you establish a path toward becoming an independent and accountable young adult. This course emphasizes personal motivation, personal reflection and self-directed learning in achieving total health – that is, physical, mental and social health. We all have the potential to live long, productive and happy lives – with the tools we strive to provide for you in this class, and a willing and motivated attitude, you will be well on your way to an even bright future than you have imagined.

Please note:

1 The contents of this notebook are to be in a ¾" TO 1" three-ring binder with 5 unit dividers. Since everything you need for successful completion of this course is within the content, you will be required to purchase a replacement notebook at a cost of $5.00 should you misplace this copy.

2 Health 2 is a Graduation Requirement, therefore students must earn a cumulative grade of 65% or higher. Information on course grading is provided in the pages that follow. Additional explanation of grading and requirements will be provided by your classroom teacher during the first week of class.

3 Parents are encouraged to check their child's notebook and/or Pinnacle periodically for grade updates, as this is the most timely progress report.

As is always our policy, if you have questions, please feel free to contact us. Please note that since we are "mobile" teachers, email will provide you with the timeliest response.

WELLNESS/FITNESS DEPARTMENT STAFF CONTACT INFORMATION

Ms. Marcia Mariani (Health/P.E.), marianim@tesd.net
Mr. John Jones (Health/P.E.), jones@tesd.net
Mr. Mike Cangi (Health/HwySafety), cangim@tesd.net
Mr. Mark Tirone (Health/P.E.), tironem@tesd.net

I have read the above points of emphasis and the course notebook.

STUDENT SIGNATURE _____

PARENT/GUARDIAN(S) SIGNATURE _____

COURSE SYLLABUS

GROUND RULES for the HEALTH/FITNESS CLASSROOM

Preparation

Participation

Respect

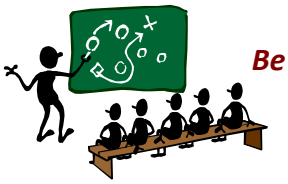
Peer Support

Sportsmanship

Teamwork

Confidentiality

COURSE GRADING



Be An ACTIVE LISTENER and ACTIVE PARTICIPANT!

Remember to SLANT!

S = Sit up straight
L = Lean Forward
A = Ask Questions
N = Nod, give non-verbal feedback
T = Take Notes

HEALTH EDUCATION CLASSROOM GRADING

- ✓ **CLASS PARTICIPATION (3 points per class period)**
  - PREPARATION /ATTENDANCE/NOTETAKING
  - ACTIVE LISTENING/ACTIVE PARTICIPATION
  - GOOD CITIZENSHIP / COOPERATION
- ✓ **CLASSWORK / HOMEWORK**
  - CLASSROOM /HOMEWORK WORKSHEETS ARE PROVIDED IN THIS NOTEBOOK
  - IN THE EVENT OF ABSENCE FROM THIS CLASS, STUDENTS ARE RESPONSIBLE FOR ALL MISSED CLASSWORK
  - SYNERGY CHAT BOXES
- ✓ **QUIZZES** – unannounced and/or partially open note
- ✓ **TESTS –** announced and/or partial open note
- ✓ **HEALTH FAIR PROJECT –** see project requirements

COURSE OUTLINE & CALENDAR

COURSE UNIT 1: TOTAL HEALTH FOR YOU AND YOUR COMMUNITY

- ***CLASSROOM UNIT 1: INTRODUCTION TO HEALTH/FITNESS***
  - ✓ *Creating a Healthy You*
    - *Where have you been?*
    - *Where are you going on your current path?*
    - *Where do you WANT to go?*
    - *Getting Outside of your "box"*
  - ✓ *What is Health Education?*
  - ✓ *What is Total Health?*
    - *The Health Triangle*
    - *Wellness & The Wellness Continuum*
    - *Personal Health Analysis*
  - ✓ *CLASSROOM ASSESSMENT:*
    - *Class Participation (see grading rubric on previous page)*
    - *Written Classwork*
    - *Homework*
    - *Unit Quiz*

COURSE UNIT 2: YOUR PHYSICAL HEALTH

- ***CLASSROOM UNIT 3: PHYSICAL HEALTH***
  - ✓ *HEALTH:*
    - *Review of Physical Health*
    - *Heredity*
    - *Nutrition in America*
    - *My Plate: Nutrition & Body Physiology*
    - *The Physiology/Importance of Sleep*
  - ✓ *CLASSROOM ASSESSMENT:*
    - *Class Participation (see grading rubric on previous page)*
    - *Written Classwork*
    - *Homework*
    - *Unit Quizzes*

COURSE UNIT 3: YOUR MENTAL/EMOTIONAL HEALTH

- ***CLASSROOM UNIT 4: MENTAL/EMOTIONAL HEALTH***
  - ✓ *HEALTH:*
    - *Review of Mental/Emotional Health*
    - *Mental/Emotional Health Concerns*
    - *Stress & Stress Management*
    - *Health & Your Attitudes and Behaviors/Perception*
    - *Unhealthy Attitudes & Coping Behaviors*
      - *Sexual Activity*
      - *Substance Use/Abuse/Addiction*
      - *Risk Behaviors*
  - ✓ *CLASSROOM ASSESSMENT::*
    - *Class Participation (see grading rubric on previous page)*
    - *Written Classwork*
    - *Homework*
    - *Unit Quizzes*

COURSE UNIT 4/5: YOUR SOCIAL HEALTH

- ***CLASSROOM UNIT 5: SOCIAL HEALTH***
  - ✓ *HEALTH:*
    - *Review of Social Health*
    - *Building Healthy Relationships*
      - *Socially Responsible Sexual Activity*
      - *The Violence & Non-Violence Wheels*
    - *The Physical Environment & Our Health*
      - *What is Environmental Health*
      - *Impact of our Environment on the health triangle*
      - *Skin Cancer Awareness*
    - *Media & Technology*
      - *What is Media? Technology?*
      - *Concerns: Media, Society & Health*
      - *The Internet & Accurate Health Information*
    - *USA & Health Care*
      - *Health People Program / Disease, Birth, Aging, Death & Dying*
  - ✓ *CLASSROOM ASSESSMENT:*
    - *Class Participation (see grading rubric on previous page)*
    - *Written Classwork*
    - *Homework*
    - *Unit Quizzes*

FINAL COURSE PROJECT:

- *HEALTH FAIR PROJECT (requirements on pages that follow)*
  - *DUE DATE: FRIDAY, MAY 3, 2013*
    - *SYNERGY/ELECTRONIC COPIES DUE NO LATER THAN 11:59:59pm*
      - *WE PREFER ELECTRONIC PROJECTS THAT ARE PDF FILES!*
    - *HARD COPIES DUE NO LATER THAN 2:30pm TO DESIGNATED TEACHER AREA*
    - *Remember that all software compatibility and account issues are YOUR responsibility. It is URGENT that you test your synergy account PRIOR to the final deadline to be sure everything will work as desired! Converting your project to a PDF file resolves most compatibility issues.*

***Note**: The material provided in this course syllabus will be reviewed by your classroom instructor during the first week of class. We urge you to ask questions if you are unsure of what is expected of you! Remember, your grade is your responsibility*

HEALTH FAIR PROJECT REQUIREMENTS
CHILDREN'S BOOK

This project will be discussed in greater detail in class during the first cycle of the semester

CHOOSE YOUR PROJECT TOPIC:

- ❑ Sharing
- ❑ Move/New School
- ❑ Bullying
- ❑ Acceptance
- ❑ Diversity
- ❑ Divorce
- ❑ Cheating
- ❑ Studying
- ❑ Healthy Diet
- ❑ Exercise
- ❑ Colds/Flu
- ❑ Don't Smoke
- ❑ Safety / 9-1-1
- ❑ Health Triangle
- ❑ Sibling Rivalry
- ❑ New Baby Coming
- ❑ Adoption
- ❑ Family Diversity
- ❑ Teamwork
- ❑ Cooperation
- ❑ Child Abuse
- ❑ Internet Safety
- ❑ Video Games
- ❑ Sunscreen
- ❑ Loss
- ❑ Making Friends
- ❑ Be Kind
- ❑ Helping
- ❑ Service
- ❑ Good/Bad Touch
- ❑ Germs
- ❑ Poisoning
- ❑ Cancer
- ❑ Tell Someone
- ❑ Stress
- ❑ Emotions
- ❑ Homework
- ❑ OTHER: (requires teacher approval)

_____

MY CHILDREN'S BOOK TITLE:_____

GOAL: Students will create an age-appropriate book that will be used to teach TESD Elementary Students.

DUE DATE – Your project due date is the first Friday of the last full month of class: _____

HOW WE WILL USE YOUR PROJECT – The Peer Mediation Team STAR Program and TESD Elementary Teachers will use your project to teach social skills and/or health education topics in the TESD Elementary Schools. For this reason, the projects must be in electronic format.

GENERAL CONTENT REQUIREMENTS FOR ALL CHILDREN'S BOOKS:

A. FRONT COVER

1. A front cover photo/graphic/illustration and title should be on the first page
2. Your name should be on the front page as it would be on a book cover.
3. If you have used hand-drawn illustrations, the illustrators name should accompany the author's name on the front of the book. (Written & Illustrated by… or Written By… and Illustrated by…)

B. 10 PAGES OF CONTENT (MINIMUM)

1. COMPOSING YOUR STORY: CONTENT, AGE-APPROPRIATE, LENGTH

i. First, we recommend you decide what age you are writing first (Grades K-4 or Ages 5-10)

ii. Create a rough draft with your story divided into the following segments:
   1. Beginning – introduce the main character(s) and the issue
   2. Middle – develop the story and bring the problem/issues to light
   3. Resolution – what does the character learn
   4. Conclusion – what is the final lesson or moral to the story

iii. Compose your story keeping in mind the age of the student. Some considerations are:
   1. Will this student have the attention span to read the full length of this story?
   2. Are the vocabulary words I'm using too big for this age?
   3. Will this story scare the child or cause unnecessary worry?
   4. Is there an age this book would be more appropriate for?

iv. Re-Read your story and ask yourself the following questions:
   1. Have I developed a good story that has a beginning, middle and end?
   2. Does the story answer all of the questions a child would have as they read?

v. Choose your images/illustrations - what do your characters look like? Can you find or create all of the images necessary to use throughout the story? (i.e. If you decide to use internet images, is the 'Billy' who is playing soccer on page 1, the same image for 'Billy' eating cereal on page 5 – confusing!!)

2. COMPOSING YOUR FINAL STORY: ILLUSTRATIONS/IMAGES/GRAPHICS:

i. Use the evaluation page to look at the elements of your project that will be graded. We STRONGLY RECOMMEND you create your project with this grading rubric in mind to achieve

the maximum number of points possible.

ii. Create a final copy and type it into an electronic document using age-appropriate fonts
    1. Word, power point, keynote and various apps allow you to create your story.
    2. Type in your story using the divisions for each page you decided on above.

iii. Insert appropriate scenery and images to coincide with your story
    1. Electronic images – remember to avoid plagiarism you must site sources. Do NOT use images that have watermarks on them – they are copyrighted images and we cannot use them in our schools.
    2. Illustrations – if you are illustrating your book by hand, you can either print the typed story and draw on the pages, then scan the pages back in as a PDF file OR you can create your illustrations on paper, then scan the images as photos and insert the photos onto your pages electronically.

C. BIBLIOGRAPHY/CREDITS:

1. Be sure to give visible credit to any resources you used to learn about your topic. Remember – we want to convey accurate health information to our youngest students, so these sites should be .org, .gov, or .edu sites.
2. Be sure to give visible credit to any programs or apps used to create your project
3. Be sure to give credit to the source for each electronic image you used.
4. Be sure to give credit to anyone who has done hand-illustrated images for your project
5. Failure to comply with the CHS Code of Conduct with regards to plagiarism will result in a zero grade on your project.

D. BACK COVER:

1. Your back cover should be a summary of the story and a brief biography of the author.
2. You may use additional pictures, graphics, designs, art, etc. to help other aspects of the project grade.

E. EVALUATION:

1. Use the evaluation sheet that follows to create a project layout/design that is neat, creative, colorful, etc. in accordance with the project rubric.

PROJECT NOTES:

PROJECT FORMATTING AND TURNING YOUR PROJECT IN TO YOUR TEACHER

A. FORMAT OPTIONS:

1. It is STRONGLY recommended that you convert your project to a **PDF format** if you are not turning in a web-based version. This can also be done with scanned projects (see #6 below).
2. Microsoft Power Point (convert to PDF after creating)
3. DVD/Flashdrive format (create project and turn in on disk or flashdrive)
2. Google Blog format (provide web address on evaluation page)
3. Windows Media Center Slideshow
4. iMovie or some other video-based program
    i. Length: Movie versions of the project should be no more than 5 minutes in length and contain all project requirements.
    ii. Captions: If you choose, the captions may be spoken rather than written for movie projects
    iii. Music/Sound: background music may be added as long as the music uses school-appropriate, non-explicit lyrics. To avoid possible disciplinary action, we recommend using instrumental music without lyrics.
5. Other Web-based Program: Prezi, YouTube, etc.
6. Hand-Illustrated Project with typed captions – you may draw or have someone draw/illustrate your project, but all text must be typed. If you choose this method, you may choose to scan the hard copy project into an electronic file (preferred) to protect the artwork. Be sure to put the copyright symbol on the front cover of your project if you are using hand-illustrated work.

B. TURNING YOUR PROJECT IN TO YOUR TEACHER:

NOTE: Your teacher may offer specific instructions that may vary from those listed here – be sure to take note of differences from these instructions when your teacher reviews turn in procedures at the start of the course.

1. Be sure to turn in the project evaluation page with your name and period number to your classroom teacher after handing in your project. Check the appropriate box and provide any web address, log in information or passwords required for your teacher to view the project.
2. OPTION 1: SYNERGY (RECOMMENDED)
    a. All projects are due to Synergy no later than 11:59:59pm on the due date to receive on time credit. Late projects will receive late credit at 5 points per day they are late.
    b. Your project must be compatible with the software listed on the upload page of Synergy in order to complete a successful turn in.
    c. When Uploading to Synergy, the final step is to click the word FINISH… if you do not do this, your project will not complete the upload process and your project will NOT be received by your classroom teacher!
    d. It is YOUR responsibility to complete the upload by the designated due date. Any technology issues that prevent this are YOUR responsibility. For this reason, we STRONGLY RECOMMEND that projects be uploaded WELL IN ADVANCE of the due date (besides – you get a one point bonus for every day early you hand in your project during the week it is due!)
    e. When in doubt, test upload to Synergy. Direct all questions about Synergy compatibility, use, log in problems, lock out issues to your CHS Librarians in advance of the project due date!
    f. WE HIGHLY RECOMMEND THE USE OF PDF Formatted Files if your project is very large! In addition, it will help to further secure your content.
        i. Insurance Policy: After uploading your project, log back into Synergy and be sure your project is there!
3. OPTION 2: HARD COPY TURN IN (NOT RECOMMENDED)
    a. PRINT your electronic project on a color printer and place it in one of the acceptable presentation folders listed below:
        i. Hardback scrapbook, Photo Album OR Journal
        ii. ½ inch 3-ring binder with transparent page covers
        iii. DVD or Flashdrive

NOTE: PROJECTS WILL NOT BE ACCEPTED VIA TEACHER EMAIL UNDER ANY CIRCUMSTANCES! THE FILES ARE TOO BIG FOR US TO ACCEPT AND WILL SHUT DOWN OUR EMAIL!

NAME_____ **PERIOD**____ **TEACHER**_____

HEALTH 2 PROJECT EVALUATION FORM

PUT AN "X" THROUGH THE PROJECT YOU DID NOT COMPLETE

CHILDREN'S BOOK (75)	**STUDENT COMMENTS/CLARIFICATIONS**
___ **FRONT COVER DESIGN/REQUIREMENTS (4)**	
___ **BIBLIOGRAPHY/SOURCES (5)**	
___ **BACK COVER DESIGN/REQUIREMENTS (4)**	
___ **10 REQUIRED CONTENT PAGES (10)**	
___ **CRAFTSMANSHIP/NEATNESS (5)**	
___ **DURABILITY OF DESIGN (2)**	
___ **COLOR SCHEME (5)**	
___ **ORIGINALITY OF LAYOUT/DESIGN (5)**	
___ **CREATIVE STORY LINE (10)**	
___ **HEALTH LESSON/CONTENT (10)**	
___ **ILLUSTRATIONS/GRAPHICS (10)**	
___ **AGE-APPROPRIATE MESSAGE (5)**	

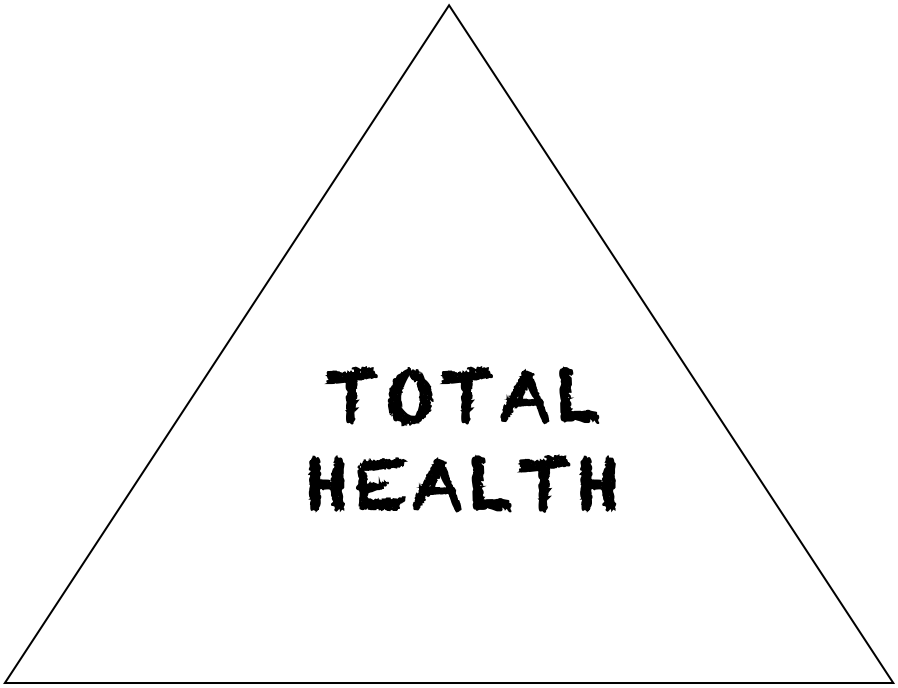
POINT TOTAL OF 75_____

PLEASE TELL YOUR CLASSROOM TEACHER WHERE THEY CAN FIND YOUR PROJECT:

- ❑ My project is a disk or flashdrive that was turned into the project box in Room _____ on the following date: _____
- ❑ My project is on Synergy in my classes' project folder
- ❑ My project is web-based and can be found at the following address
- ❑ My project was made in iBooks and can be found by… (explain)

PLEASE TELL YOUR CLASSROOM TEACHER ANYTHING ELSE YOU WANT THEM TO KNOW ABOUT YOUR PROJECT:

UNIT 1



Video Reflections: Getting Outside the Box **Name**_____ **Section**_____

Directions: For each section below, write a 3-5 sentence reflection after viewing the video clips for each. How does a clip inspire or amaze you, would this be outside of your box? Would you do this/go there?

1. ABOUT BELIEVING:

10 year old Dalton Sherman – Dallas ISD Opening Speech 2010
http://www.youtube.com/watch?v=hMe8Nil2i20

2. ABOUT DANCING LIKE NO ONE'S WATCHING:

Dancing with an iPod in Public http://www.youtube.com/watch?v=Dyc8QRcLKH4&feature=fvwrel
Beyonce End of Time Target Flashmob http://www.youtube.com/watch?v=9q7R9qFcrbI&NR=1&feature=endscreen

3. ABOUT RESILIENCY:

Nic Vujicic http://www.youtube.com/watch?v=ciYk-UwqFKA

4. ABOUT GETTING OUTSIDE THE BOX:

Zipline Rainforest Costa Rica http://www.youtube.com/watch?v=doNIXgD8QX4
The Highest Tarzan Swing in Costa Rica http://www.youtube.com/watch?v=hA5cr5BuO1E&feature=related
Ultimate Base Jump http://www.youtube.com/watch?v=sf49cw0134U
William Trubridge Free Diving http://www.youtube.com/watch?v=hrXQbucZUDA / http://www.youtube.com/watch?v=6THuHUHJ-m8

5. ABOUT DOING THE RIGHT THING:

Girls Softball Miracle – Central Washington vs. Western Oregon – ESPY Award
http://www.youtube.com/watch?v=UEDBnKahuNs

Creating a Healthy You ***Name*** _____ ***Section*** _____

Directions: *After viewing and writing your reflections on the opposite side of this page, reflect on your life until now then answer the following questions. Remember – this exercise will not help you become a stronger version of yourself unless you can be honest with yourself first!*

1. *Where have you been? In other words, what types of things have you done, what places have you visited, how have you spent your time, who are you now?*

2. *Where are you going on your current path? In other words, if you keep going as you currently are, where will you end up?*

3. *Where do you WANT to go? In other words, what do you want to be when you grow up?*

4. *Most teens live their life in 1-4 "boxes" – home, school, extracurricular/job, specific friends/entertainment. Do you live outside of this box? If not, explain how you get outside of your box. If yes, list three things you think that you could do that would be outside of your box.*

HEALTHY LIVING VOCABULARY

HEALTH

HEALTH TRIANGLE

PHYSICAL HEALTH

MENTAL/EMOTIONAL HEALTH

SPIRITUAL HEALTH

SOCIAL HEALTH

WELLNESS

THE HEALTH CONTINUUM

INFLUENCES ON YOUR HEALTH

HEREDITY

PHYSICAL ENVIRONMENT

SOCIAL ENVIRONMENT

CULTURAL ENVIRONMENT

ATTITUDE

BEHAVIOR

RISK BEHAVIORS

CUMULATIVE RISKS

PREVENTION

ABSTINENCE

HEALTH PROMOTING BEHAVIORS

LIFESTYLE FACTORS

HEALTH EDUCATION

HEALTHY LIVING VOCABULARY

THE HEALTHY PEOPLE PROGRAM

HEALTHY DISPARITIES

HEALTH LITERACY

HEALTH SKILLS

COMMUNICATION SKILLS

INTERPERSONAL COMMUNICATION

REFUSAL SKILLS

CONFLICT RESOLUTION SKILLS

ACCESSING INFORMATION SKILLS

ANALYZING INFLUENCES SKILLS

HEALTHY BEHAVIOR SKILLS

COMMUNICATION SKILLS (CONT'D)

SELF-MANAGEMENT SKILLS

ADVOCACY SKILLS

DECISION MAKING SKILLS

GOAL SETTING SKILLS

SOCIAL RESPONSIBILITY

PERSONAL INTEGRITY

MEDIA & TECHNOLOGY

HONcode (Health On the Net Foundation)

HEALTH CONSUMER

MANAGING CONSUMER PROBLEMS

WORKSHEET: Personal Triangle Analysis

NAME_____ **PERIOD**_____

Instructions: *For each question that follows, answer as honestly as possible by circling "yes" or "no". Your teacher will use power point slides to clarify each question as you proceed through the analysis.*

PHYSICAL HEALTH:

1	*Yes*	*No*	*I get at least 8 hours of sleep each night*
2	*Yes*	*No*	*I eat a well-balanced diet, including a healthful breakfast each day*
3	*Yes*	*No*	*I practice good hygiene*
4	*Yes*	*No*	*I participate in 30-60 minutes of moderate physical activity each day*
5	*Yes*	*No*	*I avoid using tobacco, alcohol and other drugs*
6	*Yes*	*No*	*I drink 8 cups (64oz. or ½ gal) of water each day*

MENTAL/EMOTIONAL HEALTH:

1	*Yes*	*No*	*I generally feel good about myself, accept who I am and have a positive outlook on life.*
2	*Yes*	*No*	*I express my feelings clearly and calmly, even when I am angry or sad - that is, I express my emotions in appropriate ways.*
3	*Yes*	*No*	*I accept responsibility for my actions and am willing to accept helpful criticism.*
4	*Yes*	*No*	*I enjoy challenges and activities that help me grow*
5	*Yes*	*No*	*I have an appropriate sense of control over my life*
6	*Yes*	*No*	*I am usually able to deal with life's stresses and frustrations in a positive manner*
7	*Yes*	*No*	*I make thoughtful & responsible decisions*

SOCIAL HEALTH:

1	*Yes*	*No*	*I have a few special people in my life with whom I can share my thoughts and feelings*
2	*Yes*	*No*	*I demonstrate respect and care for myself, family and others*
3	*Yes*	*No*	*I work hard to maintain healthy relationships*
4	*Yes*	*No*	*I am a good listener*
5	*Yes*	*No*	*I seek and lend support when needed*
6	*Yes*	*No*	*I am able to clearly communicate my thoughts and feelings to others – especially when asked to do something that could be harmful or wrong*

SEE REVERSE SIDE FOR ANALYSIS

ANALYSIS QUESTIONS:

1 Does your Health Triangle have equal sides? Explain.

2 Is there one area that you are strong in? Explain.

3 Is there an area that you need to work on? Explain.

LET'S THINK ABOUT EACH OF THESE AS IT PERTAINS TO TOTAL MENTAL HEALTH

ABOUT WHAT'S MISSING: DO YOU…

- ❑ Feel inadequate?
- ❑ Feel that no one cares?
- ❑ Feel little or no sense of purpose?
- ❑ Question the purpose of your existence?
- ❑ Feel unmotivated?
- ❑ Feel tired often?
- ❑ Feel overwhelmed?
- ❑ Feel something is wrong with you?
- ❑ Feel unhappy or dissatisfied with yourself?

ABOUT A HEALTHY ENVIRONMENT: DO YOU…

- ❑ Have a home where you feel safe, loved and free to be you?
- ❑ Have a home where you are held accountable – where you are learning to gradually take on more adult responsibilities and behaviors?
- ❑ Have a school to attend where you feel educated and safe?
- ❑ Have 2 adults and 2 peers you feel you could talk to about anything – that they would listen and not judge, they would be there no matter what time of day or night, that you can just be you?
- ❑ Surround yourself with healthy people – those that are mentally, physically and socially healthy?

ABOUT HEALTHY COPING MECHANISMS: DO YOU…

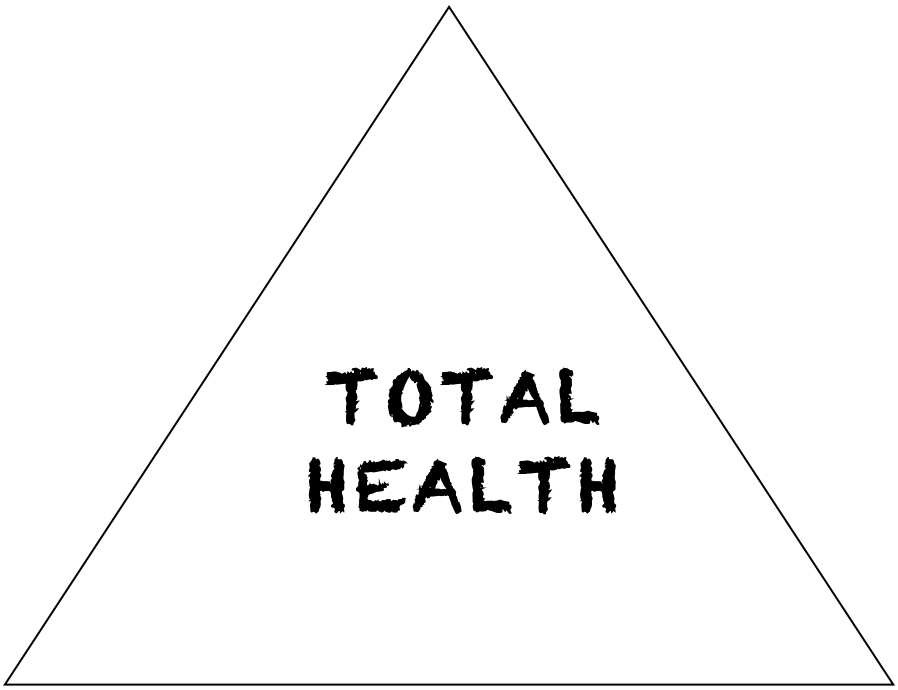
- ❑ Procrastinate?
- ❑ Constantly strive for perfection?
- ❑ Engage in sexual activity?
- ❑ Miss deadlines/appointments due to poor planning?
- ❑ Show up late for work or events?
- ❑ Engage in risky behavior?
- ❑ Have bad habits? (nail-biting, hair sucking, pencil or foot tapping, etc.)
- ❑ Make poor choices in various areas of your life?
- ❑ Use drugs and/or alcohol?

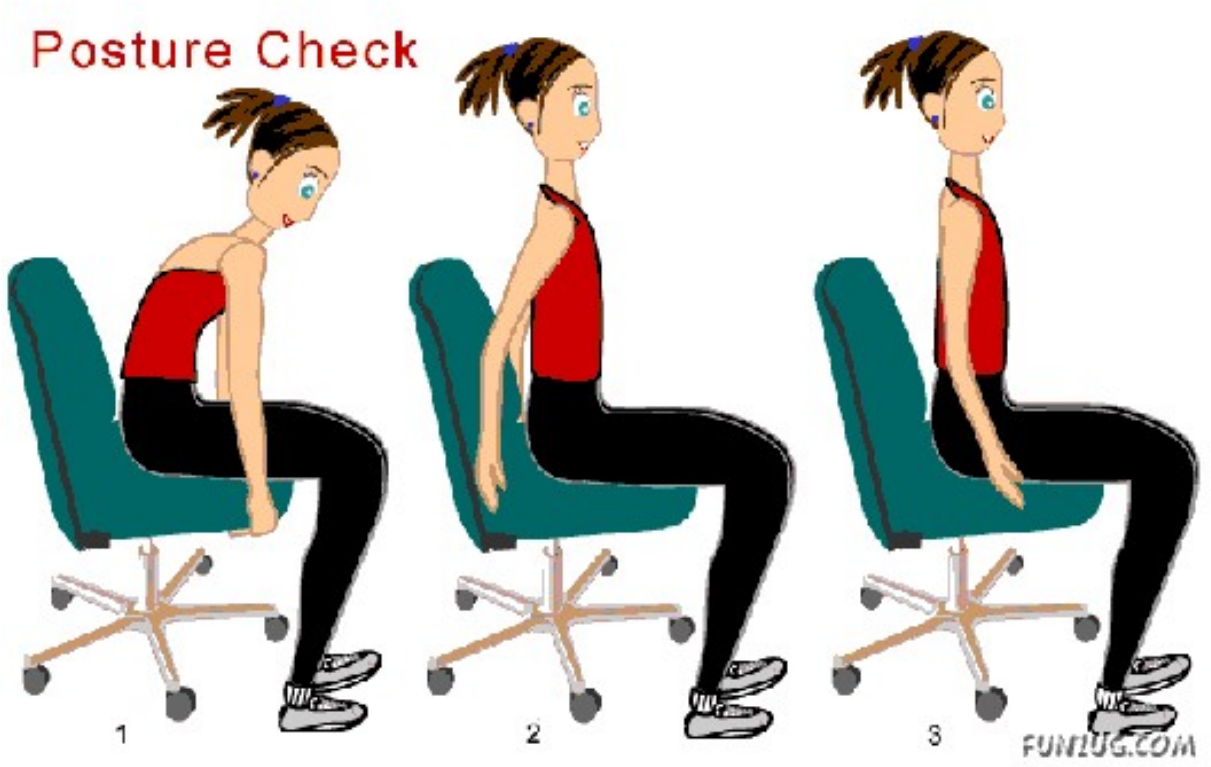
ABOUT STRESS MANAGEMENT TECHNIQUES: DO YOU…

- ❑ Spend time alone in a quiet place that makes you feel contentment/happiness?
- ❑ Have knowledge about stress management techniques and practice them?
- ❑ Do you practice a variety of stress management techniques daily?
- ❑ Are all of your stress management techniques sedentary? (listening to music, sleeping, writing in a journal, reading…)

UNIT 2

PHYSICAL HEALTH

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FUNLUG.COM

OPRAH: BEHAVIORS AND DISEASE **NAME**_____

PERIOD_____

IN THIS VIDEO, YOU WILL VIEW REAL ORGANS FROM DISEASED PATIENTS. ANSWER THE QUESTIONS BELOW AS COMPLETELY AND WITH AS MUCH DETAIL AS YOU ARE ABLE AFTER VIEWING THE VIDEO. OPRAH GIVES WARNING WHEN EXTREMELY GRAPHIC FOOTAGE WILL BE SHOWN. PLEASE FOLLOW HER DIRECTION AND LOOK AWAY IF YOU DO NOT WISH TO VIEW SUCH FOOTAGE.

1) **WHICH ORGAN TOPIC IMPACTED YOU THE MOST? HOW DID IT IMPACT YOU? WHY?**

2) **DID VIEWING THIS VIDEO MAKE YOU RECONSIDER ANY OF YOUR CURRENT BEHAVIORS? WHICH BEHAVIORS? WHY?**

3) **DO YOU BELIEVE THESE ARE "ADULT" PROBLEMS AND NOT NECESSARY FOR TEENS YOUR AGE TO LEARN? WHY OR WHY NOT?**

4) **WHAT NEW INFORMATION HAVE YOU LEARNED FROM THIS VIDEO?**

NAME:_____

PERIOD:_____

Video Assignment: Jamie Oliver

A. View the video with your classmate. If your teacher assigns the video for homework, use one of the following links or search "Jamie Oliver TED Speech"

   a. http://www.ted.com/talks/jamie_oliver.html

   b. http://www.jamieoliver.com/news/jamie-wins-prestigious-ted-prize

   c. http://www.dailymotion.com/video/xglnk7_jamie-oliver-s-ted-award-speech_travel

B. Answer the following questions in the space provided. If you need additional space, use the reverse side of this worksheet. Each answer should be 3-5 complete sentences – each answer is worth 5 points.

   a. What have you learned from Jamie Oliver and/or what awareness issues does his presentation/point of view raise for you? For example: his triangle, the families you met, the elementary school students, etc.

   b. What are your views on health/obesity in America? Can Jamie's wish come true? Be sure to site economic & political issues that may impact your answer.

NAME_____**PERIOD**_____

The Dr. Oz Show: Counterfeit Foods, Buyer Beware!

Directions: Watch the video links below and comment on your awareness and concerns about the issues raised for each. In conclusion, explain the steps consumers should take to be sure they are consuming safe foods.

Part 1:
http://www.doctoroz.com/episode/counterfeit-foods-buyer-beware

Part 2:
http://www.doctoroz.com/episode/counterfeit-foods-buyer-beware?video=16860

Part 3:
http://www.doctoroz.com/episode/counterfeit-foods-buyer-beware?video=16861

Part 4:
http://www.doctoroz.com/episode/counterfeit-foods-buyer-beware?video=16859

Conclusion:

NAME_____**PERIOD**_____

NOTES - HBO: THE WEIGHT OF THE NATION

NAME_____**PERIOD**_____

NOTES – SCHOOLS KEY TO FIGHTING AMERICA'S OBESITY

FEEL BETTER TODAY… STAY HEALTHY FOR TOMORROW

Here's how: The food and physical activity choices you make every day affect your health—how you feel today, tomorrow, and in the future. The science-based advice of the '*Dietary Guidelines for Americans* 2005' highlights how to:

- Make smart choices from every food group.
- Find your balance between food and physical activity.
- Get the most nutrition out of your calories.

You may be eating plenty of food, but not eating the right foods that give your body the nutrients you need to be healthy. You may not be getting enough physical activity to stay fit and burn those extra calories. Eating right and being physically active aren't just a "diet" or a "program"—they are keys to a healthy lifestyle. With healthful habits, you may reduce your risk of many chronic diseases such as heart disease, diabetes, osteoporosis, and certain cancers, and increase your chances for a longer life. **The sooner you start, the better for you, your family, and your future. Find more specific information at** www.health.gov/dietaryguidelines

MAKE SMART FOOD CHOICES FROM EVERY FOOD GROUP

The best way to give your body the balanced nutrition it needs is by eating a variety of nutrient-packed foods every day. Just be sure to stay within your daily calorie needs. A healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Is low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars.

DON'T GIVE IN WHEN YOU EAT OUT AND ARE ON THE GO

It's important to make smart food choices and watch portion sizes wherever you are—at the grocery store, at work, in your favorite restaurant, or running errands. Try these tips:

- At the store, plan ahead by buying a variety of nutrient-rich foods for meals and snacks throughout the week.
- When grabbing lunch, have a sandwich on whole- grain bread and choose low-fat/fat-free milk, water, or other drinks without added sugars.
- In a restaurant, opt for steamed, grilled, or broiled dishes instead of those that are fried or sautéed.
- On a long commute or shopping trip, pack some fresh fruit, cut-up vegetables, string cheese sticks, or a handful of unsalted nuts—to help you avoid impulsive, less healthful snack choices.

MIX UP YOUR CHOICES WITHIN EACH FOOD GROUP

- **Focus on fruits.** Eat a variety of fruits—whether fresh, frozen, canned, or dried—rather than fruit juice for most of your fruit choices. For a 2,000-calorie diet, you will need 2 cups of fruit each day (for example, 1 small banana, 1 large orange, and 1/4 cup of dried apricots or peaches).
- **Vary your veggies.** Eat more dark green veggies, such as broccoli, kale, and other dark leafy greens; orange veggies, such as carrots, sweetpotatoes, pumpkin, and winter squash; and beans and peas, such as pinto beans, kidney beans, black beans, garbanzo beans, split peas, and lentils.
- **Get your calcium-rich foods.** Get 3 cups of low-fat or fat-free milk—or an equivalent amount of low-fat yogurt and/or low-fat cheese (1½ ounces of cheese equals 1 cup of milk)—every day. For kids aged 2 to 8, it's 2 cups of milk. If you don't or can't consume milk, choose lactose-free milk products and/or calcium-fortified foods and beverages.
- **Make half your grains whole.** Eat at least 3 ounces of whole-grain cereals, breads, crackers, rice, or pasta every day. One ounce is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice or pasta. Look to see that grains such as wheat, rice, oats, or corn are referred to as "whole" in the list of ingredients.
- **Go lean with protein.** Choose lean meats and poultry. Bake it, broil it, or grill it. And vary your protein choices—with more fish, beans, peas, nuts, and seeds.

KNOW THE LIMITS ON FATS, SALTS AND SUGARS

Read the Nutrition Facts label on foods. Look for foods low in saturated fats and *trans* fats. Choose and prepare foods and beverages with little salt (sodium) and/or added sugars (caloric sweeteners).

10 tips
Nutrition Education Series

choose MyPlate

10 tips to a great plate

Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.
Use the ideas in this list to *balance your calories*, to choose foods to *eat more often*, and to cut back on foods to *eat less often*.

1 balance calories

Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.

3 avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5 make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7 make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8 foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 compare sodium in foods

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."

10 drink water instead of sugary drinks

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

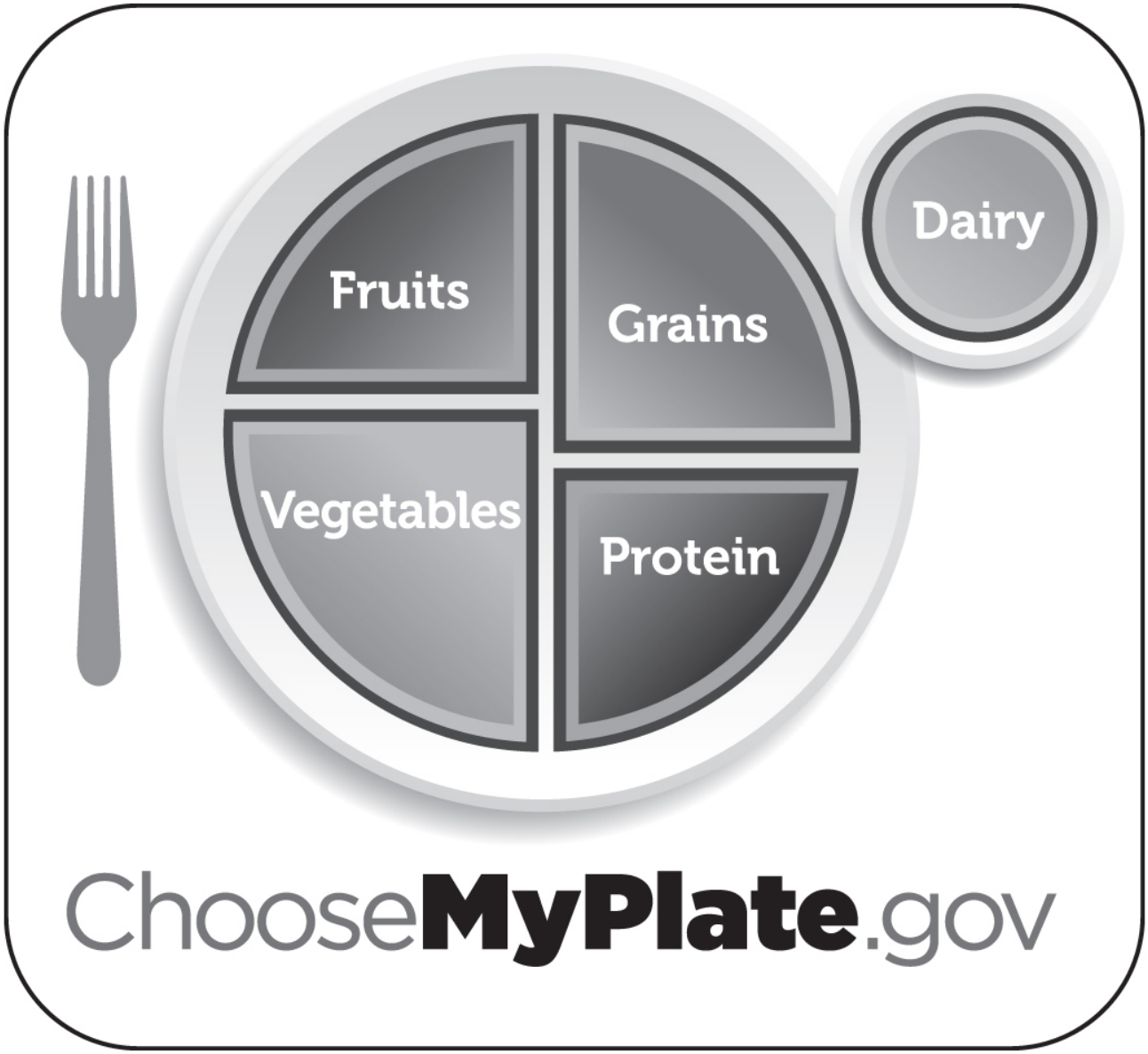
USDA United States Department of Agriculture
Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 1
June 2011
USDA is an equal opportunity provider and employer.

NAME_____PERIOD_____

MY PLATE



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NOTES ON PHYSICAL HEALTH & HEREDITY

Ponder this...

THE PINK RIBBON

A handsome, middle-aged man walked quietly into the cafe and sat down. Before he ordered, he couldn't help but notice a group of younger men at the table next to him. It was obvious they were making fun of something about him, and it wasn't until he remembered he was wearing a small pink ribbon on the lapel of his suit that he became aware of what the joke was all about. The man brushed off the reaction as ignorance, but the smirks began to get to him. Finally, he looked one of the rude men square in the eye, placed his hand beneath the ribbon and asked, quizzically, "This?"

With that the men all began to laugh out loud. The man he addressed said, as he fought back laughter, "Hey, sorry man, but we were just commenting on how pretty your pink ribbon looks against your blue jacket!"

The middle aged man calmly motioned for the joker to come over to his table, and invited him to sit down. As uncomfortable as he was, the guy obliged, not really sure why. In a soft voice, the middle aged man said, "I wear this ribbon to bring awareness about breast cancer. I wear it in my mother's honor."

"Oh, sorry dude. She died of breast cancer?"

"No, she didn't. She's alive and well. But her breasts nourished me as an infant, and were a soft resting place for my head when I was scared or lonely as a little boy. I'm very grateful for my mother's breasts, and her health."

"Umm," the stranger replied, "Yeah."

"And I wear this ribbon to honor my wife", the middle aged man went on.

"And she's okay, too?", the other guy asked.

"Oh, yes. She's fine. Her breasts have been a great source of loving pleasure for both of us, and with them she nurtured and nourished our beautiful daughter 23 years ago. I am grateful for my wife's breasts, and for her health."

"Uh huh. And I guess you wear it to honor your daughter, also?"

"No. It's too late to honor my daughter by wearing it now. My daughter died of breast cancer one month ago. She thought she was too young to have breast cancer, so when she accidentally noticed a small lump, she ignored it. She thought that since it wasn't painful, it must not be anything to worry about."

Shaken and ashamed, the now sober stranger said, "Oh, man, I'm so sorry mister."

"So, in my daughter's memory, too, I proudly wear this little ribbon, which allows me the opportunity to enlighten others. Now, go home and talk to your wife and your daughters, your mother and your friends… and here…" The middle-aged man reached in his pocket and handed the other man a little pink ribbon. The guy looked at it, slowly raised his head and asked, "Can ya help me put it on?"

GENDER SPECIFIC CANCER ACTIVITY **NAME:**_____

DISEASES/CONDITIONS OF THE FEMALE REPRODUCTIVE SYSTEM

1. WITH YOUR 'GIRL GROUP', READ AND PERFORM THE BREAST EXAM ACTIVITY. IN THE SPACE BELOW, DESCRIBE THE PROPER WAY TO PERFORM A BREAST SELF-EXAM.

2. HOW MANY LUMPS DID YOU FIND IN THE BREAST MODEL?_____ MOST LUMPS THAT WOMEN FIND ARE_____.

3. WHEN SHOULD YOU BEGIN BREAST SELF-EXAMS AND HOW OFTEN SHOULD YOU DO THEM?

4. WHAT OTHER REPRODUCTIVE CANCERS ARE COMMON TO WOMEN?

5. WHAT IS THE NAME FOR A PHYSICIAN WHO DEALS WITH DISEASES AND CONDITIONS OF THE FEMALE REPRODUCTIVE SYSTEM?

6. WHAT IS THE FIELD THAT A DOCTOR ENTERS IF THEY CHOOSE TO WORK WITH PREGNANCY AND BIRTH?

GENDER SPECIFIC CANCER ACTIVITY **NAME:**_____

DISEASES/CONDITIONS OF THE MALE REPRODUCTIVE SYSTEM

7. WITH YOUR 'BOY BAND', READ AND PERFORM THE TESTICULAR SELF-EXAM ACTIVITY. IN THE SPACE BELOW, DESCRIBE THE PROPER WAY TO PERFORM A TESTICULAR SELF-EXAM.

8. HOW MANY LUMPS DID YOU FIND IN THE TESTICULAR MODEL?_____

9. WHEN SHOULD YOU BEGIN TESTICULAR SELF-EXAMS AND HOW OFTEN SHOULD YOU DO THEM?

10. WHAT OTHER REPRODUCTIVE CANCERS ARE COMMON TO MEN?

11. WHAT IS THE NAME FOR A PHYSICIAN WHO DEALS WITH DISEASES AND CONDITIONS OF THE MALE REPRODUCTIVE SYSTEM?

12. WHAT IS THE FIELD THAT A DOCTOR ENTERS IF THEY CHOOSE TO WORK WITH PREGNANCY AND BIRTH?

THE IMPORTANCE OF SLEEP: VIDEO AND CLASSROOM NOTES

Fill in the information you can from the video viewed in class, then use the classroom lecture to complete your notes.

WHAT IS R.E.M. AND WHY IS IT IMPORTANT?

WHAT IS THE "PSYCHOMOTOR SHUTDOWN" AND WHEN DOES IT HAPPEN?

WHAT HAPPENS TO BRAIN FUNCTION

- **WHEN WE SLEEP?**
- **AFTER ADEQUATE SLEEP?**
- **WITHOUT ADEQUATE SLEEP?**

WHAT IS IMPORTANT TO KNOW ABOUT THE RELATIONSHIP BETWEEN SLEEP AND HOW NUTRIENTS ARE ABSORBED (USED) BY THE BODY?

WHY ALL THE FUSS OVER OBESITY IN AMERICAN SOCIETY TODAY? (For more information, go to THE WELLER HEALTH EDUCATION CENTER STUDY… www.wellercenter.org)

HOW MUCH IS SLEEP IS ENOUGH?

WHY IS IT IMPORTANT TO MAINTAIN A REGULAR SLEEP SCHEDULE?

Weight/Resistance Training, Calcium Absorption and Bone Density

Why Weight Training?

Did you know that NOW is the time that you will gain most of your bone density for life?

Did you know that calcium enters our bones via muscle tissue? No muscle means no calcium gets into our bones which means low bone density… why is this a concern? Why would calcium in our diet be useless in those with low muscle mass?

COMMON WORKOUT MISTAKES

- Routine workouts – always train the muscle groups you use! You don't need to lift to failure unless you're a power lifter. Everyone needs some cardio and core – your heart and body will thank you!
- Living in the gym – GET OUTSIDE at least half of the time. You will have more intense workouts, get vitamin D from the sun resulting in healthier bones and skin (wear sunscreen!)
- Stretching cold muscles – get your muscles warm before you stretch them.
- Going long and slow to burn calories – if you want to burn calories, a shorter more intense workout is your best bet. For example – warm up at 65% of your Maximum Heart Rate, then do a 1–2 minute interval at 90-95% of your MHR, then return to your warmup rate before doing another interval. Repeat until you can no longer get to your 65% MHR in 1-2 minutes, then cool down.
- Ignoring weights – add 2 resistance training sessions each week – free weight, multi-joint workouts work best.
- Taking it TOO easy – a 2.5 mile run is great but if you never build on it, your progress will taper off. Ramp it up – slowly!
- Skipping Recovery – you MUST get 8 hours of sleep, stay motivated and have energy. If these aren't working then you are not recovering from your workouts!
- Moving in One Plane – there are three planes of movement – forward, backward, side to side and rotational. If you don't move in all three planes, some muscles don't get a workout. The result will be slower progress as well as body imbalance and injury-prone muscles/joints because of muscle weakness.
- AB Obsession – overtraining your core will result in low back pain and muscle imbalance. Strengthen your low back, hips, quads/hamstrings and shoulders as well!
- Pretending you're too busy – this is the #1 reason for not exercising – this is just lack of motivation. The

best way to motivate is through competition. Sign up for a race or mudrun so you have to work out to achieve the goal.

- Not keeping score – track your personal bests – challenge yourself!
- Never train without consuming sufficient water and nutrients 2-3 hours prior to a workout. Fitness experts suggest 2.5 grams of carbs per pound of body weight per day. Healthy carbohydrates may include: Fruits, Brightly colored vegetables, Whole grains

What other common workout mistakes can you think of?

SOURCE: Outdoors Magazine

CREATING A SAFE WORKOUT

- Safe entrance/exit and traffic path
- Rack all weights throughout the workout
- Always have a spotter
- Keep it clean – bacteria growth/MRSA/contact dermatitis
- Weight plates and pins
- Safety features on treadmill
- Proper seat setting on stationary bike
- Posture is important to your back on the elliptical machine

BRAIN FUN… MINDLESS, NO GRADES, JUST FOR KICKS!

(of course, they're only for kicks if you don't take them too seriously!)

SAND	MAN BOARD	STAND I	R/E/A/D/I/N/G	WEAR LONG
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GROUND FEET FEET FEET FEET FEET FEET	**MIND** **MATTER**	DEATH/LIFE	HE'S / HIMSELF	ECNALG
	**LIGHTNING** **HEAD**	H A I R END	HAM RYE	F R U I T S E A S O N

BRAIN FUN… MINDLESS, NO GRADES, JUST FOR KICKS… continued…

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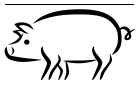
CRAZY u	B E  T A	DON'T EAT	P R I C E	LIVING 
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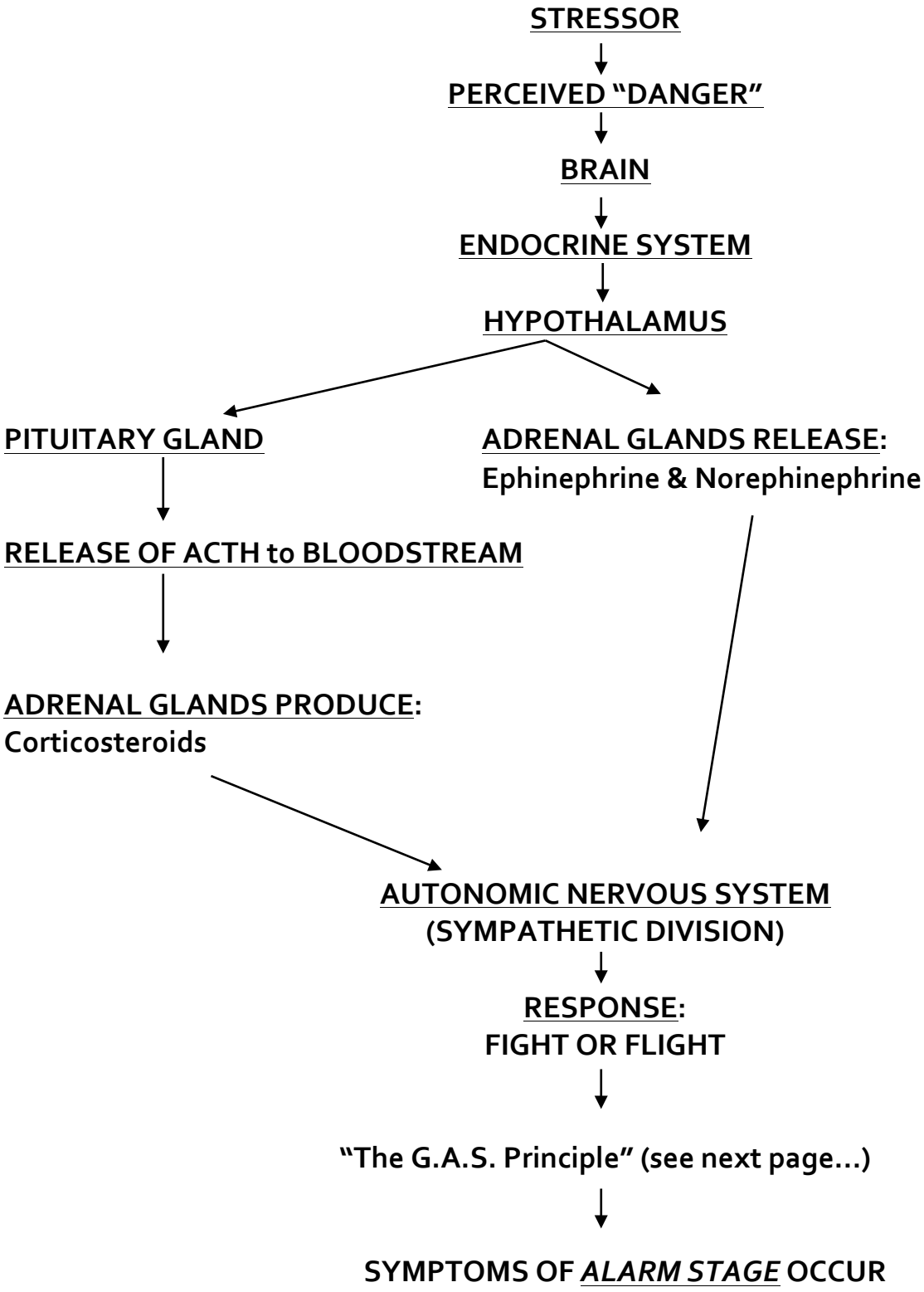
THE ANATOMY OF THE STRESS RESPONSE



GENERAL ADAPTATION SYNDROME
(The G.A.S. Principle)

Developed by Dr. Hans Selye
"The Father of Modern Stress Research"

Three Stages of the Stress Response

STAGE #1: THE ALARM STAGE – the body prepares itself for *fight or flight.*

Symptoms include:
- ✓ pupils dilate
- ✓ throat muscles contract
- ✓ heart rate & stroke volume increase
- ✓ breathing rate increases; dry mouth
- ✓ adrenal glands secrete adrenaline
- ✓ liver and kidneys constrict
- ✓ digestion slows
- ✓ perspiration increases
- ✓ flushing
- ✓ muscles tense and tighten
- ✓ endorphins are released (the body's natural painkillers)

Crackers & Whistle Challenge…

Why is this so hard to do??

What's the secret to being able to do it??

STAGE #2: RESISTANCE – the body tries to cope and adjust to the stressor(s)

STAGE #3: EXHAUSTION – the body gives in when the stressors are not removed; symptoms of the alarm stage return; if this stage is prolonged, illness or death may result.

Name:_____

AN INTRODUCTION TO STRESS

There are three names associated with early stress research – Dr. Hans Selye, Dr. Thomas Holmes and Dr. Richard Rahe. Their research has proven to be the basis for all we know about stress and its effects on the body and mind today.

Anything that causes stress is known as a STRESSOR. There are many stressors in our lives and they can be either positive (EUSTRESS) or negative (DISTRESS). Stressors may also start out as one form of stress and become the other. For example, if I win the lottery it would be Eustress… but when taxes are due and strangers I've never met start knocking on my door asking for money it can be a daunting task to make decisions as to how to disperse that newly found wealth.

Eustress can serve to motivate us and trigger the release of "happy hormones" that make us feel moments of happiness, joy, excitement and euphoria. Distress, when prolonged can serve to wear us down both physically and psychologically or even cause illness or disease. Regardless of which form it takes, stress is a necessary part of our lives since too much of either can lead to a non-productive life. Take a moment and list some examples of both forms below:

EUSTRESS:	**DISTRESS:**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Let's watch a short film from National Geographic that tells us a little bit more about what happens in our body when we have stress and the difference between the stress that happens to our body vs. the stresses that our mind must undergo.

The Science of Stress
http://video.nationalgeographic.com/video/player/science/health-human-body-sci/human-body/science-stress-sci.html

Explain each of the following using the information provided in the video:

Cortisol:

Adrenaline:

Physical Stress vs. Psychological Stress

1. What does the video teach you about the difference in the way the body produces Cortisol & Adrenaline while under physical vs. psychological stress?

2. What is the difference between the way the body BURNS Cortisol & Adrenaline while under physical vs. psychological stress?

MEASURING STRESS – HOW MUCH IS TOO MUCH?

Two scales have been created to determine the impact of stress on our daily lives. The information that follows will help you to understand the two – both are widely used, both serve a purpose depending on what we wish to learn about the impact of stress on an individual's life. Both are provided for you.

HOLMES & RAHE and the SOCIAL READJUSTMENT RATING SCALE OF 1967

In 1967, Holmes & Rahe Social Re-Adjustment Rating Scale (SRRS) for identifying major stressful life events. According to this scale, one of the 43 stressful life events was awarded a "life change unit" depending on how traumatic it was felt to be by a large sample of participants. So, a total value for the sum of all stressful life events in one year of a person's life can be calculated. The total value was summed up in their research as follows:

150 life change units = 30% chance of suffering from stress
150-299 life change units = a 50% chance of suffering from stress
300+ life change units = an 80% chance of developing a stress-related illness

Here is the scale as created for mature adults in 1967 – this scale is still used today with the understanding that it is a general tool to measure stress-related illness risk. The study is based on the responses of the participants and not all stressors will affect all people in the same way. An individual persons coping skills and resiliency cannot be factored into the scale. In addition, the 43 life changes aren't every day events.

KANNER, COYNE, SCHAEFER & LAZARUS and the HASSLES AND UPLIFTS SCALE OF 1981

The Hassles & Uplifts Scale developed by Kanner, Coyne, Schaefer & Lazarus in 1981 takes into account things such as losing things, traffic jams, arguments, disappointments, weight & physical appearance, etc. As with the SSRS, individuals will respond differently to each of the items on the list.

SUMMARIZE WHAT YOU'VE LEARNED SO FAR, CHOOSE A SCALE TO USE AND TELL US WHY YOU BELIEVE THAT SCALE BEST SUITS YOUR NEEDS AT THIS POINT IN YOUR LIFE:

HOLMES-RAHE STRESS TEST

RANK	EVENT	VALUE	YOUR SCORE
1.	Death of spouse	100	
2.	Divorce	73	
3.	Marital separation	65	
4.	Jail term	63	
5.	Death of close family member	63	
6.	Personal injury or illness	53	
7.	Marriage	50	
8.	Fired from work	47	
9.	Marital reconciliation	45	
10.	Retirement	45	
11.	Change in family member's health	44	
12.	Pregnancy	40	
13.	Sex difficulties	39	
14.	Addition to family	39	
15.	Business readjustment	39	
16.	Change in financial status	38	
17.	Death of close friend	37	
18.	Change in number of marital arguments	35	
19.	Mortgage or loan over $10,000	31	
20.	Foreclosure of mortgage or loan	30	
21.	Change in work responsibilities	29	
22.	Son or daughter leaving home	29	
23.	Trouble with in-laws	29	
24.	Outstanding personal achievement	28	
25.	Spouse begins or starts work	26	
26.	Starting or finishing school	26	
27.	Change in living conditions	25	
28.	Revision of personal habits	24	
29.	Trouble with boss	23	
30.	Change in work hours, conditions	20	
31.	Change in residence	20	
32.	Change in schools	20	
33.	Change recreational habits	19	
34.	Change in church activities	19	
35.	Change in social activities	18	
36.	Mortgage or loan under $10,000	18	
37.	Change in sleeping habits	16	
38.	Change in number of family gatherings	15	
39.	Change in eating habits	14	
40.	Vacation	13	
41.	Christmas season	12	
42.	Minor violation of the law	11	
TOTAL:			

SCORING: Add up the point values of all the items checked. If your score is 300 or more, you stand an almost 80 percent change of getting sick in the near future as a result of the events. If your score is 150 to 299, the chances are about 50 percent. Less than 150, about 30 percent. This scale suggests that change in one's life requires an effort to adapt and then to regain stability. This process probably saps energy the body would ordinarily use to maintain itself, so susceptibility to illness increases. Reprinted with permission from the *Journal of Psychosomatic Research* (vol. II) by Thomas H. Holmes and Richard R. Rahe (Pergamon Press, 1967).

Holmes-Rahe Stress Scale for Youth

In the last 12 months, check the items that you have had to cope with. At the end you will be able to put your past year in perspective to your health.

Event	Value	Event	Value
Death of spouse, parent, boyfriend/girlfriend	100	Gain of new family member (new baby born or parent remarries)	35
Divorce (of yourself or your parents)	65	Change in work responsibilities	35
Puberty	65	Change in financial state	30
Pregnancy (or causing pregnancy)	65	Death of a close friend (not a family member)	30
Marital separation or breakup with boyfriend/ girlfriend	60	Change to a different kind of work	30
Jail term or probation	60	Change in number or arguments with mate, family or friends	30
Death of other family member (other than spouse, parent or boyfriend/girlfriend)	60	Sleep less than 8 hours per night	25
Broken engagement	55	Trouble with in-laws or boyfriend's or girlfriend's family	25
Engagement	50	Outstanding personal achievement (awards, grades, etc.)	25
Serious personal injury or illness	45	Mate or parents start or stop working	20
Marriage	45	Begin or end school	20
Entering college or beginning next level of school (starting junior high or high school)	45	Change in living conditions (visitors in the home, remodeling house, change in roommates)	20
Change in independence or responsibility	45	Change in personal habits (start or stop a habit like smoking or dieting)	20
Any drug and/or alcoholic use	45	Chronic allergies	20
Fired at work or expelled from school	45	Trouble with the boss	20
Change in alcohol or drug use	45	Change in work hours	15
Reconciliation with mate, family or boyfriend/girlfriend (getting back together)	40	Change in residence	15
Trouble at school	40	Change to a new school (other than graduation)	10
Serious health problem of a family member	40	Presently in pre-menstrual period	15
Working while attending school	35	Change in religious activity	15
Working more than 40 hours per week	35	Going in debt (you or your family)	10
Changing course of study	35	Change in frequency of family gatherings	10
Change in frequency of dating	35	Vacation	10
Sexual adjustment problems (confusion of sexual identify)	35	Presently in winter holiday season	10
		Minor violation of the law	5

SCORING: Each event should be considered if it has taken place in the last 12 months. Add values to the right of each item to obtain the total score. Your susceptibility to illness and mental health problems is as follows:

Low < 149 – You are relatively stress free. Your risk of having any health problems due to stress is low

Mild = 150-200 – You have a 33% chance of developing stress related illness.

Moderate = 200-299 – You are having a kind of tough time right now. You have a 50% chance of developing the previous conditions

Major >300 – You are having a major life crisis right now. You have an 80% chance of having a major stress illness within the next two years.

Stress-Related Illnesses may include: headache, diabetes, fatigue, hypertension, chest/back pain, ulcers, and others.

COLLEGE STUDENT VERSION OF HASSLES SCALE (UPLIFES OMITTED)

A Version of the Hassles Scale (Uplifts Omitted)

The following table presents a series of hassles that college students commonly found irritating. Indicate how often each item ittitates you by entering in the space preceeding it one of three numbers: 0 = "almost never", 5 = "sometimes" and 10 = "Frequently"

Once you have completed the table, total your score. If it is 270 or more it is higher than average, whilst a score of 40 or below is very low.

0	5	10	Missing the bus	0	5	10	Other students are unfriendly
0	5	10	Conflicts between job and college	0	5	10	Getting to class on time
0	5	10	Library too noisy	0	5	10	Car problems
0	5	10	Housemate too noisy	0	5	10	Quality of meals
0	5	10	Preparing meals	0	5	10	Future plans
0	5	10	Too little time	0	5	10	Relationships at work
0	5	10	Too little money	0	5	10	Tensions in love relationship
0	5	10	Deciding what to wear	0	5	10	Conflict with family
0	5	10	Laundry	0	5	10	Crowds
0	5	10	Materials unavailable in library	0	5	10	Other drivers
0	5	10	Getting up in the morning	0	5	10	Catching up on missed work
0	5	10	My weight	0	5	10	No mail
0	5	10	Not enough time to exercise	0	5	10	Being lonely
0	5	10	Noisy neighbours	0	5	10	Being unorganised
0	5	10	Conflicts with housemate	0	5	10	Others opinions of me
0	5	10	Teacher not available to help	0	5	10	Housemate's messiness
0	5	10	Boring teacher	0	5	10	Problems with own or roommate's pet
0	5	10	Constant pressures of studying	0	5	10	Too little sleep
0	5	10	Teacher difficult to understand	0	5	10	Shopping
0	5	10	Not enough close friends	0	5	10	Tests and exams
0	5	10	Not enough time to talk with friends	0	5	10	Writing essays
0	5	10	Too few dates	0	5	10	Household chores
0	5	10	Room temperatures	0	5	10	Fixing my hair in the morning
0	5	10	How I look	0	5	10	Physical safety after dark
0	5	10	Too little intimacy				

The National Institutes for Health published this in a comparison of the 2 scales:

J Behav Med. 1981 Mar;4(1):1-39.

Comparison of two modes of stress measurement: daily hassles and uplifts versus major life events.

Kanner AD, Coyne JC, Schaefer C, Lazarus RS.

Abstract

The standard life events methodology for the prediction of psychological symptoms was compared with one focusing on relatively minor events, namely, the hassles and uplifts of everyday life. Hassles and Uplifts Scales were constructed and administered once a month for 10 consecutive months to a community sample of middle-aged adults. It was found that the Hassles Scale was a better predictor of concurrent and subsequent psychological symptoms than were the life events scores, and that the scale shared most of the variance in symptoms accounted for by life events. When the effects of life events scores were removed, hassles and symptoms remained significantly correlated. Uplifts were positively related to symptoms for women but not for men. Hassles and uplifts were also shown to be related, although only modestly so, to positive and negative affect, thus providing discriminate validation for hassles and uplifts in comparison to measures of emotion. It was concluded that the assessment of daily hassles and uplifts may be a better approach to the prediction of adaptational outcomes than the usual life events approach.

PMID: 7288876 [PubMed - indexed for MEDLINE]

Practical Time Management Notes

1) Know who you are:

A. **Your Beliefs** – compromising your belief system will take its toll on your mental health and prevent you from managing your time effectively.

B. **Your Path** – both short and long term goals for your future – don't do anything that will take you from your path! Surround yourself with people who are aware of your goals and support the steps you need to take to attain them.

C. **Your Commitment** – Are you resilient? Can you persevere? Are you aware?

D. **Your Awareness** – are you aware of the things you are doing that are counterproductive to time management?

E. **Your Perspective** – remember – there are many ways to look at things! Is your glass half empty or half full?

2) Use what you learned in #2 above to PLAN for your top priorities every day:

A. Family Responsibilities
B. School -Academics
C. School - Extracurricular
D. Personal Health – Exercise, Diet, "ME" time, Sleep
E. Social Health – Friends who are best suited to your goals/plans come first!

3) If it's not getting you to your goal/plan, CHANGE IT! What did you learn from this exercise? How can you use what you learned to decrease your stress and increase efficient use of your time?

4) Analyze your current schedule to see how you currently spend your time. Use the website below as demonstrated by your teacher in class to analyze your average day. Be Honest! For example, if you think it takes you 15 minutes to get to school, does that include the time it takes for you to walk outside, enter a vehicle, pull out, drive (with traffic, stop signs and traffic lights), enter the school area traffic, deal with the parking lot and walk into the building to your classroom??

http://www.studygs.net/schedule/index.htm

What did you learn about your current schedule and how you are spending your time?

*We MUST remember – we can re-invent ourselves EVERY MINUTE OF THE DAY! Just make a choice to BE WHO YOU CHOOSE TO BE and ACT on that choice! NO ONE has more control over your future than you do! ONE CHOICE can make all the difference!

*CHOOSE to MAKE CHOICES that ALLOW you to MAKE CHOICES! What? What does that mean??! It means if you are not of sound mind, you cannot consciously make the choice you would have made if you were.

PRACTICAL STRESS REDUCTION TECHNIQUES

Note: you may want to consult your physician before starting a program for lifestyle change.
If you need assistance with these or other relaxation techniques, contact a health professional.

RELAXATION & DEEP BREATHING

Introduction: One of the body's automatic reactions to stress is rapid, shallow breathing. Breathing slowly and deeply is one of the ways you can "turn off" your stress reaction and "turn on" your relaxation response.

The Basic Technique: Deep breathing is a simple technique that is basic to most other relaxation skills. By inhaling deeply and allowing your lungs to breathe in as much oxygen as possible, you can begin to relieve the tension that can lead to negative stress. And, best of all, deep breathing can be done anywhere and at any time. Try to practice deep breathing for a few minutes three or four times a day, or whenever you begin to feel tense.

Sit or stand (using good posture) and place your hands firmly and comfortably on your stomach. Inhale slowly and deeply through your nose, letting your stomach expand as much as possible. Many people are "backward breathers" – they tend to tighten their stomachs when breathing in. By placing your hands on your stomach, you can actually feel when you are breathing properly. When you've breathed in as much as possible, hold your breath for a few seconds before exhaling.	With your hands on your stomach, exhale slowly through your mouth, pursing your lips as if you were going to whistle. By pursing your lips, you can control how fast you exhale and keep your airways open as long as possible. As you exhale, your stomach deflates, while the large muscle under your lungs (the diaphragm) expands. When your lungs feel "empty", begin the inhale-exhale cycle again. Try to repeat this cycle three or four times at each session.

RELAXATION - VISUALIZATION:

Introduction: This is a sort of "Mental Vacation"! A license to daydream! You can produce feelings of relaxation simply by using your imagination. Unlike clearing your mind where you try to focus on one single image, visualization allows your imagination to run free. Visualize how you feel – warm, relaxed, calm, etc. and/or where you are – smell the beach, hear the waves, see the sand, feel the sun!

RELAXATION - CLEARING YOUR MIND:

Introduction: Another relaxation technique that can help reduce stress is "clearing your mind". Since your stress response is a physical and emotional interaction, giving yourself a mental "break" can help relax your body as well. When you clear your mind, you try to concentrate on one pleasant thought, word, or image and let the rest of your worries slip away.

The Basic Technique: Clearing your mind forms the basis for other relaxation techniques such as meditation. The principle of clearing your mind is really quite simple – by allowing yourself to mentally focus on a single, peaceful word, thought, or image, you can create a feeling of deep relaxation. Clearing your mind helps you take a mental and physical retreat from the "outside world", and helps you balance the stress of everyday life.

NOTES:

RELAXATION - AUTOGENICS:

Introduction: Yet another relaxation technique is autogenic training. If you've ever heard the expression "mind over matter", then you may already have a basic idea of what autogenic training is all about. By giving yourself mental "cues", you can literally tell your body how to feel, and produce the relaxation response whenever you feel tense or under stress.

The Basic Technique: Autogenics is a progressive technique. You begin by concentrating on a mental suggestion such as, "My left arm feels heavy and warm." As you concentrate on this "command", try to actually feel your arm getting heavier and warmer. Then repeat the same command, focusing on your right arm, left leg, right leg, and so on. Try to practice this exercise for about ten minutes, twice a day, or whenever you feel stressed.

Sit comfortably, loosen any tight clothes, close your eyes, and try to clear your mind. You may wish to breathe deeply for a few moments and repeat a peaceful suggestion such as, "I feel quiet", "My mind is at rest", or something similar.	**Mentally focus,** on your left arm and repeat to yourself "My left arm feels warm and heavy", until it begins to feel warmer and heavier. Then try the same command, focusing on your right arm, left leg, right leg, and so on, until you feel completely relaxed.	**Breathe deeply and stretch** as you finish the exercise. Open your eyes, exhale slowly, and notice how you feel. As you become better and better at this technique, you'll be able to help your body relax anywhere, at any time.

Progression of Autogenics: Autogenics is a technique that requires practice, time, and commitment – but the benefits you gain are well worth the investment. Start by practicing autogenics twice a day for about ten minutes each session. Within four to eight weeks, you may be able to produce this relaxation response with as little as five minutes of concentrated effort. And, as you progress, you'll find that it's easier and easier to help your body relax when you "put your mind to it".

RELAXATION – PROGRESSIVE MUSCULAR RELAXATION:

Introduction: The techniques described up until now are most helpful for people who know what relaxation feels like, but who may not know who to concentrate on relaxing. But what if you are so "geared-up" that you're not even sure how it feels to relax? Progressive muscular relaxation is a technique that can help you actually feel the difference between tension and relaxation.

The Basic Technique: Progressive muscular relaxation is a three-step technique. First, you tense a muscle and notice how it feels; then, you release the tension and pay attention to that feeling; and finally, you concentrate on the difference between the two sensations. This exercise can be done while sitting or lying down, and only takes about fifteen minutes. It helps if you can practice the technique in a quiet, relaxing atmosphere.

Tighten your hand muscle and make a fist; then notice how it feels. Your muscles are taut and strained, and your hand may even be trembling slightly. You may feel tension in your hand, wrist, and lower arm. Hold the tension for a few seconds before relaxing.	**Release your hand,** relax your fist, and let the tension slip away. You may notice that your hand feels lighter than it did while your muscle was tensed, and that your wrist and forearm also feel relieved of pressure.	**Notice the difference** between how your hand felt when tensed and how it felt when you released the tension. Does your hand tingle or feel warm when relaxed? Did the throbbing you felt when tense, disappear when you relaxed?

Progression of the Technique: It is most helpful to try this exercise on each of the major muscle groups of your body. The basic technique remains the same for each group: tighten the muscle, release the tension, then notice the difference. You can start with your hands, then progress to other muscles, or you can begin the exercise moving from "head-to-toe" tightening and relaxing the muscles in your face, shoulders, arms, hands, chest, back, stomach, legs and feet.

NOTES:

COPING AND TIME MANAGEMENT SKILLS

1. Effective coping and time management skills can decrease the chance of stress ailments such as:
    a. Muscle tension/tension headaches
    b. Immune system suppression
    c. Inability to concentrate/multitask/problem solve
    d. Decrease emotional outbursts and increase patience
    e. Increased blood flow, oxygen uptake and cardiac output with decreased blood pressure and respirations – especially when coupled with regular exercise
2. Seeking and maintain your 'comfort zone' for stress – too much or too little is not good!
3. Completing unfinished business whenever possible
4. Maintaining control over the events in our lives which we can control
5. Release the burden of those events out of our control
6. Increasing our awareness of ourselves and releasing control of those we cannot control
7. Admitting and dealing constructively with our emotions
8. Maintaining honest communication with family, friends, co-workers, and others
9. Dealing with the here and now
10. Enjoying little things every day
11. Maintaining a positive self-concept by believing in ourselves
12. Not becoming absorbed in ourselves (self-pity), but doing things for others instead
13. Not depending on drugs and alcohol
14. Actively pursuing personal growth experiences
15. Seeking information and advice when we need to… remember that asking for help when we need it is healthy, even though society may believe in "rugged individualism" and self-sufficiency
16. Managing time efficiently – doing the most important things first, taking time to meet personal needs, and discarding nonessential tasks. Stop trying to do everything in a limited amount of time!
17. Have the following in place for a good social support system:
    a. Listening
    b. an active listener
    c. does not judge you
    d. will give advice when you ask
    e. share successes, failures, or just let off steam
    f. technical appreciation
    g. someone who is expert in your area
    h. someone whose honesty and integrity we trust
    i. technical challenge
    j. challenges us – challenge produces growth and excitement in our lives
    k. emotional support
    l. willing to be on our side no matter what, through thick or thin
    m. unconditional acceptance within reason
    n. emotional challenge
    o. people who are willing to question our excuses, our goals, our choices
    p. help you cut through the emotions to more constructive decisions
    q. share social reality
    r. reality checks
    s. asks the questions that give validity to the world as you see it

CLASS NOTES:


Stress
OVERDUE BILLS
HOMEWORK DEADLINES
EXAMS
PEER PRESURES
DAILY UPSETS
HARD TO KEEP APPOINTMENTS
JOB STRESS
Diane Cheney

Stress Management
Avoid
Ingesting
Cigarettes
Alcohol
Drugs
Caffeine
Pasta
Sodas
Sugar
Toxins
Stressful
People
Interactions
Support
Networks
Family
Friends
Online
Sports
Play
Kids
Pets
Compromise
Express
Feelings
Help
People
HELP WANTED
NO
Saying
Assertive
Become
Organised
Time Management
Setting
Targets
Priorities
Manageable
Tasks
Balanced
Schedule
Steps
Taking
Responsibility
Delegating
Tips
Reduce
Noise
Distractions
Relax
Bath
Music
Simplify
Life
Nature
Actions
Therapies
Guided Imagery
Aromatherapy
Self-Hypnosis
Exercise
Aerobic
Jogging
Swimming
Cycling
Anaerobic
Body
Laughter
Life
Tips
Napping
Good
Sleeping
Habits
Sex
Overwhelm
Control
Anger
Progressive
Muscle
Relaxation
Massage
Mindset
Acceptance
Forgiveness
SORRY
Fake It
Friends
TV
Tips
Emotional
Control
STOP
Affirmations
Meditate
Visualise
Gaining
Perspective
Through
Optimism
Asking
Questions
Reframing
Bigger
Picture
Adjustable
Standards
Nutrition
Supplements
Beta Carotene
Vitamin
A
B
C
E
Drink
Energy
Water
Tea
Green
Protein
High
Diet
Energy
Through
Green
Vegetables
Grains
Whole
Tips
Low
Carbohydrates
Regular
Healthy
Snacks
Saturated
Fats
Avocado
Raw
Oils
Seeds
Nuts
Dairy
Yoghurt
Eggs
Tofu
Whey
Meat
Lean
Fish
Tuna
Salmon
Shellfish
Chicken
Breast
Meat
Stress-less
HA!
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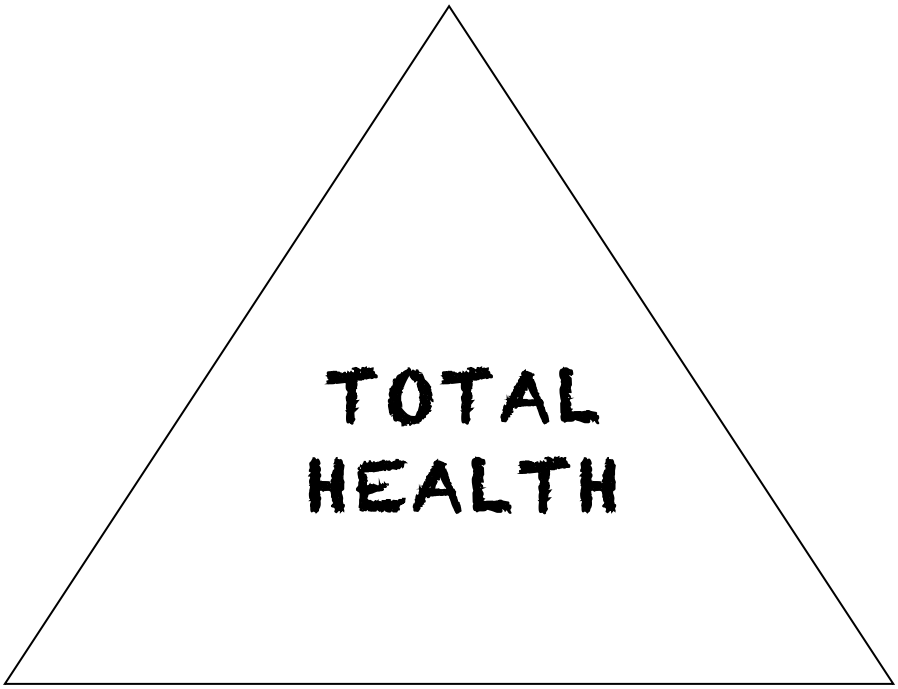
UNIT 3
MENTAL/EMOTIONAL HEALTH




BIG DECISIONS
UNCERTAINTY
STRESS
BEHAVIORGAP.COM

Kyle's Story

One day, when I was a freshman in high school, I saw a kid from my class was walking home from school. His name was Kyle. It looked like he was carrying all of his books. I thought to myself, "Why would anyone bring home all his books on a Friday? He must really be a nerd."

I had quite a weekend planned with my friends (parties tonight and a football game tomorrow), so I shrugged my shoulders and went on. As I was walking, I saw a bunch of kids running toward him. They ran at him, knocking all his books out of his arms and tripping him so he landed in the dirt. His glasses went flying, and I saw them land in the grass about ten feet from him. He looked up and I saw this terrible sadness in his eyes. My heart went out to him. So, I jogged over to him and as he crawled around looking for his glasses, I saw a tear in his eye.

As I handed him his glasses, I said, "Those guys are jerks. They really should get lives.

He looked at me and said, "Hey thanks!"

There was a big smile on his face. It was one of those smiles that showed real gratitude. I helped him pick up his books, and asked him where he lived. As it turned out, he lived near me, so I asked him why I had never seen him before. He said he had gone to private school before now. I would have never hung out with a private school kid before. We talked all the way home, and I carried some of his books. He turned out to be a pretty cool kid. I asked him if he wanted to play a little football with my friends. He said yes. We hung out all weekend and the more I got to know Kyle, the more I liked him, and my friends thought the same of him. Monday morning came, and there was Kyle with the huge stack of books again.

I stopped him and said, "Boy, you are gonna really build some serious muscles with this pile of books everyday!" He just laughed and handed me half the books. Over the next four years, Kyle and I became best friends. When we were seniors, we began to think about college. Kyle decided on Georgetown, and I was going to Duke. I knew that we would always be friends, that the miles would never be a problem. He was going to be a doctor, and I was going for business on a football scholarship. Kyle was valedictorian of our class. I teased him all the time about being a nerd. He had to prepare a speech for graduation. I was so glad it wasn't me having to get up there and speak.

Graduation day, I saw Kyle. He looked great. He was one of those guys that had really found himself during high school. He filled out and actually looked good in glasses. He had more dates than I did and all the girls loved him. To tell the truth, sometimes I was jealous. Today was one of those days. I could see that he was nervous about his speech. So, I smacked him on the back and said, "Hey, big guy, you'll be great!" He looked at me with one of those looks (the really grateful one) and smiled. "Thanks," he said.

As he started his speech, he cleared his throat, and began…
"Graduation is a time to thank those who helped you make it through those tough years. Your parents, your teachers, your siblings, maybe a coach...but mostly your friends... I am here to tell all of you that being a friend to someone is the best gift you can give them. I am going to tell you a story."

I just looked at my friend with disbelief as he told the story of the first day we met. He had planned to kill himself over the weekend. He talked of how he had cleaned out his locker so his Mom wouldn't have to do it later and was carrying all of his stuff home. He looked hard at me and gave me a little smile.

"Thankfully, I was saved. My friend saved me from doing the unspeakable."

I heard the gasp go through the crowd as this handsome, popular boy told us all about his weakest moment. I saw his Mom and Dad looking at me and smiling that same grateful smile. Not until that moment did I realize its' depth.

Never underestimate the power of your actions. With one small gesture you can change a person's life - for better or for worse. We all impact one another in some way. Look for good in others – there's more there than you think and life is so much bigger than our petty little judgments of each other.

WARNING SIGNS OF SUICIDE:

ALWAYS REMEMBER…

WE ALL GO THROUGH STAGES IN OUR LIVES…

THERE ARE MANY HIGH POINTS

AND THERE ARE SOME LOW POINTS…

WHEN YOU THINK THERE IS NO HOPE,

REACH OUT AND HOLD ON…

SOMETIMES THINGS ARE NOT WHAT THEY APPEAR…

SUICIDE IS NEVER THE ANSWER…

SUICIDE IS A PERMANENT SOLUTION TO JUST ONE

OF THE TEMPORARY PROBLEMS IN LIFE…

ALWAYS CHOOSE LIFE…

SURROUND YOURSELF WITH A FEW GOOD PEOPLE,

THEN LEARN TO REACH OUT WHEN YOU MUST.

CLASSROOM NOTES:

COMPLEMENTARY AND ALTERNATIVE MEDICINES

WHAT IS IT?

- TERM FOR MEDICAL PRODUCTS AND PRACTICES THAT ARE NOT PART OF STANDARD CARE. IT IS ALSO REFERRED TO AS 'CAM'.

WHAT IS STANDARD CARE?

- TERM FOR THE PRACTICES APPLIED BY MEDICAL DOCTORS (M.D.'s), DOCTORS OF OSTEOPATHY (D.O.'s), AND ALLIED HEALTH PROFESSIONALS (REGISTERED NURSES (R.N.'s), PHYSICAL THERAPISTS (P.T.'s) et al.)

WHAT IS ALTERNATIVE MEDICINE?

- DEFINES PRACTICES OR TREATMENTS THAT YOU USE INSTEAD OF STANDARD ONES.

WHAT IS COMPLEMENTARY MEDICINE?

- THE USE OF NONSTANDARD TREATMENTS THAT ARE USED IN COMBINATION WITH STANDARD PRACTICE.

WHAT ARE SOME OF THE PRIMARY SPECIALITIES OF CAM THERAPIES?

- ACUPUNCTURE – BEGAN IN CHINA OVER 2,000 YEARS AGO, ALTHOUGH MOST AMERICAN ACUPUNCTURISTS USE A COMBINATION OF CHINESE, JAPANESE, KOREAN AND OTHER CULTURAL ACUPUNCTURE PRACTICES IN COMBINATION. THE PRACTICE INVOLVES INSERTING HAIR-THIN METALLIC NEEDLES INTO SPECIFIC BODY POINTS IN YOUR SKIN TO IMPROVE HEALTH AND WELL-BEING BY FREEING THE BODY'S ENERGY PATHWAYS OR 'CHI' TO FLOW AS INTENDED. RESEARCH HAS SHOWN THAT ACUPUNCTURE REDUCES NAUSES AND VOMITING AFTER SURGERY AND CHEMOTHERAPY. IT CAN ALSO RELIEVE PAIN AND IMPROVE CARDIVASCULAR FUNCTION BY AFFECTING HOW YOUR BODY RELEASES CHEMICALS THAT REGULATE THOSE FUNCTIONS. RESEARCHERS DON'T FULLY UNDERSTAND HOW ACUPUNCTURE WORKS, BUT MORE AND MORE HEALTH INSURANCE PROVIDERS ARE APPROVING ACUPUNCTURE AS A REIMBURSEABLE TREATMENT EXPENSE.
- CHIROPRACTIC CARE – BELIEVES IN THE BODY'S ABILITY TO HEAL ITSELF WITH ATTENTION TO MUSCULOSKELETAL AND NEUROLOGICAL SYSTEM FUNCTIONS AS THEY RELATE TO BIOMECHANICS, STRUCTURE AND FUNCTION. A DOCTOR OF CHIROPRACTIC MEDICINE IS A 'D.C.' AND MUST BE BOARD CERTIFIED TO PRACTICE.
- HERBAL MEDICINES/MEDICINAL HERBS/PHYTOTHERAPY -
- CANCER ALTERNATIVE THERAPIES – MAY BE USED AS A REPLACEMENT FOR STANDARD TREATMENTS RECOMMENDED BY AN ONCOLOGIST OR TO ASSIST IN THE TREATMENT OF SIDE EFFECTS RELATED TO CANCER TREATMENTS SUCH CHEMOTHERAPY AND RADIATION THERAPIES
- DIETARY SUPPLEMENTS OR TRACE ELEMENTS – USE OF NUTRIENT BALANCE AS PREVENTION AND TREATMENT DUE TO THE BELIEF THAT SPECIFIC COMBINATIONS OF NUTRIENTS/ELEMENTS WHEN LACKING CAN CAUSE DISFUNCTION AND WHEN INCREASED CAN TREAT DIS-EASE.
- HOMEOPATHY – ANOTHER NAME FOR CAM TREATMENTS
- INTEGRATIVE MEDICINE – TOTAL BODY TREATMENT INVOLVING MIND, BODY AND SPIRIT

ARE CAM TREATMENTS SAFE?

- ALL-NATURAL DOES NOT MEAN 100% SAFE. YOU CAN STILL OVERDOSE ON HERBAL REMEDIES, YOU CAN STILL HAVE DRUG INTERACTIONS WITH HERBAL REMEDIES, THINGS CAN GO WRONG USING MANY CAM TREATMENTS. IN GENERAL, RESEARCHERS KNOW MORE ABOUT THE SAFETY AND EFFECTIVENESS OF STANDARD CANCER TREATMENTS THAN THEY DO ABOUT CAM. BECAUSE THE ALL-NATURAL PRODUCT DEPARTMENT IS NOT GOVERNED BY THE F.D.A., PRODUCTS MAY BE RELEASED BEFORE ALL RISKS ARE IDENTIFIED. HOWEVER, THIS CAN HAPPEN WITH PRODUCTS GOVERNED BY THE F.D.A. AS WELL.
- IT IS RECOMMENDED THAT YOU SPEAK TO YOUR DOCTOR BEFORE YOU TRY ANYTHING NEW AS LONG AS YOU BELIEVE YOUR DOCTOR HOLDS NO BIAS AGAINST CAM TREATMENTS.

- MOST TREATMENTS – EVEN STANDARD CARE TREATMENTS – HAVE SIDE EFFECTS AND/OR RISKS. CAM IS CLEARLY NOT EXEMPT FROM THIS RULE. CONSUMER KNOWLEDGE IS THE NUMBER ONE DEFENSE AGAINST NEGATIVE SIDE EFFECTS AND RISKS.
- REMEMBER THAT CAM TREATMENTS ARE GENERALLY NOT GOVERNED BY THE FOOD AND DRUG ADMINISTRATION (F.D.A.) OR THE AMERICAN MEDICAL ASSOCIATION (A.M.A.) AS ARE STANDARD PRACTICES. DO YOUR HOMEWORK!

CLASSROOM DISCUSSION:

IS THERE A CAM TREATMENT YOU WOULD NOT BE WILLING TO TRY? WHY OR WHY NOT?

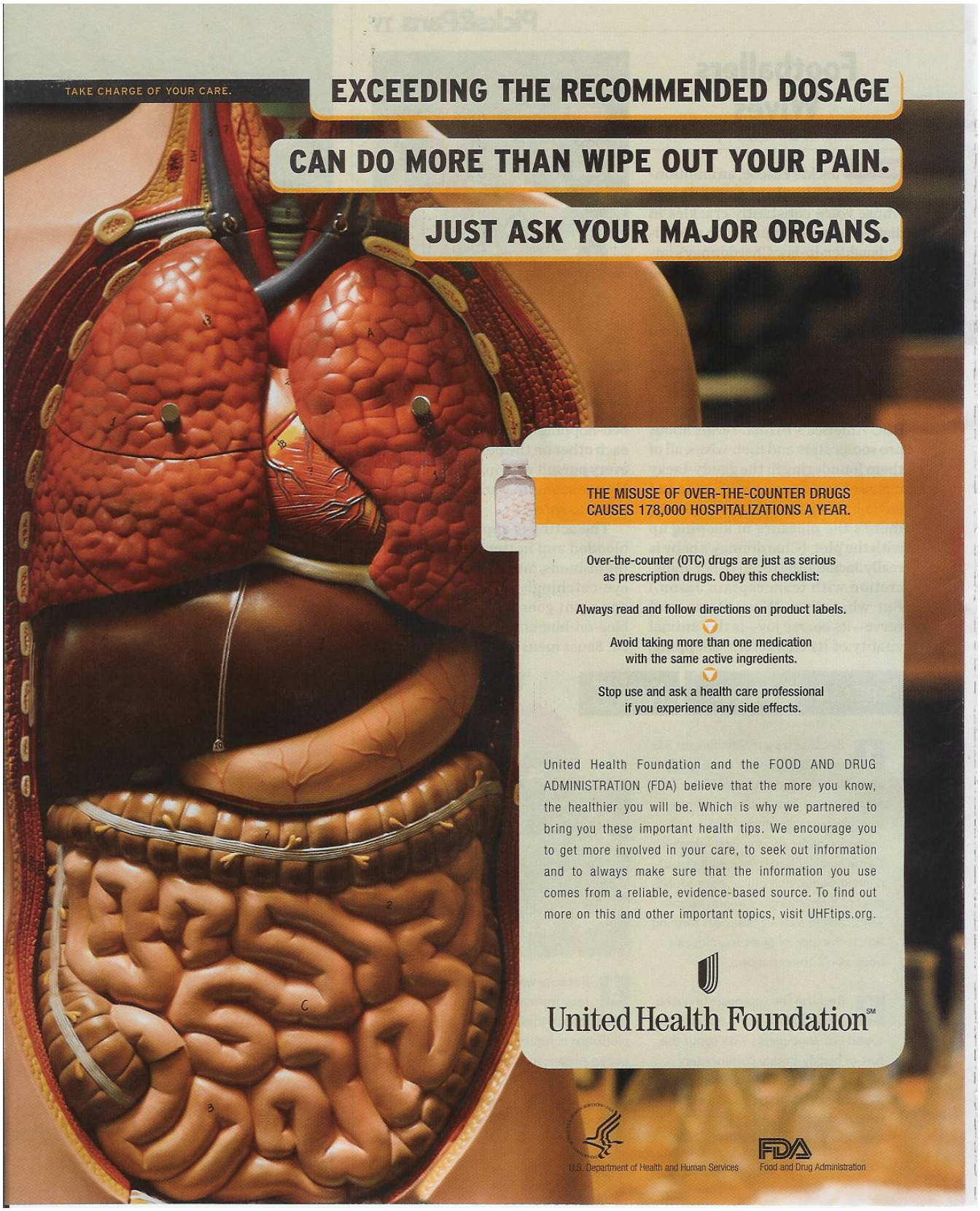
DO YOU HAVE ANY EXPERIENCE WITH CAM TREATMENTS THAT YOU CAN SHARE?

IS IT OF CONCERN TO YOU THAT THESE TREATMENTS ARE NOT GOVERNED BY THE F.D.A.?

IF YOU HAVE EVER TRIED ANY FORM OF MEDITATION OR STRESS MANAGEMENT PRACTICES, CAN YOU SHARE?

THINGS I SHOULD REMEMBER BEFORE USING CAM THERAPIES:

SOURCE: THE NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE OF THE NATIONAL INSTITUTES FOR HEALTH. FOR MORE INFORMATION, GO TO: www.nlm.nih.gov/medlineplus/complementaryandalternativemedicine.html


TAKE CHARGE OF YOUR CARE.
EXCEEDING THE RECOMMENDED DOSAGE
CAN DO MORE THAN WIPE OUT YOUR PAIN.
JUST ASK YOUR MAJOR ORGANS.
THE MISUSE OF OVER-THE-COUNTER DRUGS CAUSES 178,000 HOSPITALIZATIONS A YEAR.
Over-the-counter (OTC) drugs are just as serious as prescription drugs. Obey this checklist:
Always read and follow directions on product labels.
Avoid taking more than one medication with the same active ingredients.
Stop use and ask a health care professional if you experience any side effects.
United Health Foundation and the FOOD AND DRUG ADMINISTRATION (FDA) believe that the more you know, the healthier you will be. Which is why we partnered to bring you these important health tips. We encourage you to get more involved in your care, to seek out information and to always make sure that the information you use comes from a reliable, evidence-based source. To find out more on this and other important topics, visit UHFtips.org.
United Health Foundation℠
U.S. Department of Health and Human Services
FDA
Food and Drug Administration

PRESCRIPTION DRUGS, ALCOHOL, OTC'S – MYTHS VS. FACTS

DIRECTIONS: For each statement that follows, circle the number that corresponds to each statement that is a myth and explain why in the space provided. Do nothing to the statements that you believe are facts.

1. **If I'm on a prescription drug, I can use most all-natural products without consequence. It's the over-the-counter drugs that could cause a problem due to drug interaction.**

2. **The regular dosage for Advil is 2-3 every 4-6 hours.**

3. **In 2009, 91% of all unintentional poisoning deaths were most commonly caused by a class of drugs known as prescription painkillers.**

4. **Tylenol is one of the most benign drugs – that is, it can't really hurt you.**

5. **The advertisement on the previous page was created and published because the government wants us to use more prescription drugs.**

6. **All-natural does not mean that a product is all "safe".**

7. **87 people die each day in the USA due to accidental poisoning – many from prescription drugs**

8. **A combination of alcohol and prescription drugs are involved in 1/3 of the suicides in this country.**

9. **Over 70,000 children under age 18 go to hospital emergency rooms yearly for unintended drug poisonings - most are under age 5.**

10. **It's okay to combine caffeine with alcohol because the caffeine will keep you awake.**

THE TRANSITION TO MODERN EASTERN MEDICINES

1 ACETYLSALIC ACID - _____

BENEFITS:

RISKS:

2 ACETOMINOPHEN - _____

BENEFITS:

RISKS:

"THE TYLENOL SCARE" (25th anniversary in 2009)–

3 F.D.A. SETS A PRECEDENT:

4 IBUPROFEN - _____

BENEFITS:

RISKS:

4 THE DOOR OPENS… FREE ENTERPRISE AND THE BILL OF RIGHTS

MOTRIN, PAMPRIN, MIDOL et al.…

5 THE GENERIC MARKET ARRIVES

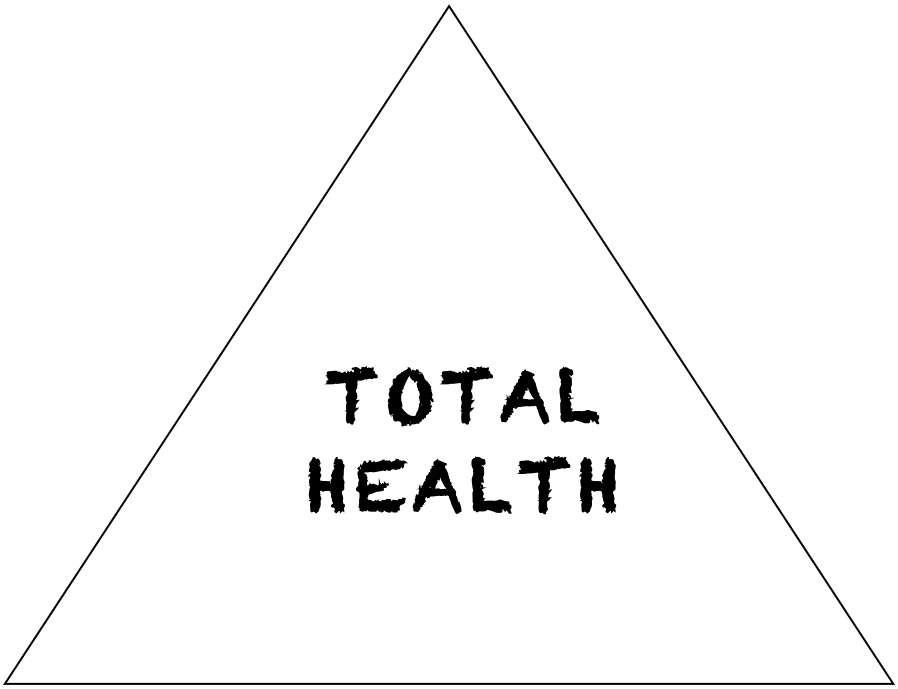
6 WHAT ARE OUR NEEDS?

7 ARE MEDICINES THE ONLY WAY TO ACHIEVE THE NEEDS?

8 A NEW WAY OF THINKING… ALTERNATIVE MEDICINES

UNIT 4

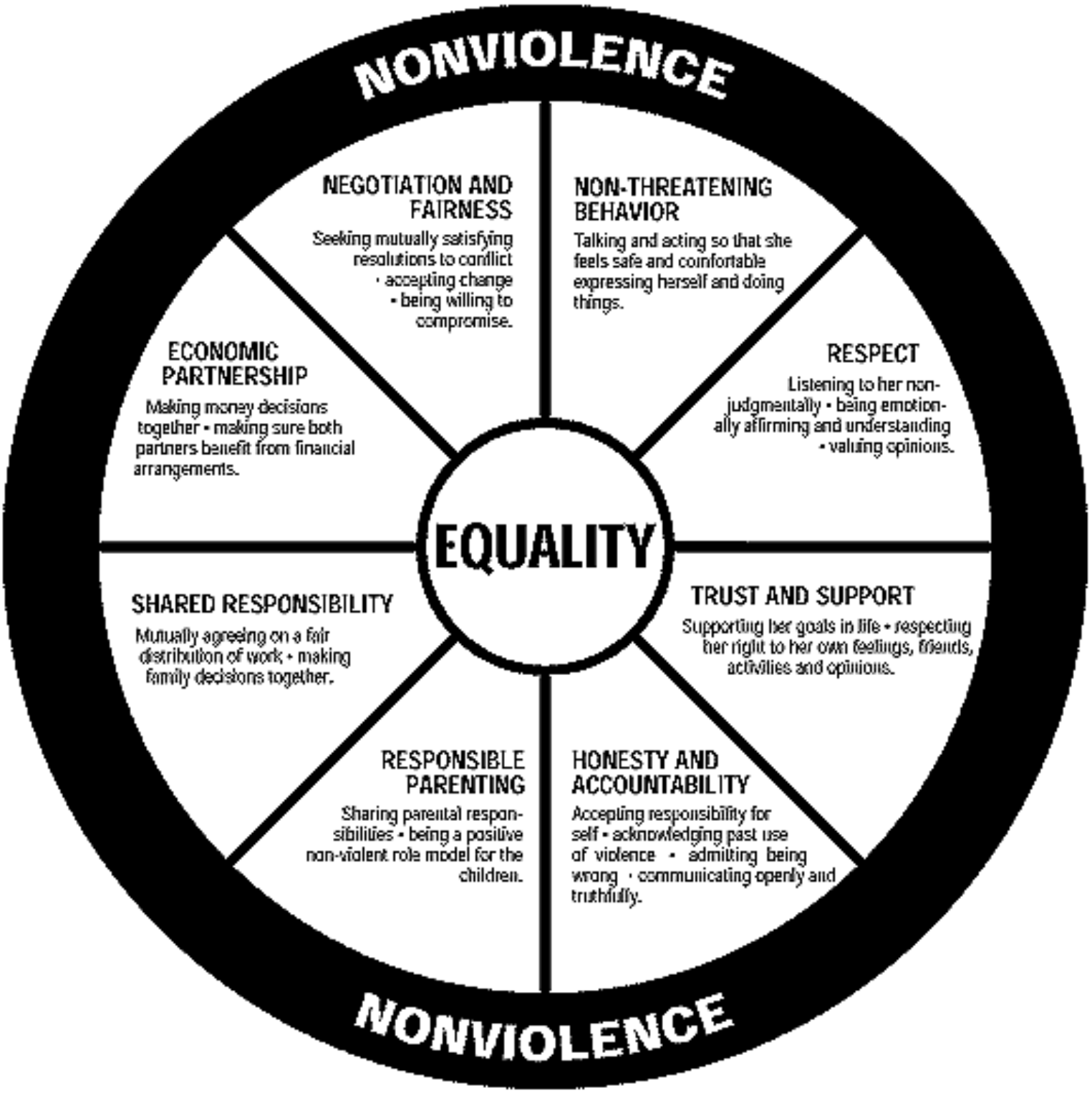
SOCIAL HEALTH



VIOLENCE IS NOT ABOUT SEX OR MONEY…

IT'S ABOUT CONTROL…

STRIVE FOR HEALTHY RELATIONSHIPS!



FACT SHEET ON VIOLENCE AGAINST WOMEN

- Each year, more than 4.5 million Each year there are 500,000 Women are victimized by crime sexual assaults on women

- Each year there are 170,000 reported rapes and 140,000 reports of attempted rape.

- More than 50% of rapes and sexual assaults are committed by friends or acquaintances of the woman.

- The highest risk group for sexual crime is women ages 19-29 with incomes under $10,000 per year.

- Only 20% of all rapes are committed by strangers.

- Current or former husbands or boyfriends committed 26% of the rapes or sexual assaults.

- Nearly one-third of all women victimized by crime are hurt by men with whom they've had an intimate relationship.

Why all this talk about women? Does this ever happen to men?

Abuse Checklist

You are in an unhealthy abusive relationship if your partner ...

- ☐ is jealous and possessive, won't let you have friends, checks up on you, won't accept breaking up?
- ☐ tries to control you, is bossy, giving orders, making all the decisions, not taking your opinions seriously?
- ☐ puts you down in front of friends, tells you that you would be nothing without him?
- ☐ scares you?
- ☐ makes you worry about his reactions to things you say or do?
- ☐ threatens you?
- ☐ uses or owns guns or other weapons?
- ☐ is violent?
- ☐ has a history of fighting, loses temper quickly, brags about mistreating others?
- ☐ grabs, pushes, shoves, or hits you?
- ☐ pressures you for sex or is forceful or scary about sex?
- ☐ gets too serious about the relationship too fast?
- ☐ abuses alcohol or other drugs and pressures you to take them?
- ☐ has a history of failed relationships, and blames the other person for all the problems?
- ☐ makes your family and friends uneasy and concerned for your safety?
- ☐ makes you feel like you need to apologize to yourself or others for your boyfriend's behavior when he treats you badly?

Being in a HEALTHY RELATIONSHIP means....

- ☐ Loving and taking care of yourself, before and while in a relationship.
- ☐ Respecting individuality, embracing differences, and allowing each person to "be themselves."
- ☐ Doing things with friends and family and having activities independent of each other.
- ☐ Discussing things, allowing for differences of opinion, and compromising equally.
- ☐ Expressing and listening to each other's feelings, needs, and desires.
- ☐ Trusting and being honest with yourself and each other.
- ☐ Respecting each other's need for privacy.
- ☐ Sharing sexual histories and sexual health status with a partner.

STEPS FOR WOMEN: PROTECTING AGAINST ACQUAINTANCE RAPE

1. Know your sexual intentions and limits. You have the right to say "No" to any unwanted sexual contact. If you are uncertain about what you want, ask the man to respect your feelings.

2. Communicate your limits firmly and directly. If you say "No", make sure you say it like you mean it. Don't give mixed messages. Back up your words with a firm tone of voice and clear body language.

3. Don't rely on ESP to get your message across. Don't assume that your date will automatically know how you feel, or will eventually "get the message" without you having to tell him directly.

4. Remember that some guys think that drinking, dressing attractively, or agreeing to go out on a date are signs that you are willing to have sex. Be especially careful to clearly communicate your limits and intentions in such situations.

5. Listen to your gut feelings. If you feel uncomfortable, or think you may be at risk, leave the situation immediately and go to a safe place.

6. Don't be afraid to "make waves" if you feel threatened. If you are being pressured into sexual activity, don't hesitate to state your feelings and get out of the situation. Better to live through a few minutes of social awkwardness or embarrassment than to face the trauma of a sexual assault.

7. Attend large parties with friends you can trust. Agree that you'll "look out" for one another. Try to leave the party with a group, instead of leaving alone or with someone you don't know very well.

STEPS FOR MEN: DON'T BE ACCUSED OF RAPE

1. Listen carefully. Take the time to hear what the woman is saying. If you feel she is not being direct, or she is giving you a "mixed message", ask for clarification.

2. Don't fall for the common stereotype that when a woman says "No" she really means "Yes". Simply put: "No" means "No". If a woman tells you she doesn't want sexual contact, believe her and stop. Remember that date rape is a crime. It is never acceptable to use force in sexual situations, no matter what the circumstances.

3. Don't make assumptions about a woman's behavior. Don't automatically assume that she wants to have sex with you just because she is drinking, dressing attractively, or has agreed to date you.

4. Don't assume that just because a woman has had sex with you previously, she is willing to have sex with you again. Also, don't assume that just because a woman agrees to kiss you or engage in other intimate acts, it means she is willing to have sexual intercourse.

5. Be aware that having sex with someone who is mentally or physically incapable of giving consent is legally defined as rape. If you have sex with a woman who is drugged, intoxicated, passed out, incapable of saying "No", or unaware of what is happening around her, you may be found guilty of rape.

6. Be especially careful in group situations… Be prepared to resist pressure from friends to participate in violent or criminal acts.

7. If you see a woman in trouble at a party, or a male friend using pressure or force with a woman, don't be afraid to intervene. You may save the woman from the trauma of sexual assault, and your friend from the ordeal of criminal prosecution.

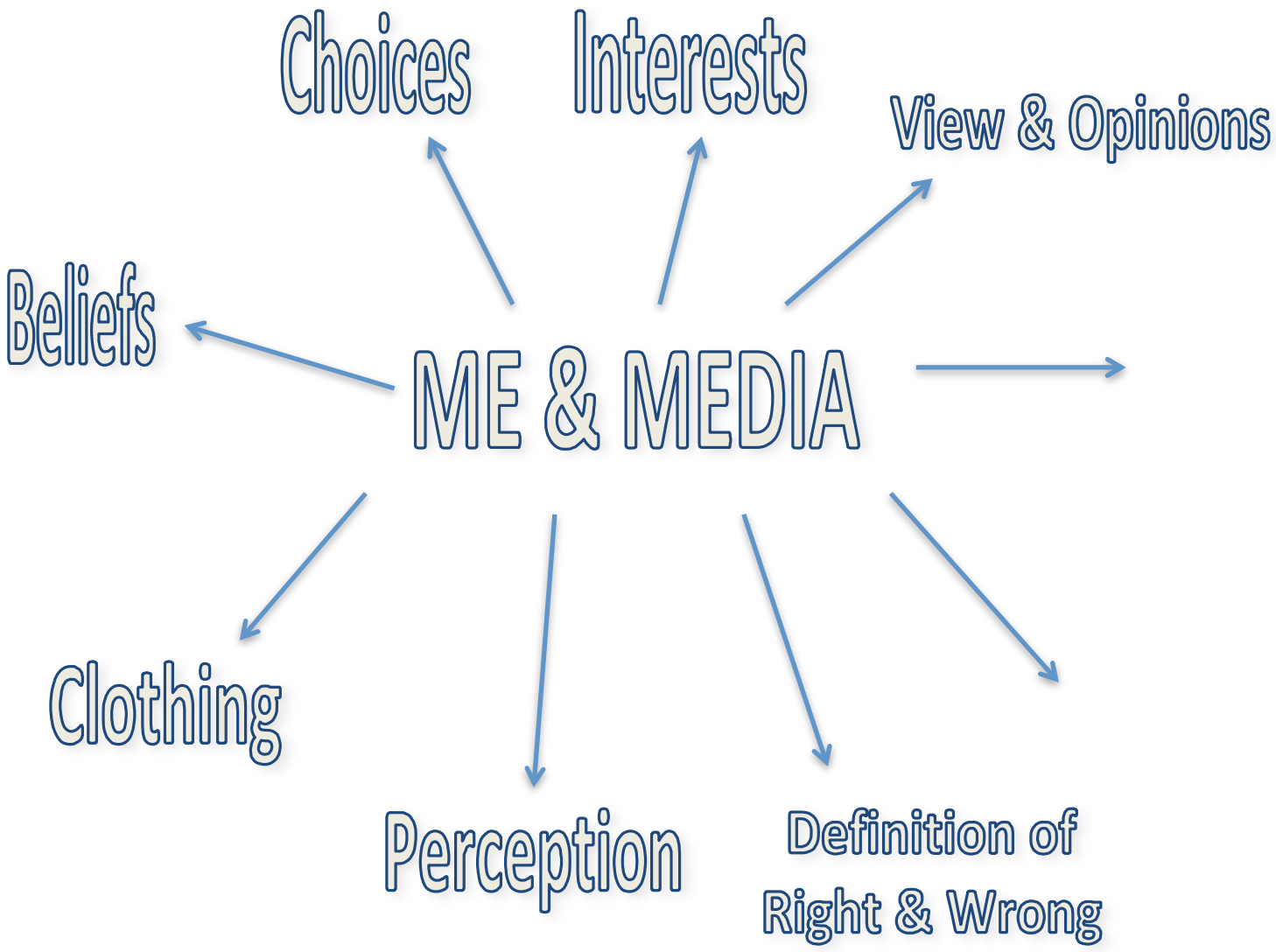
KEEP YOUR WITS IN THE CASE OF AN ATTACK - ESCAPING AND SURVIVING AN ATTACK:

- Try to run for help
- If you cannot run, decide on another course of action
- Scream, yell 'fire' and/or physically disable or stun the person in some way
- Watch for a moment when the attacker may be caught off guard so you can escape
- Don't assume you can't get away – you have a greater chance of escaping than you think
- Keep your mind focused on surviving - try different approaches If all else fails, you may have to submit to the attacker's wishes to survive.

YES, IT'S HARD BUT THIS IS WHAT TO DO AFTER A RAPE:

- Get help from your family or a friend after an attack and get it quickly
- Do NOT take a shower or bath or discard any physical evidence
- Get medical help right away
- You may be hurt or infected and not know it
- Have medical tests for pregnancy, STD's, and HIV infection
- The male involved should also be tested for STD's and HIV
- Report the rape to police even if it is a date or acquaintance rape
- You may want to request that someone of your sex take your report
- Call a rape crisis center and get counseling or join a support group
- You will need help to recover from the emotional shock – get help
- Be patient – it takes time to recover from the trauma of an attack
- Remember that you did not cause the rape and have no reason to be ashamed

HOW DOES THE USE OF MEDIA AND TECHNOLOGY INFLUENCE WHO I AM?
...Can you add to the list below?...



CLASS NOTES ON HEALTHY LIVING WHAT IMPACTS TEEN MENTAL HEALTH?

Instructions: Your group will be the three people in your row. When you are told to begin, your group should fill in your assigned block(s) with as many ideas as you can generate in the 2-minute allotted time while answering the following question about your topic: "How does this type of attitude/media/social networking impact my mental health?". There are both positive and negative aspects to each block

TEXT MESSAGING

INTERNET USE

THE "COOL" FACTOR

SOCIAL NETWORKS

GOSSIP & INTOLERANCE

MP3 PLAYER USE

GLOBAL GAMING NETWORKS

USE OF EMAIL

After hearing everyone's summaries, answer the following question in the space below: "Which of the topic blocks above most negatively impacts my own mental health and how/why?"

HOW TEXT MESSAGING CAN GO OH SO WRONG...

Videos courtesy of The Ellen Degeneres Show Media Miscommunication Funnies
http://ellen.warnerbros.com/2011/09/new_segment_auto_incorrect_0912.php
http://ellen.warnerbros.com/2011/10/more_clumsy_thumbsy_autocorrects_1010.php

TEXT MESSAGING AND DRIVING...

Videos courtesy of AT&T public service messages Full Version:
http://www.youtube.com/watch?v=DebhWD6ljZs

90-Second Preview:
http://www.youtube.com/watch?v=mjc_0JBlRgE&feature=relmfu

CLASSWORK: How does the information in this video relate to each area of the triangle…

1. **LIST AT LEAST 5 FACTS about PHYSICAL ASPECTS OF DRIVING AND TEXTING:**

2. **SOCIAL RESPONSIBILITY: WHAT IMPACT DOES DRIVING AND TEXTING HAVE ON SOCIETY?**

3. **MENTAL HEALTH EFFECTS: KNOWING THAT TEXTING AND DRIVING IS A LOSTING SITUATION, WHAT LEADS PEOPLE TO MAKE THE DECISION TO TEXT AND DRIVE ANYWAY?**

4. **MENTAL HEALTH EFFECTS: WHAT IMPACT WOULD HURTING PASSENGER(S) AND/OR SOMEONE ELSE (POSSIBLY YOURSELF) HAVE ON YOUR MENTAL HEALTH?**

TEACHING TOLERANCE
CHS CLASSROOM COMMITTMENT

THIS CLASSROOM is a SAFE learning environment for ALL students regardless of...

- **ABILITY**
- **ETHNICITY**
- **GENDER**
- **RACE**
- **RELIGION**
- **SEXUAL ORIENTATION**

A MESSAGE FROM THE GAY-STRAIGHT ALLIANCE OF CONESTOGA HIGH SCHOOL

Have you seen this sign in your other classrooms? Why is this sign important to the entire school community at CHS?

WHAT ARE THE BENEFITS TO TOTAL HEALTH OF A TOLERANT SOCIETY

GROUP ACTIVITY INSTRUCTIONS: Your teacher will give you five minutes to list as many of the health benefits to living in a tolerant society as you are able. When he/she says time has expired, have someone from your group write at least five benefits from your list on the board.

PHYSICAL HEALTH:

MENTAL/EMOTIONAL/SPIRITUAL HEALTH:

SOCIAL HEALTH:

SEX RESPECT AND MAKING LIFE CHOICES

1. All females will sit in the front two rows and all males will move to the back two rows.

2. Divide each group into four sub groups by tables.

3. Each group will do the following on two large pieces of easel paper:

    a. Page 1, Side 1 – write as many reasons as you can think of that you should not have sexual intercourse at this stage of your life.

    b. Page 1, Side 2 – using magazines provided by your teacher, make a collage of ads/pictures that you belief are trying to influence you to have sex.

    c. Page 2, Side 1 – write as many words as you can that describe the word "SEXUALITY"

    d. Page 2, Side 2 – create another collage using ads/pictures that you belief depict your gender's sexuality best – FEMININE or MASCULINE.

    e. Post your pages stacked on top of each other on the white board or bulletin board in the room – both side 1's should be facing up.

4. Discuss – compare and contrast the points of view.

5. Read the "101" posters at the front of the classroom. Are they realistic? Funny? Do they make some good points?

6. INDIVIDUAL QUESTION TO ANSWER: What is "Sex Respect" and why is it important?

MEDIA INFLUENCE ON CONSUMER PERSPECTIVE AND CHOICE

ACTIVITY ONE: THE EFFECTS OF ADVERTISING ON OUR PERSPECTIVE… WHAT YOU SEE ISN'T ALWAYS WHAT YOU GET! LET'S SEE WHAT WE REALLY SEE...

CLIP # 1: "Onslaught" - http://www.youtube.com/watch?v=iYhCn0jf46U

CLIP # 2: "Evolution" - http://www.youtube.com/watch?v=Ei6JvK0W60I

1. What did you find most suprising/shocking in these two clips?

2. What did you come to realize about the media's influence on our perspective and choices with regards to each of the following after watching these two clips?

   a. Products we purchase?

   b. What is attractive?

   c. What is feminine?

   d. What is popular?

   e. Self-Image?

   f. Body size?

SOURCE: www.dovecampaignforrealbeauty.com

MEDIA INFLUENCE ON CONSUMER PERSPECTIVE AND CHOICE

ACTIVITY TWO: ADVERTISING AND PRODUCT CHOICE

WHAT'S IN A NAME? We often identify common household products by their brand name, even though they possess separate generic names. For instance, what most of us call by the brand name "Jell□O" is actually "fruit□flavored gelatin". Can you give the proper descriptions (GENERIC NAMES) for these common brand□name products?

Q□tip _____

_____

Vaseline _____

Band□Aid _____

Goodyear Blimp _____

Scotch tape _____

Fudgesicle _____

Kleenex _____

iPod _____

Jacuzzi _____

Sharpie _____

Dixie cup _____

Ping□pong _____

Can you think of other items that you refer to by their brand name?

How has this happened?

Why is this important for consumers to realize?

MEDIA INFLUENCE AND SOCIAL NETWORKING (ONLINE SAFETY)

ACTIVITY ONE: POPCORN

Article: "Warning: Social Networking Can Be Hazardous to Your Job Search"

Kate Lorenz, CareerBuilder.com Editor

That cute, affable guy who brags of his drunken exploits on FaceBook.com may be meeting a lot of other partiers online, but he's probably not getting added to the "friends" lists of many corporate recruiters. A recent study by the executive search firm ExecuNet found that 77 percent of recruiters run searches of candidates on the Web to screen applicants; 35 percent of these same recruiters say they've eliminated a candidate based on the information they uncovered.

"You'd be surprised at what I've seen when researching candidates," says Gail, a recruiter at a Fortune 500 company who recently began looking up potential hires on the Web. "We were having a tough time deciding between two candidates until I found the profile of one of them on MySpace. It boasted a photo of her lounging on a hammock in a bikini, listed her interests as 'having a good time' and her sex as 'yes, please.' Not quite what we were looking for."

"Another time I went to a candidate's site and found racial slurs and jokes," Gail continues. "And there was yet another instance where a candidate told me he was currently working for a company, yet he left a comment on a friend's profile about how it 'sucked' to be laid off, and how much fun it was to be unemployed!"

As the amount of personal information available online grows, first impressions are being formed long before the interview process begins, warns David Opton, ExecuNet CEO and founder. "Given the implications and the shelf-life of Internet content, managing your online image is something everyone should address -- regardless of whether or not you're in a job search," he says. Because the risks don't stop once you're hired.

Twenty-three-year old Kara recently took a job as a management consultant at a high-profile practice in the Los Angeles area. An Ohio native, with no friends or family on the West Coast, Kara put up a profile on MySpace in the hopes of meeting new people. Kara was judicious in how she set up her site: "I didn't fill out that cheesy questionnaire many people post, where you describe your best feature and say whether or not you shower every day." she says. "I used a photo that was flattering but not at all provocative and was even careful what music I chose."

Within a few months, Kara met many others online who shared her interest in biking and water sports. One Friday morning, Kara decided to call in sick and go surfing with a few of her new pals. That weekend, unbeknownst to Kara, her friend posted some of the day's pictures on her profile and sent Kara a message saying, "We should call in sick more often."

Unfortunately for Kara, her boss happened to be patrolling MySpace to check up on her college-age daughter and came across Kara's site and the dated photos!

Mortified, Kara says she learned an important lesson -- not only about honesty, but about how small the world of online social networking can be and how little control you have over any information put out there.
Not all employers search candidates and employees online, but the trend is growing. Don't let online social networking deep-six your career opportunities. Protect your image by following these simple tips:

1. Be careful. Nothing is private. Don't post anything on your site or your "friends" sites you wouldn't want a prospective employer to see. Derogatory comments, revealing or risqué photos, foul language and lewd jokes all will be viewed as a reflection of your character. **2. Be discreet.** If your network offers the option, consider setting your profile to "private," so that it is viewable only by friends of your choosing. And since you can't control what other people say on your site, you may want to use the "block comments" feature. Remember, everything on the Internet is archived, and there is no eraser!
3. Be prepared. Check your profile regularly to see what comments have been posted. Use a search engine to look for online records of yourself to see what is out there about you. If you find information you feel could be detrimental to your candidacy or career, see about getting it removed -- and make sure you have an answer ready to counter or explain "digital dirt."

Kate Lorenz is the article and advice editor for CareerBuilder.com. She researches and writes about job search strategy, career management, hiring trends and workplace issues.

HOW DOES THIS ARTICLE APPLY TO YOU AT THIS TIME IN YOUR LIFE?

HOW DOES THIS ARTICLE APPLY TO YOUR FUTURE?

OTHER THAN THIS ARTICLE, WHAT LESSONS HAVE YOU LEARNED THROUGH OTHER EDUCATION OR PERSONAL EXPERIENCES WITH ONLINE SOCIAL NETWORKS?

REVERSE THE ATTITUDE… YOU HAVE THE POWER!

LOST GENERATION: http://www.youtube.com/watch?v=42E2fAWM6rA

BEST WISHES TO ALL OF YOU FOR… GOOD HEALTH… TRUE HAPPINESS… PEACE WITHIN YOURSELF… SATISFACTION WITH WHO YOU ARE… AND THE WILL TO BECOME WHO YOU WANT TO BE.

KNOW YOURSELF IN ORDER TO KNOW WHO YOU WISH TO BE… REMEMBER TO SPEND SOME TIME ON YOUR OWN SO YOU DON'T LOSE YOURSELF TO OTHERS… PONDER YOUR LIFE… PONDER THE WORLD… GET UP AND GET OUT… SEE THE WORLD… MEET PEOPLE… THERE ARE MANY POINTS OF VIEW OUT THERE… CHANGING PERSPECTIVE SOMETIMES HELPS YOU TO DEAL WITH TOUGH TIMES… DO SOMETHING ABOUT THE THINGS YOU CAN CHANGE IN YOUR LIFE FOR THE BETTER… POSITIVE ATTITUDES + POSITIVE ACTIONS = POSITIVE CHANGE

REMEMBER THAT YOU ONLY GET TO LIVE THIS LIFE ONCE… MAKE IT COUNT… MAKE GOOD CHOICES THAT WILL GET YOU DOWN THE PATH OF YOUR CHOOSING… BE THE LEAD DOG… THE VIEW IS MUCH BETTER! I'M HERE IF YOU NEED ME…

NAME _____ **PERIOD** ____

<u>GROUP ACTIVITY</u> – Your teacher will guide you through this activity using a power point. Follow along and with your group, answer the questions on YOUR worksheet when prompted to do so. There WILL be a time limit on some parts of the worksheet, so pay close attention to instructions.

<u>Definition of Environmental Health</u> –

<u>Brainstorming Activity</u>:

- ✓ **AIR –**
- ✓ **SUN –**
- ✓ **WATER –**
- ✓ **FOOD –**
- ✓ **WEATHER –**
- ✓ **WILDLIFE/HUMANS –**

SHARE:

FINDING SOLUTIONS:

PREVENTION:

TREATMENT:

APPLICATION:

PHYSICAL:

MENTAL/EMOTIONAL:

SOCIAL:

STAYING SAFE IN EXTREME WEATHER

F0 - Minor Tornado

- Wind speed up to 72 mph (up to 32 meters per sec.)

F1 - Moderate Tornado

-Wind speed 73 - 112 mph (33 - 50 meters per sec.) -Roof shingles peeled back, moving automobiles pushed off roads.

F2 - Significant Tornado

-Wind speed 113 - 157 mph (51 - 70 meters per sec.) -Roofs torn from large frame houses, large trees snapped off (this is not the same as being uprooted).

F3 - Severe Tornado

-Wind speed 158 - 206 mph (72 - 94 meters per sec.) -Roofs and some walls torn from well-constructed buildings, heavy cars lifted from ground.

F4 - Devastating Tornado

-Wind speed 207 - 260 mph (95 - 118 meters per sec.) -Well constructed houses leveled, structures blown a distance off foundation.

F5 - Incredible Tornado

-Wind speed 261 - 318 mph (119 - 143 meters per sec. -Strong frame houses lifted from foundations. Ground swept clean of debris

F6 - Inconceivable Tornado

-Wind speed 319 - 379 mph (145 - 172 meters per sec.) -Because of F 4/5 winds around the intense tornado vortex the F6 damage is not identifiable, so the highest tornado rating used is F5.

WATER, WATER EVERYWHERE – HOW CAN WE CLEAN OURS?!

Life Savehair Mats TM

This demo was conducted with 1 quart of used motor oil (comparable to crude oil) and 1 sq ft Life Savehair Mat TM.

Time Lapsed - 00:00:01

Time Lapsed - 00:00:42

Time Lapsed - 00:01:07

This mat recovered 1 quart of motor oil & can be reused at least 15 more times - absorbs over 100 times it's weight.

SKIN CANCER AWARENESS WORKSHEET ASSIGNMENT

TERRIE'S STORY WORKSHEET

Video Worksheet: Brandon's Story Name _____ **Period** _____

Directions - After watching Brandon's Story, fill the spaces provided below by writing one detailed opinion paragraph of 3-5 sentences for full credit on each question provided. (max points – 20)

1. Describe the specifics behind Brandon's *physical life* – how he and his life are hindered.
2. Describe the specifics behind Brandon's *social life* – how he and his life are hindered.
3. Describe the specifics behind Brandon's mental *life* – how he and his life are hindered.
4. How would *you* feel living inside Brandon's body? How would your life and future plans change?

UNIT 5:

DISEASE, BIRTH, AGING, DEATH & DYING

DARIUS GOES WEST
(A Community-Service homework assignment)

Assignment Information:

1 Duchenne Muscular Dystrophy is the leading genetic killer of children in the world. Mario Weems lost his fight with this disease at age 19. His brother, Darius – now 19 – was born with the same genetic disease and has been traveling with his friends and a support crew since age 15 to raise awareness and funds for this disease. By doing this assignment as directed, you will be supporting half of his cause – to raise awareness of Duchenne Muscular Dystrophy.

2 You will need to choose a friend, teacher, staff member, parent/guardian, or other family member to do this activity with you. They must be willing to do two things:
   a. Spend a minimum of 15 minutes with you for this assignment at the computer (of course, they can stay with you longer!)
   b. Complete the 'guest question" after viewing the assigned material.

Let's Get Started:

3 Find a comfortable and appropriate place to work with your partner – you will need to turn up the sound on your computer or work with a set of headphones that can be shared.
4 Go to the following website: www.dariusgoeswest.org
5 Use the website as designated by the questions that follow on the worksheet and answer as directed.

WEBQUEST TASK #1: Click on "PRESS" in the top menu of the website window. Once open, the window will display several links in a column on the left side of the page. Scroll down to MEDIA.

WEBQUEST TASK #2: Stop, click and watch each of the segments from Ellen DeGeneres, The Today Show and Nightline. Note that the Nightline video is to the left of the text – you can access it through a link in the text or by clicking the play button in the small video window..

WEBQUEST TASK #3: For super above and beyond performance, under "SCHOOL PROGRAM", scroll down the page a bit and on the right side you will find various ways that you can use a social networking account to attach the DGW website – in that way, you'd be helping the DGW Crew to spread the word about DMD! It's your call!

See reverse side for questions to be answered…

STUDENT (Print Name) _____ **PERIOD**_____

PARTNER SIGNATURE_____ **DATE**_____

A NOTE TO YOUR PARTNER: THANK YOU VERY MUCH FOR YOUR WILLINGNESS TO PARTICIPATE WITH THIS STUDENT ON THIS ASSIGNMENT. WE HOPE THAT THE NEXT 15 MINUTES OF TIME YOU SACRIFICE FROM YOUR DAY IS WORTH THE WEBSITE YOU EXPLORE TOGETHER. FURTHER, WE HOPE YOU'LL CHOOSE TO PASS IT ON TO MAKE A DIFFERENCE IN THE LIVES OF THOSE WITH DMD. THANK YOU ☺

a. **STUDENT: Summarize the facts of the DGW program in the space below:**

b. **GUEST: What do you find inspiring about this story?**

c. **STUDENT AND GUEST: How has reading and viewing Darius Goes West impacted you and your views on making a difference in someone's life?**

MENINGITIS

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as *spinal meningitis*.

Is it Viral or Bacterial?

Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. It also is important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people.

Viral or "Aseptic" Meningitis

- is serious but rarely fatal in persons with normal immune systems
- usually symptoms last from 7 to 10 days and the patient recovers completely
- many different viruses can cause meningitis. About 90% of cases of viral meningitis are caused by members of a group of viruses known as enteroviruses (i.e. coxsackieviruses; echoviruses)
- enterosviruses are more common during summer and fall months
  - ✓ usually spread through direct contact with respiratory secretions (saliva, sputum, nasal mucus) through hand shaking or touching something they have handled and then touching your own mouth or nose
  - ✓ Can also be found in the stool of the infected person – usually spread this way through children who are not yet toilet trained – especially to the adults changing their diapers
  - ✓ Incubation period is usually 3-7 days from the time you are infected until you develop symptoms.
  - ✓ You are contagious from about day 3 through 10 after developing symptoms.
- herpesviruses and the mumps virus can also cause viral meningitis
- diagnosed by spinal tap, but the test is rarely done
- there is no specific treatment in existence at this time
- most patients recover on their own with bed rest, plenty of fluids and meds for fever/headache
- most people who are around those who have meningitis will never become infected, but you should check with you doctor just in case.
- Prevention: proper, thorough and frequent hand washing!!
- Clean contaminated surfaces and soiled articles first with soap and water, then disinfect with a ¼ chlorine bleach to 1 gallon of water.

Bacterial or "Aseptic" Meningitis

- **Bacterial meningitis, on the other hand, can be very serious and result in disability or death if not treated promptly**
- **More severe than viral**
- **Serious after-affects: brain damage, hearing loss, limb amputation, learning disabilities**
- **Leading causes of bacterial meningitis are:**
  - ***Streptococcus pneumoniae – death occurs in 14% of hospitalized adults with invasive disease; vaccine has greatly reduced incidence of disease as it covers 88% of the 90 serotypes that have been found.***
  - ***Neisseria meningitides – more common in Africa; 10-14% will die and 11-19% will suffer above impairments; symptoms include fever, headache, rash, sepsis; transmission through large droplet respiratory fluids.***

Content Source: National Center for Immunization and Respiratory Diseases: Division of Bacterial Diseases
Page Located on the Web at http://www.cdc.gov/meningitis/bacterial/index.htm
May 28, 2008

HEPATITIS INFORMATION

Source: The Centers for Disease Control and Prevention

Hepatitis A Virus

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). HAV infection produces a self-limited disease that does not result in chronic infection or chronic liver disease. HAV infection is primarily transmitted by the fecal-oral route, by either person-to-person contact or through consumption of contaminated food or water. Hepatitis A vaccination is the most effective measure to prevent HAV infection and is recommended for all children at age 1, certain international travelers, and others at risk for HAV infection.

Hepatitis B Virus

Hepatitis B is a serious liver infection caused by hepatitis B virus (HBV). HBV infection can cause acute illness and lead to chronic or lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is transmitted through percutaneous (puncture through the skin) or mucosal contact with infectious blood or body fluids. Hepatitis B vaccination is the most effective measure to prevent HBV infection and its consequences and is recommended for all infants and others at risk for HBV infection.

Hepatitis C Virus

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV) that sometimes results in an acute illness, but most often becomes a silent, chronic infection that can lead to cirrhosis (scarring), liver failure, liver cancer, and death. Chronic HCV infection develops in a majority of HCV-infected persons, most of whom do not know they are infected since they have no symptoms. HCV is spread by contact with the blood of an infected person. There is no vaccine for hepatitis C.

Hepatitis D Virus

Hepatitis D is a serious liver disease caused by the hepatitis D virus (HDV), and only occurs in people already infected with hepatitis B, since HDV needs the hepatitis B virus to replicate. HDV is transmitted through percutaneous (puncture through the skin) or mucosal contact with infectious blood.

Hepatitis E Virus

Hepatitis E is a liver infection caused by the hepatitis E virus (HEV) that usually results in a self-limited disease. HEV infection is primarily transmitted by the fecal-oral route, mostly through consumption of contaminated water. While rare in the United States, hepatitis E is common in many parts of the world. There is currently no approved vaccine for hepatitis E.

FLU EPIDEMICS

Source: The American Lung Association

The influenza virus causes flu. Respiratory droplets generated by coughing or sneezing most often spread flu. When an infected person coughs or sneezes, droplets can travel a distance of up to 3 feet and spread flu by landing on the mouths and noses of people nearby. Flu may be spread if an uninfected person touches infected respiratory droplets that have been deposited on objects such as tables, chairs, and doorknobs and then deposits the droplets on their own nose or mouth.

Incubation period for the flu is 1 to 4 days. Adults may be able to infect others 1 day before getting symptoms and up to 7 days after getting sick. So it is possible to give someone the flu before you know you are sick as well as while you are sick.

Here from the American Association of Occupational Health Nurses are some healthy behaviors that could possibly help you avoid the flu this season:

Avoid close contact with people who are ill. If you are within 3 feet of an ill person who is coughing or sneezing, turn your head and move out of range.

Avoid touching your eyes, nose or mouth. If uninfected, touching your eyes, nose, or mouth may expose you to flu virus picked up from infected surfaces.

Keep your hands clean. Be vigilant about washing your hands often during the day. Wash hands with antibacterial soap and warm water for at least 15 to 20 seconds. When soap isn't available, you can use alcohol based hand wipes or gel sanitizers as a substitute.

Eat, drink and be healthy. Maintain a well-balanced diet and be sure to drink plenty of fluids, especially water. Enhance the beneficial effects of a healthy diet by increasing your Vitamin C intake.

Don't stress out – If your stress levels are high, your body is more susceptible to illness. To combat stress, get plenty of rest and try to exercise regularly. Additionally, make an effort to step outside for some fresh air during your break.

Learn how to recognize the flu. It's important to recognize the difference between the flu and other common ailments. The onset of flu is generally sudden. Symptoms include high fever lasting 3-4 days, headache, general aches and pains, cough, and sometimes runny or stuffy nose, sneezing, and sore throat. Fatigue and weakness can last 2-3 weeks.

Practice good respiratory hygiene. A primary way the flu spreads from person to person is via coughs and sneezes. Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.

Stay home if you have the flu to avoid spreading the infection.

Fact Sheet
Cold and Flu Myths

SOURCE: Dr. Bennett Lorber of Temple University Hospital and the The American Lung Association

Don't go outside without your coat on or you'll catch a cold!
Studies have been unable to verify that being chilled reduces the body's ability to fight infection. You might freeze to death, but you're not more likely to catch a cold. Colds are infections caused by viruses, not by cold weather or dampness.

Feed a cold, starve a fever.
This advice is probably rooted in the observation that feverish people have no appetite. The important thing is to remain well hydrated. In addition, drinking hot liquids may ease a cough or sore throat.

You can get a cold from licking your fingers.
Hand-washing is an excellent defense against cold viruses. The reason hand washing is so effective is that fingers can spread germs to the nose or eyes where bacteria and viruses get access to the upper respiratory tract.

Variable weather causes illness.
The weather does not cause illness, but the closed in spaces and poor building ventilation can cause illness due to the dry air. Cracks develop in the mucous membranes allowing bacteria and viruses to enter the body, and the close contact of individuals results in the sharing of germs.

You are more likely to get a cold in the winter.
Statistically**,** colds are more common in the fall and spring. Flu cases do increase during the winter months.

You can catch the flu from a flu shot.
The flu vaccine is made from inactivated virus, so you cannot catch the flu from a flu shot. Some aches and fever may occur as your immune system activates.

One kind of flu is the "stomach flu".
According to the American Lung Association, about one out of three people with the flu may have an upset stomach, but this is rarely the main symptom of the flu. Other viruses, bacteria, and food poisoning are more common causes of nausea, vomiting, and diarrhea.

There is nothing you can do once you get sick with the flu except stay home in bed.
Antivirals, when started within 2 days after flu symptoms appear, reduce the duration of the illness and the severity of symptoms. Symptom reducing medications can also help to minimize the discomfort associated with flu symptoms.

Large doses of Vitamin C can keep you from catching the flu or cold, or will quickly cure them.
These claims have not been proven. Still, it is important to consume the minimum daily requirement of vitamin C.

Antibiotics can kill germs that cause colds and the flu.
No antibiotic will help a cold or flu. These drugs only kill bacteria - colds and flu are caused by viruses.

If you go outside with your hair wet, you'll catch a cold.
The only way to catch a cold or flu virus is by touching something that someone with that virus has touched, and then touching your nose, or eyes, or mouth, allowing the virus to get into your body.

THE H1N1 VIRUS

Formerly referred to as The Swine Flu – now known to be much more complex

YOUR BEST SOURCE FOR INFORMATION IS THE CENTERS FOR DISEASE CONTROL & PREVENTION

Let's take a look… http://www.cdc.gov/h1n1flu/qa.htm

NOTES:

GENERAL PREVENTION TIPS:

The Centers for Disease Control & Prevention Recommends the following to Stay Healthy

STAY INFORMED – Go to www.cdc.gov regularly for updated information. Their website will have the most current information and recommendations.

Influenza is thought to ***spread mainly person-to-person*** through coughing or sneezing of infected people.

Take everyday actions to stay healthy:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after your use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Follow public health advice regarding school closures, avoiding crowds and other social distancing measures.

Find healthy ways to deal with stress and anxiety.

Call 1-800-CDC-INFO for more information

COMPLICATIONS OF COMMON COMMUNICABLE DISEASES

BABIES & THE ELDERLY

CARDIAC PATIENTS

AUTO-IMMUNE CONDITIONS

ASTHMA & OTHER RESPIRATORY DISEASES

SUPPRESSED IMMUNE SYSTEMS

SECONDARY INFECTIONS

WHAT ARE SOME OTHER FACTORS THAT MAY LEAD TO COMPLICATIONS?

THE SPECTRUM OF HIV INFECTION

TRANSMISSION	THE VIRUS & TESTING	LIVING HIV POSITIVE	AIDS

Updated Summer 2012 MAM

FACTS ON STI'S

What is a STI?

- ✓ A Sexually Transmitted Infection is serious, sometimes painful, and can cause a lot of damage.
- ✓ Some STI's infect your sexual and reproductive organs. Others (HIV, hepatitis B, syphilis) cause general body infections.
- ✓ Sometimes you can have an STI with no signs or symptoms. Other times, the symptoms go away on their own. Either way, you *still have the STI* until you get treated.
- ✓ A few STIs cannot be cured. But most STIs can be cured if you get treated.

How is an STI Spread?

- ✓ An STI is spread during close, sexual activity and during vaginal, anal and oral sex. Some STIs (HIV and hepatitis B) are also spread by contact with infected blood.
- ✓ Most STI germs need to live in warm, moist areas. That's why they infect the mouth, rectum and sex organs (vagina, vulva, penis, and testes).

How can I prevent an STI?

- ✓ ABSTAIN from oral, anal and vaginal sexual activity. There is much more to relationships than sex… sex ual intimacy changes EVERYTHING about relationships – especially expectations and feelings! Think about it!
- ✓ HAVING SEX WITH ONLY ONE UNINFECTED PARTNER who only has sex with you is safer… BUT…TALK TO YOUR PARTNER about past sex partners and about needle drug use. Don't have sex with someone who you think may have done something to contract HIV or an STI. TALK IS CHEAP… TEST RESULTS ARE BEST!
- ✓ Before you have sex, LOOK CLOSELY AT YOUR PARTNER for any signs of STI – a rash, a sore, redness or discharge. If you see anything you are worried about, **DON'T HAVE SEX!**
- ✓ USE A LATEX CONDOM for vaginal, anal and oral sex. If you don't have one, you should not have sex. REMEMBER… condoms only make sex safer… **NOT SAFE!**
- ✓ People who are ALLERGIC TO LATEX, can use plastic (polyurethane) condoms. These come in both male and female styles, but are NOT as effective. Cellophane is NOT a substitute for a condom!
- ✓ IF YOU ARE SEXUALLY ACTIVE, GET CHECKED FOR STI's REGULARLY. Ask you health care provider to help you decide how often and which tests you should have. If you have an STI, DON'T HAVE SEX UNTIL YOUR TREATMENT IS COMPLETE!
- ✓ **REMEMBER… THERE ARE PLENTY OF THINGS TO DO BESIDES HAVING SEX…** RELATIONSHIPS ARE ABOUT MORE THAN SEX… LEARN AS A TEEN! THERE ARE MORE REASONS NOT TO HAVE SEX AS A TEENAGER THAN THERE ARE REASONS TO HAVE SEX! THINK ABOUT IT!

What if I think I have an STI?

- ✓ If you think you might have an STI, get checked out. Don't just hope the STI will go away. It won't! We strongly advise you to tell your parents… they will know what to do.
- ✓ Most county health departments have special STI clinics. Private doctors also treat STIs.
- ✓ If you don't know where to get help, call your local family planning clinic for information. Your case will be kept private.
- ✓ You may feel embarrassed about having an STI. It may be hard for you to go to a doctor or clinic for help. But you MUST get treatment for the STI, even if it is a hard thing for you to do. This is the only way you will get well.
- ✓ Most STIs can be treated with antibiotics. Do exactly what your doctor tells you. Be sure to use all of your medicine.
- ✓ You also MUST tell your sexual partner(s). If they aren't treated, they can get sick. They can spread the STI. They might even give it to you again!

NIAID Research on Human Papilloma Virus (HPV)

Two HPV vaccines, Gardasil and Cervarix, are approved by the Food and Drug Administration. Both vaccines are highly effective in preventing persistent infection with HPV types 16 and 18, two "high-risk" HPV's that cause most (70 percent) of cervical cancers. Neither Gardasil nor Cervarix (the two Food and Drug Administration-approved HPV vaccines) has been proven to provide complete protection against persistent infection with other HPV types, some of which also can cause cervical cancer. Therefore, about 30 percent of cervical cancers and 10 percent of genital warts will not be prevented by the current vaccines. HPV vaccines do not prevent other sexually transmitted diseases, nor do they treat HPV infection or cervical cancer. NIAID continues to conduct and support research to better understand, treat, diagnose, and prevent HPV.

Cause

More than 100 different types of HPV exist, most of which are harmless. About 30 types are spread through sexual contact and are classified as either low risk or high risk. Some types of HPV cause genital warts--single or multiple bumps that appear in the genital areas of men and women including the vagina, cervix, vulva (area outside of the vagina), penis, and rectum. These are considered low-risk types. High-risk types of HPV may cause abnormal Pap smear results. They could lead to cancers of the cervix, vulva, vagina, anus, or penis.

Transmission

Genital warts are very contagious. You can get them during oral, vaginal, or anal sex with an infected partner. You can also get them by skin-to-skin contact during vaginal, anal, or (rarely) oral sex with someone who is infected. About two-thirds of people who have sexual contact with a partner with genital warts will develop warts, usually within 3 months of contact. If you are infected but have no symptoms, you can still spread HPV to your sexual partner and/or develop complications from the virus.

Symptoms

In women, genital warts occur on the outside and inside of the vagina, on the opening to the uterus (cervix), or around the anus. In men, genital warts are less common. If present, they usually are seen on the tip of the penis. They also may be found on the shaft of the penis, on the scrotum, or around the anus. Rarely, genital warts also can develop in your mouth or throat if you have oral sex with an infected person. Like many sexually transmitted diseases, genital HPV infections often do not have signs and symptoms that you can see or feel. One study sponsored by NIAID reported that almost half of women infected with HPV had no obvious symptoms. If you are infected but have no symptoms, you can still spread HPV to your sexual partner and/or develop complications from the virus.

Diagnosis

Your healthcare provider usually diagnoses genital warts by seeing them. If you are a woman with genital warts, you also should be examined for possible HPV infection of the cervix. Your healthcare provider can diagnose HPV infection based on results from an abnormal Pap smear, a primary cancer-screening tool for cervical cancer or pre-cancerous changes of the cervix. In some cases, a healthcare provider will take a small piece of tissue from the cervix and examine it under the microscope. Another test to diagnose HPV infection detects DNA from the virus, which may show possible infection. Your provider may be able to identify some otherwise invisible warts in your genital tissue by applying vinegar (acetic acid) to areas of your body that might be infected. This solution causes infected areas to whiten, which makes them more visible.

Treatment

There are treatments for genital warts, though the warts often disappear even without treatment. There is no way to predict whether the warts will grow or disappear. Therefore, if you suspect you have genital warts, you should be examined and treated, if necessary. Depending on factors such as the size and location of your genital warts, your health care provider will offer you one of several ways to treat them.

- Imiquimod cream
- 20 percent podophyllin antimitotic solution
- 0.5 percent podofilox solution
- 5 percent 5-fluorouracil cream
- Trichloroacetic acid (TCA)

If you are pregnant, you should not use podophyllin or podofilox because they are absorbed by your skin and may cause birth defects in your baby. In addition, you should not use 5-fluorouracil cream if you are pregnant.

If you have small warts, your health care provider can remove them by one of three methods.

- Freezing (cryosurgery)
- Burning (electrocautery)
- Laser treatment

If you have large warts that have not responded to other treatment, you may have to have surgery to remove them. Some health care providers inject the antiviral drug alpha interferon directly into warts that have returned after removal by traditional means. The drug is expensive, however, and does not reduce the rate that the genital warts return. Although treatments can get rid of the warts, none get rid of the virus. Because the virus is still present in your body, warts often come back after treatment.

Prevention

The best way to prevent getting an HPV infection is to avoid direct contact with the virus, which is transmitted by skin-to-skin contact. If you or your sexual partner has warts that are visible in the genital area, you should avoid any skin-to skin and sexual

contact until the warts are treated. Two HPV vaccines, Gardasil and Cervarix, are approved by the Food and Drug Administration. Both vaccines are highly effective in preventing persistent infection with HPV types 16 and 18, two "high-risk" HPVs that cause most (70 percent) of cervical cancers. Gardasil is also effective against types 6 and 11, which cause virtually all (90 percent) of genital warts. Both vaccines are currently licensed, safe, and effective for females ages 9 through 26 years. The Centers for Disease Control and Prevention (CDC) recommends that all girls who are 11 or 12 years old get the 3 doses of either brand of HPV vaccine to protect against cervical cancer and pre=cancer. Gardasil is also licensed for boys and young men ages 9 through 26 years. Males may choose to get this vaccine to prevent genital warts. Neither Gardasil nor Cervarix has been proven to provide complete protection against persistent infection with other HPV types, some of which also can cause cervical cancer. Therefore, about 30 percent of cervical cancers and 10 percent of genital warts will not be prevented by the current vaccines. HPV vaccines do not prevent other sexually transmitted diseases, nor do they treat HPV infection or cervical cancer.

For Federal HPV vaccine recommendations, go to the CDC Advisory Committee on Immunization Practices website at www.cdc.gov/vaccines/recs/acip. In addition, the National Cancer Institute and CDC have more information on the HPV vaccine at www.cancer.gov/cancertopics/hpv-vaccines and www.cdc.gov/vaccines/vpd-vac/hpv/default.htm, respectively.

Historically, research studies have not confirmed that male latex condoms prevent transmission of HPV. Recent studies, however, demonstrate that consistent condom use by male partners suggests strong protection against low and high risk types of HPV infection in women. Unfortunately, many people who don't have symptoms don't know that they can spread the virus to an uninfected partner.

Complications

Cancer

Some types of HPV can cause cervical cancer. Other types are associated with vulvar cancer, anal cancer, oral cancer, and cancer of the penis (a rare cancer). Most HPV infections do not progress to cervical cancer. If you are a woman with abnormal cervical cells, a Pap smear will detect them. If you have abnormal cervical cells, it is particularly important for you to have regular pelvic exams and Pap smears so you can be treated early, if necessary.

Pregnancy and Childbirth

Genital warts may cause a number of problems during pregnancy. Because genital warts can multiply and become brittle, your healthcare provider will discuss options for their removal, if necessary. Genital warts also may be removed to ensure a safe and healthy delivery of the newborn. Sometimes they get larger during pregnancy, making it difficult to urinate if the warts are in the urinary tract. If the warts are in the vagina, they can make the vagina less elastic and cause obstruction during delivery. Rarely, infants born to women with genital warts develop warts in their throats (respiratory papillomatosis). Although uncommon, it is a potentially life-threatening condition for the child, requiring frequent laser surgery to prevent blocking of the breathing passages. Research on the use of interferon therapy with laser surgery shows that this drug may show promise in slowing the course of the disease.

I. REPRODUCTIVE ANATOMY REVIEW

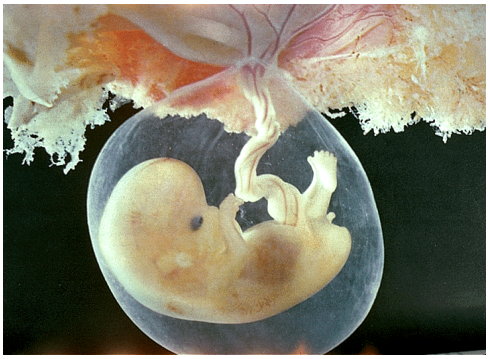
A. Model Building Review – Male and Female Reproductive Systems
B. "Chalk Talk" Review of Female systems and functions
C. "Chalk Talk" Review of Male systems and functions

II. PREGNANCY AND BIRTH *Smartboard*

A. Three Stages of Birth
   1. Cervix dilates
   2. Delivery of baby
   3. Delivery of afterbirth

B. Some Birth Complications
   1. Ectopic Pregnancies
   2. Breech Birth
   3. Premature Labor
   4. Premature Birth
   5. High Birth Weight and Delivery
      a. episiotomy
      b. forceps
      c. suction
      d. cesarean section

C. The Apgar Test – Determining general health of newborns
   1. Dr. Virginia Apgar
   2. Five significant areas measured
      a. appearance or color
      b. pulse
      c. grimace or reflex irritability
      d. activity
      e. respiration
   3. Types of Genetic disorders
      a. birth defects
      b. congenital defects
      c. identifying Genetic Disorders
         (1) amniocentesis
         (2) ultrasound
         (3) chorionic villi sampling (CVS)



VII. MARRIAGE

A. marriage in the past and marriage today
B. marriage and the law
C. marriage trends
D. marrying later in life
E. two-career marriages
F. staying single - the other option
G. reasons for getting married
H. factors affecting marital adjustment
I. marriage and maturity
J. teen marriages
K. conflicts in marriage
L. divorce
M. divorce prevention
N. remarriage
O. marriage and health

VIII. PARENTHOOD

A. parenting in the past and parenting now
B. trends in parenting
C. delayed parenthood
D. more working mothers
E. more single parents
F. more father involvement
G. planned and unplanned pregnancy
H. adoption
I. what children need to be healthy
J. the responsibilities of parenthood
K. maintaining parental health
L. setting limits
M. giving love, attention, and guidance

IX. FAMILY

A. Today's Families

1. The Family as a system
2. Types of Families
   a. The Nuclear Family
   b. The Single-parent Family
   c. The Extended Family
   d. The Blended Family
   e. The Adoptive Family
   f. The Foster Family

B. Functions of the Family
C. The Changing Family System
D. Smaller Families
E. Working Wives and Mothers
F. Single-Parent Heads of Households
G. Strengthening Your Family
H. Healthy Family Systems
   1. Communication
   2. Quality Time

I. Getting Help

1. Crisis
2. Financial Problems
3. Divorce
4. Drug Use
5. Violence
6. Death

WHAT DOES IT TAKE TO BE A PARENT?

MOM - Job Description

POSITION:
Mother, Mom, Mama, Mommy, Ma

JOB DESCRIPTION:
Long term, team players needed, for challenging permanent work in an, often chaotic environment. Candidates must possess excellent communication and organizational skills and be willing to work variable hours, which will include evenings and weekends and frequent 24 hour shifts on call. Some overnight travel required, including trips to primitive camping sites on rainy weekends and endless sports tournaments in far away cities. Travel expenses not reimbursed. Extensive courier duties also required.

RESPONSIBILITIES:
For the rest of your life: Must be willing to be hated, at least temporarily, until someone needs $5. Must be willing to bite tongue repeatedly. Also, must possess the physical stamina of a pack mule and be able to go from zero to 60 mph in three seconds flat in case, this time, the screams from the backyard are not someone just crying wolf. Must be willing to face stimulating technical challenges, such as small gadget repair, mysteriously sluggish toilets and stuck zippers. Must screen phone calls, maintain calendars and coordinate production of multiple homework projects. Must have ability to plan and organize social gatherings for clients of all ages and mental outlooks. Must be willing to be indispensable one minute, an embarrassment the next. Must handle assembly and product safety testing of a half million cheap, plastic toys, and battery operated devices. Must always hope for the best but be prepared for the worst. Must assume final, complete accountability for the quality of the end product. Responsibilities also include floor maintenance and janitorial work throughout the facility.

POSSIBILITY FOR ADVANCEMENT & PROMOTION:
Virtually none. Your job is to remain in the same position for years, without complaining, constantly retraining and updating your skills, so that those in your charge can ultimately surpass you

PREVIOUS EXPERIENCE:
None required unfortunately. On-the-job training offered on a continually exhausting basis.

WAGES AND COMPENSATION:
Get this! You pay them! Offering frequent raises and bonuses. A balloon payment is due when they turn 18 because of the assumption that college will help them become financially independent. When you die, you give them whatever is left. The oddest thing about this reverse-salary scheme is that you actually enjoy it and wish you could only do more.

BENEFITS:
While no health or dental insurance, no pension, no tuition reimbursement, no paid holidays and no stock options are offered; this job supplies limitless opportunities for personal growth and free hugs for life if you play your cards right.

NOW… COMPLETE THE AD FOR THE 'DAD' IN THE SPACE BELOW!

DAD - Job Description

POSITION:

JOB DESCRIPTION:

RESPONSIBILITIES:

POSSIBILITY FOR ADVANCEMENT & PROMOTION:

PREVIOUS EXPERIENCE:

WAGES AND COMPENSATION:

BENEFITS:

COMPARE/CONTRAST THE TWO JOB DESCRIPTIONS:

X. AGING

A. Considering the entire life cycle
B. Developmental Tasks During Adulthood – Young, Middle and Late Adulthood
    1. Focus on five major aspects of people's lives:
        a. occupational role
        b. individual identity and personal independence
        c. relationships with other people
        d. relationship to society
        e. acceptance of growing older
        f. accept the reality of death
C. Establishing an occupational role
D. Establishing individual identity and personal independence
    1. self-actualization
E. Establishing close relationships
F. Establishing a place in society
G. Establishing an acceptance of growing older
H. Establishing an acceptance of the reality of death
I. Late Adulthood
J. Measures of Age
    1. gerontologists
    2. chronological age
    3. biological age
    4. social age
    5. age norms
K. The Physical Process of Aging
    1. each body system goes through its own form of atrophy
    2. the battle to keep the body healthy
    3. when the body breaks down
        a. chronic illnesses of the elderly
            (1) degenerative diseases
            (2) dementia / alzheimer's disease
            (3) cancer and heart disease
    4. when the mind breaks down
        a. accidents
            (1) elderly drivers
            (2) dementia, ovens and living alone
            (3) awareness and reflexes
            (4) disabling injuries and affects of long term bed rest
L. Other Needs of Elderly
    1. some elderly people will be self-sufficient until their death. They will have…
        a. planned their own funeral
        b. retirement planning – especially financial
        c. planning for medical needs
        d. relatively healthy bodies – maintain with diet and exercies
    2. potential financial needs
        a. prescription plans
        b. retirement funds
        c. funeral costs
        d. housing/home
        e. spousal life insurance
        f. recreational
    3. potential medical needs
        a. prescription drugs
        b. doctor visits / specialists
        c. transportation to and from doctors
        d. major medical expenses

e. medical care needs dependent on physical condition

4. emotional – for those with the "cup half empty"
   a. feelings of worthlessness
   b. possible issue of fear of death
   c. loss of spouse and friends due to illness and old age
   d. purpose
   e. loneliness
   f. burden on family
   g. loss of home (if moved by family)
   h. loss of dignity

5. mental issues – many elderly citizens find the following to be true:
   a. need to continue to use their mind to be able to function in society – brain atrophy happens like it does for a muscle! Use it or lose it!
   b. often treated like children when mind is still very much aware
   c. just because the body can't act, doesn't mean the mind isn't willing!

6. social dilemma
   a. to make new friends or not to make new friends
      Child's Version of the Song:
      "Make new friends, but keep the old – one is silver and the other's gold".
      Elderly Version of the Song:
      "Make new friends, but keep the old – one is around for a little while longer and the other is already dead".
   b. Retirement groups and trips – the "joiners" really do have fun!
   c. Attitude is everything! *"EMMA'S MEMORY BANK"*

GRANDMOTHER

One evening, a grandson was talking to his grandmother about current events. The grandson asked his grandmother what she thought about the shootings at schools, the computer age, and just things in general.

The Grandma replied, "Well, let me think a minute, I was born before television, penicillin, polio shots, frozen foods, Xerox, contact lenses, Frisbees and the pill.

There were no credit cards, laser beams or ballpoint pens. Man had not invented pantyhose, air conditioners, dishwashers, clothes dryers, and the clothes were hung out to dry in the fresh air and man had yet to walk on the moon.

Grandfather and I got married first then we lived together. Every family had a father and a mother. Until I was 25, I called every man older than I, "Sir"- - and after I turned 25, I still called policemen and *every* man with a title, "Sir".

We were before gay-rights, computer dating, dual careers, day-care centers, and group therapy. The Ten Commandments, good judgment, and common sense governed our lives

We were taught to know the difference between right and wrong and to stand up and take responsibility for our actions.

Serving your country was a privilege; living in this country was a bigger privilege. We thought fast food was what people ate during Lent. Having a meaningful relationship meant getting along with your cousins.

Draft dodgers were people who closed their front doors when the evening breeze started. Time-sharing meant time the family spent together in the evenings and weekends - not purchasing condominiums.

We never heard of FM radios, tape decks, CDs, electric typewriters, yogurt, or guys wearing earrings. We listened to the Big Bands, Jack Benny, and the President's speeches on our radios. And I don't ever remember any kid blowing his brains out listening to Tommy Dorsey.

If you saw anything with 'Made in Japan' on it, it was junk. The term 'making out' referred to how you did on your school exam. Pizza Hut, McDonald's, and instant coffee were unheard of. We had 5&10-cent stores where you could actually buy things for 5 and 10 cents. Ice-cream cones, phone calls, rides on a streetcar, and a Pepsi were all a nickel.

And if you didn't want to splurge, you could spend your nickel on enough stamps to mail one letter and two postcards. You could buy a new Chevy Coupe for $600, but who could afford one - too bad because, gas was 11 cents a gallon.

In my day, "grass" was mowed, "coke" was a cold drink, "pot" was something your mother cooked in, and "rock music" was your grandmother's lullaby.

"Aids" were helpers in the Principal's office, "chip" meant a piece of wood, "hardware" was found in a hardware store and “software" wasn't even a word.

We were the last generation to actually believe that a lady needed a husband to have a baby. No wonder people call us "old and confused" and say there is a generation gap. And how old do you think grandma is???

Grandma is 58
(born 1946)

When I Was A Kid…

When I was a kid, adults used to bore me to tears with their tedious diatribes about how hard things were when they were growing up; what with walking twenty-five miles to school every morning…uphill BOTH ways through year 'round blizzards…carrying their younger siblings on their backs to their one-room schoolhouse, where they maintained a straight-A average, despite their full-time, after-school job at the local textile mill...where they worked for 35 cents an hour just to help keep their family from starving to death!

And I remember promising myself that when I grew up, there was no way I was going to lay a bunch of crap like that on kids about how hard I had it and how easy they've got it! But now that I'm over the ripe old age of thirty, I can't help but look around and notice the youth of today. You've got it so easy!

I mean, compared to my childhood, you live in a Utopia! And I hate to say it but you kids today - you don't know how good you've got it! When I was a kid we didn't have The Internet. If we wanted to know something, we had to go to the library and look it up ourselves, in the card catalog!!

There was no email! We had to actually write somebody a letter ....with a pen! Then you had to walk all the way across the street and put it in the mail box and it would take like a week to get there!

There were no MP3's or Napsters! If you wanted to steal music, you had to hitchhike to the record store and shoplift it yourself! Or you had to wait around all day to tape it off the radio and the DJ usually talked over the beginning and messed it all up!

We didn't have fancy phone features like Call Waiting! If you were on the phone and somebody else called they got a busy signal, that's it! And we didn't have fancy Caller ID Boxes either! When the phone rang, you had no idea who it was! It could be your school, your Mom, your boss, your teacher, your girlfriend, a collections agent, you just didn't know!!! You had to pick it up and take your chances, mister!

We didn't have any fancy Sony Play station, X-Box or Nintendo Wii video games with high-resolution 3-D graphics! We had the Atari 2600 with games like "Space Invaders" and "Asteroids" and the graphics were horrible! Your 'guy' was a little square! You actually had to use your imagination! There were no multiple levels or multiple screens… it was just one screen… forever! You could never win. The game just kept getting harder and harder and faster and faster until you died! .... Just like life!

When you went to the movie theater there was no such thing as stadium seating! All the seats were the same height! If a tall guy or some old broad with a hat sat in front of you and you couldn't see, you were just plain out of luck!

Sure, we had cable television – with only 15 channels, no onscreen menu and no remote control! There was no DVR either, if you didn't make it on time to watch the show you simply missed part of it. You had to use a little book called a TV Guide to find out what was on! You were screwed when it came to channel surfing! You had to get off your butt and walk over to the TV to change the channel. There was no Cartoon Network - you could only watch cartoons on Saturday Morning. Do you hear what I'm saying!?! We had to wait all week for cartoons, you spoiled brats!

And we didn't have microwaves, if we wanted to heat something up, we had to use the stove or go build a fire - imagine that - if we wanted popcorn, we had to use the Jiffy Pop thing and shake it over the stove forever like an idiot. No that's what I'm talking about!

You kids today have got it too easy. You're spoiled. You guys wouldn't have lasted five minutes back in 1980!

-Anonymous Joe

THE VALUE OF TIME

A young man learns what's most important in life from the guy next door.
It had been some time since Jack had seen the old man… college, girls, career, and life itself got in the way. In fact, Jack moved clear across the country in pursuit of his dreams. There, in the rush of his busy life, Jack had little time to think about the past and often no time to spend with his wife and son. He was working on his future, and nothing could stop him.

Over the phone, his mother told him, "Mr. Belser died last night. The funeral is Wednesday."
Memories flashed through his mind like an old newsreel as he sat quietly remembering his childhood days.

"Jack, did you hear me?"

"Oh, sorry, Mom. Yes, I heard you. It's been so long since I thought of him. I'm sorry, but I honestly thought he died years ago," Jack said.

"Well, he didn't forget you. Every time I saw him he'd ask how you were doing. He'd reminisce about the many da ys you spent over 'his side of the fence' as he put it," Mom told him.

"I loved that old house he lived in," Jack said.

"You know, Jack, after your father died, Mr. Belser stepped in to make sure you had a man's influence in your life," she said

"He's the one who taught me carpentry," he said. "I wouldn't be in this business if it weren't for him. He spent a lot of time teaching me things he thought were important...
Mom, I'll be there for the funeral," Jack said.

As busy as he was, he kept his word. Jack caught the next flight to his hometown.
Mr. Belser's funeral was small and uneventful. He had no children of his own, and most of his relatives had passed away.

The night before he had to return home, Jack and his Mom stopped by to see the old house next door one last time. Standing in the doorway, Jack paused for a moment. It was like crossing over into another dimension, a leap through space and time. The house was exactly as he remembered. Every step held memories. Every picture, every piece of furniture....Jack stopped suddenly. "What's wrong, Jack?" his Mom asked. "The box is gone," he said.
"What box?" Mom asked.

"There was a small gold box that he kept locked on top of his desk. I must have asked him a thousand times what was inside. All he'd ever tell me was 'the thing I value most,'" Jack said.

It was gone. Everything about the house was exactly how Jack remembered it, except for the box. He figured someone from the Belser family had taken it.

"Now I'll never know what was so valuable to him," Jack said. "I better get some sleep.
I have an early flight home, Mom."

It had been about two weeks since Mr. Belser died Returning home from work one day Jack discovered a note in his mailbox. "Signature required on a package. No one at home. Please stop by the main post office within the next three days," the note read.

Early the next day Jack retrieved the package. The small box was old and looked like it had been mailed a hundred years ago. The handwriting was difficult to read, but the return address caught his attention. "Mr. Harold Belser" it read. Jack took the box out to his car and ripped open the package. There inside was the gold box and an envelope. Jack's hands shook as he read the note inside.

"Upon my death, please forward this box and its contents to Jack Bennett. It's the thing I valued most in my life." A small key was taped to the letter. His heart racing, as tears filling his eyes, Jack carefully unlocked the box. Inside he found a beautiful gold pocket watch.

Running his fingers slowly over the finely etched casing, he unlatched the cover.
Inside he found these words engraved…

Jack thought to himself…the thing he valued most was...my time

Jack held the watch for a few minutes, then called his office and cleared his appointments for the next two days. "Why?" Janet, his assistant asked.

"I need some time to spend with my son," he said.

"Oh, by the way, Janet, thanks for your time!"

"Life is not measured by the number of breaths we take
but by the moments that take our breath away."

Jack…
Thanks for your time!

Emma's Memory Bank

Emma Jones is 92 years old. She is a petite, well-poised and proud lady. She is fully dressed each morning by eight o'clock, with her hair fashionably coifed and makeup perfectly applied - even though she is legally blind. Today she is moving to a nursing home.

Her husband of 70 years recently passed away, making the move necessary. After many hours of waiting patiently in the lobby of the nursing home, she smiled sweetly when told her room was ready. As she maneuvered her walker to the elevator, the nurse provided a visual description of her tiny room, including the eyelet sheets that had been hung on her window. "I love it," she stated with the enthusiasm of an eight-year-old having just been presented with a new puppy.

The nurse said, "But Mrs. Jones, you haven't seen the room ... just wait…"

Mrs. Jones interrupted… "That doesn't have anything to do with it - Happiness is something you decide on ahead of time. Whether I like my room or not doesn't depend on how the furniture is arranged... it's how I arrange my mind… I've already decided to love it. It's a decision I make every morning when I wake up.

Mrs. Jones continued… "Listen, dear… I have a choice. I can spend the day in bed recounting the difficulty I have with the parts of my body that no longer work, or get out of bed and be thankful for the ones that do. Each day is a gift, and as long as my eyes open I'll focus on the new day and all the happy memories I've stored away ... just for this time in my life."

"Just remember, nurse… old age is like a bank account… you withdraw from what you've put in. So, my advice to you would be to deposit a lot of happiness in your bank account of memories, dear."

XII. DEATH & DYING

A. Death - Part of the Life Cycle
   1. Clinical Death and Brain Death
   2. Stages in Brain Death
      a. Cerebral Cortex
      b. Midbrain
      c. Brain Stem

B. Understanding and Accepting Death
   1. Factors influencing understanding of death
      a. Ages 2-5: Child recognizes death, but not its permanence
      b. Ages 5-9: Children may see death as a personification that is in the form of a real or imaginary person. It may be a man, fairy princess, angel or skeleton.
      c. Age 10: At about this age, children may see death as final and inevitable. They are ready to deal with the reality of death, but are have difficulty accepting that it can happen to anytime to anyone.
      d. Adolescence: The understanding that death can happen to anyone develops sometime during this period in life.

C. Stages in Accepting Death
   1. Elisabeth Kubler-Ross
   2. Five Emotional Stages of the Dying
      a. Denial b. Anger c. Bargaining d. Depression e. Acceptance
   3. Factors influencing these stages
   4. Grief experienced by others
      a. Kubler-Ross on survivors grieving:
         (1) denial or disbelief (2) anger (3) bargaining
         (4) depression (5) acceptance
      b. reasons for stages and how *survivors* respond are different than for that of the *dying*.
      c. J.W. Worden on the Tasks of Grief:
         (a) accepting the reality of the loss
         (b) experiencing the pain of the loss
         (c) adjusting to environment without deceased
         (d) withdrawing emotional energy and reinvesting it in another relationship
      d. Support groups for the grieving is crucial to their physical, mental & emotional recovery

Group Collage

Choose a theme from those below and create a collage on the oak tag paper provided by your teacher. Be sure to have the title of your chosen theme on your collage!

- ♥ *The Beauty of the Elderly*
- ♥ *Like fine wine, they get better with age*
- ♥ *Wisdom in their years, beauty in their soul*
- ♥ *Living each day to the max!*
- ♥ *If my eyes could tell you all they've seen…*

We have another idea for our collage… our theme will be:

_____

*Teacher approval for alternative theme:*_____

Group member names:

Please attach a copy of this page to the back of your collage.

FINAL COURSE ESSAY WORKSHEET **NAME**_____**PER**_____