

MICHIGAN ADULT EDUCATION



LEADING A HEALTHY LIFESTYLE

For the Adult Education Student

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Introduction to the Michigan Adult Education Student

Overview

“Leading a Healthy Lifestyle” was developed with two goals in mind. First, to provide adult education students with real-world material that will help learn skills needed to pass the GED Test. Second, the content of the workbook was also chosen to provide students with information that will assist in making informed health decisions. The recent health care debate has made all citizens more aware of the need to make solid choices which will likely lead to a healthier lifestyle. Each of us needs the best information available when faced with complicated medical issues. This course is designed to help participants with the twin goals of GED preparation and healthy lifestyle choices stated above.

Organization of the Scenarios

This workbook is divided into ten units. There are several reading selections in most units. Each selection begins with a list of GED preparation goals called “Advancing Your GED Skills.” Another feature is the list of “Vocabulary” words to review before reading the selection. If you are unsure of the meaning or definition of one or more of the vocabulary words check the “Glossary” in the back of the book. The readings or Scenarios are stories of people faced with health-care choices. At the end of the reading there are several “Think About It!” questions. The questions are designed to help you think about different ways to solve the issue faced by the person in the reading. Many selections also have additional information on the topic provided in the form of “Did you know?” highlights.

Classroom Activities

Your instructor has been provided with several different activities for each lesson. Many of the classroom activities contain worksheets designed to improve knowledge of various aspects of health choices while you complete GED preparation type exercises. These activities are often organized to be completed in small groups. The group exercises guide you and your fellow students through discussion of the health issue or point you toward research so your group may collect more information before responding. The old saying “Two heads are better than one” applies here.

Summary

Thank you for choosing to enroll in this course. The Michigan Department of Adult Education hopes that your participation will provide you with information that will make you a smarter consumer of health care services while you advance in the skills necessary to pass the GED Test. The state Office of Adult Education hopes that each participating student attains both goals.

UNIT 1



Health Care

- Staying Healthy: We All Have a Choice
- Medications — Over the Counter vs Prescriptions
- ER vs Urgent Care — Where Should I Go?

Unit 1, Lesson 1: Health Care — Staying Healthy: We All Have a Choice

Advancing Your GED Skills

In this lesson, you will:

- Recognize that many illnesses can be prevented by improving your personal health habits.
- Identify ways to improve your health habits.
- Recognize we all have choices.

Vocabulary

- Boisterous
- Excessively
- Identical Twins
- Potential
- Radiant

Scenario 1.1:

Did you know that even identical twins are really quite different? Well, let me tell you about Elizabeth (Lizzy) and Melissa (Missy) who looked so much alike even their parents had a hard time knowing who was who until their personalities developed. As they grew up, Lizzy was smart, quiet, and loved athletics. Her twin sister Missy was also smart; however she was extremely loud and quite adventurous.

Let me give you some background. Lizzy was considered the disciplined twin. In school she loved to play tennis and trained for tennis matches all year long. She was a serious athlete, ate well, got plenty of sleep and would attend a social gathering for a short period of time, but never smoked or drank. She was popular and always had a goal that she strived to achieve (goal oriented). She continued to play tennis after she finished school, got married and had a child. Lizzy balanced her day to have time for work, play and her family.

Missy on the other hand loved junk food and sodas. She started to smoke in high school and later loved to go to bars to drink and dance. At a social gathering she was the “life of the party”! She was the last person to leave and loved to stay out until the wee hours in the morning, even on work days. She also married and had a child. Over the years, Missy put on weight, drank excessively, and continued to smoke. Missy was always stressed, she was often late for work, didn’t always complete her projects due to her partying (not using her time effectively), never exercised and most of the time she was tired.

The twins celebrated their 40th birthday together. It was a great celebration, but it struck me how the twins no longer looked like each other. Lizzy was trim, radiant, and had an abundance of energy. Her face looked youthful and she could pass for someone in their early thirties. Missy, on the other hand, was overweight; her face was drawn with a lot

1.1

of wrinkles especially around the mouth and her teeth were discolored. She had over the years been in the hospital for different maladies – pneumonia, chronic bronchitis, emphysema and her gall bladder was removed. She was still boisterous and active, but seemed older than her age. She had a throaty cough and always seemed somewhat short of breath. I should know I am her daughter.

I guess we all start to look at those that are older and we try to imagine what we will be like at that age. I know that I want to feel good at any age. I am sixteen and I realize the choices I make now can maximize my future health potential.

Think About It?

1. Do you think that a person's health habits can have an affect on their future? How?
2. What are some of the most common health habits that are discussed and even advertised to keep someone healthy?
3. What options does a person have to keep themselves as healthy as they can be now, and in the future?

Unit 1, Lesson 2: Medications — Over the Counter or Prescription

Advancing Your GED Skills

In this lesson, you will:

- Make healthy decisions using over the counter medication.
- Determine how to use medications appropriately.
- Identify the dangers of not taking medication properly.

Vocabulary

- Allergy
- Dosage
- Drowsiness
- Gourmet
- Mishap
- Precaution

Scenario 1.2:

Wayne and Mark have been friends and fishing buddies for years, and every Walleye season their wives know that the weekends will be a little lonely, but the dinner table will be “gourmet” throughout the week.

Sunday afternoon, Mark was driving home and they talked about some of the best moments of the trip. Suddenly they heard “thump, thump, thump” and the left tires of the truck were in the median. “Mark, your eyes are closed, you just hit all those reflectors and we went off the road, all in seconds! Stop the truck. I’ll drive.” “What happened to you?” yelled Wayne.

Mark was just as shook up as Wayne. He stated he was so tired and didn’t realize that he had closed his eyes. He was apologizing to Mark profusely. After Wayne started driving, it gave Mark time to think. He thought about how he had gone to the local drugstore to re-stock their first aid kit and because he was out of his prescription allergy medicine, he had picked up some over-the-counter allergy medication before leaving on their weekend trip. As Wayne drove, Mark looked through the first aid kit and found the allergy medication that he had taken earlier that day. He had taken two tablets because his nose and throat had started itching horribly. It apparently worked because he had not itched or thought about it since.

As he read the “Drug Facts” on the back of the package, he noted that he had taken the proper dosage as prescribed but as he read further under “Warnings” and then “When using this product” it said “marked drowsiness may occur” and “be careful when driving a motor vehicle or operating machinery” seemed to scream at him. He turned the package over and he did not see on the front “non-drowsy”. Mark had picked up the wrong package. He had made a simple and innocent mistake; a mistake that could have led to disaster. First he bought the wrong

1.2

medicine, and then he did not read the package and it's precaution before taking the medicine.

Wayne invited Mark and his family for dinner the next night. They briefly talked about their mishap on the road and Mark made a point of showing the kids how you read all the "Drug Facts" on the packaging before taking any medication, stressing if he had read the package he would not have made the mistake. However most of the time they talked about the fish that got away and laughed about the difference between the terrific dinner that night as compared to yesterday's shore lunch!

Think About It

1. Have you ever had a reaction to a medicine? What happened?
2. Do you read the "Drug Facts" before you take any medicine? Why or why not?
3. Have you ever picked up the wrong over-the-counter medicine? What did you do?

Unit 1, Lesson 3: ER vs Urgent Care — You'll Just Have to Wait

Advancing Your GED Skills

In this lesson, you will:

- Identify an emergency medical condition.
- Understand about different health care facilities.
- Identify the different facilities in the community.

Vocabulary

- Ambulance
- Concussion
- Conjunctivitis
- Paramedics
- Sprain

Scenario 1.3:

"911, can I help you?"

"Yes, please send an ambulance right away. My husband just fell, he's unconscious and I think he is having a seizure. Please, please hurry!" Sarka said to the operator. She knew her husband, Ned, was in trouble when he started losing his balance and then finally fell so hard that it knocked him out.

Everything was a blur, her heart was racing, her chest was tight, but she reacted with precision to get her husband to the hospital. She knew his life depended on her right now, and she had to make the correct decisions.

As Sarka sat in the waiting room, while Ned had gone for tests, she was amazed at all the people there. There was a family that had been there for over five hours waiting with their six year old daughter, who had sprained her ankle. There was a couple, who said they had been there for at least four hours, because the husband felt his conjunctivitis was worse. And then there was a mother who had a little boy around four, who had stuck a toy up his nose. He was running all around saying, "I put a toy up my nose. You want to see?"

While Sarka continued to wait, she saw the paramedics take a young woman straight from an ambulance into the ER. Sarka guessed it was her husband that came a few minutes later and went through the paperwork with the admissions associate. This man was obviously distraught over his wife's condition. He felt sure she was having a heart attack and wanted to know what the nurses thought of her condition. He simply wanted to know if she would be okay. Tears were running down his face as the nurse said he would just have to wait until his wife had been seen and a diagnosis made.

1.3

Just then the doctor came out and asked to speak to Sarka. The doctor explained that Ned had a concussion and will be sore because of his fall. They were going to admit Ned for observation and run another test in the morning.

That evening, as Sarka was leaving the hospital through the ER, she over-heard a woman say that she had come to the ER because every time she ate something chewy, her jaw clicked. Sarka could not believe that someone would come to the ER for such an obvious non-emergency reason.

On the way home she noticed an urgent care center just down the street from the hospital. Sarka wondered why people, who did not have a real emergency, would not go there instead of using the emergency room at the hospital. It puzzled and irritated her, as she figured out that the ER wait would not be nearly as long and the cost less if more people used the urgent care center. She believed that the ER should be open and available for life threatening incidents!

Think About It

1. How do you think the ER decides who goes ahead of another patient?
2. What would happen in an ER if it was first come, first serve to see a doctor? Would a life-threatening emergency have to wait longer?
3. Why do you think people go the ER instead of an urgent care center or the doctor for a non-emergency reason?

UNIT 2



Health Protection

- Sleep
- Decisions About Smoking
- Second-hand Smoke
- Smokeless Tobacco
- Real Cost of Smoking
- Alcohol
- Drug Addiction
- Stress

Unit 2, Lesson 1: Sleep - Too Tired to Think Straight

Advancing Your GED Skills

In this lesson, you will:

- Understand that sleep is just as important as breathing, drinking and eating.
- Become more aware of your own sleep patterns and create a healthier routine.
- Explore some ways to improve your sleep routines.

Vocabulary

- Catastrophic
- Elimination
- Insomnia
- Irritable
- Swerve

Scenario 2.1:

The roadway was filled with traffic going in both directions. The average speed was just over fifty. Jacques was on his way home from work, when there was a terrible explosive noise that made Jacques swerve.

“Oh, my gosh! I almost hit that truck. How did this happen? Did I fall asleep at the wheel? I have never done that before. What is happening to me?” said Jacques as his heart was pounding and his hands were shaking while he tried to pull off the road. He knew that if that truck’s horn was not as loud as it was, he would have had a head on crash with a very large semi-tractor truck. Now, he was plain scared. He knew he had nodded off while driving and his actions could have ended with catastrophic deadly results.

Jacque always slept until noon or later on the weekends. He would say he was just catching up on the sleep he missed during the week due to staying up and watching TV or staying out until the wee hours of the morning and then clocking into work by eight in the morning. He often bragged that he did not need much sleep and during the week he usually averaged about four hours a night. Lately, though, he was having problems. He found himself more tired, grumpy and irritable at work. He was making mistakes and then could not remember what he needed to do to correct the mistakes. Now he was noticing that he was having a very difficult time going to sleep and staying asleep. This made him even more exhausted, yet he could not get to sleep even on the weekends.

After this near accident, Jacques was scared enough that he realized he needed to get some information about his sleep disorder, he made an appointment and went to his doctor who said that he had insomnia. The doctor suggested that he set up and follow a daily routine in which he would wake up and go to sleep around the same time every day and would not take any naps during the weekend. He was told to simplify his

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bedroom, which meant he would have no TV, no computer and not even a radio in the bedroom; there would not be anything to distract him when he went to bed. His doctor told him if he was unable to go to sleep, he should get up and find a book to read until he started to get sleepy. Then he should go back to bed.

He also suggested that if Jacques was anxious about getting everything completed, he should make a list of his projects that needed to get finished and have it ready and very visible in the morning when he got up. He told Jacques that worrying about it won't get the job completed.

Regular exercise and a good diet were also suggested with the elimination of caffeine, alcohol or sleep aids. The doctor stressed that Jacques's body needed time to get used to waking up and falling asleep naturally.

Several weeks later, Jacques started feeling much better. He was amazed at how his productivity improved at work with a lot less mistakes. He realized that he had been fooling himself by depriving himself of sleep. He thought back to the sound of the horn of that semi-tractor trailer truck, and he was glad that he was able to overcome his insomnia.

Think about it?

1. Do you think you get enough sleep each night?
2. How do you feel when you do not get enough sleep?
3. What would happen if you were not allowed to sleep for an extended period of time?

Did You Know?

- Americans sleep an average of 6.9 hours a night.
- 35% of Americans reported insomnia every night.
- Approximately 100,000 automobile crashes each year result from drivers who were "asleep at the wheel."

Unit 2, Lesson 2: Decisions About Smoking — John’s Dilemma

Advancing Your GED Skills

In this lesson, you will:

- Recognize how addiction influences decisions.
- Realize that circumstances change.
- Evaluate resources to quit smoking.

Vocabulary

- Dilemma
- Endure
- Extreme
- Frigid
- Stipulation
- Stamina
- Sweltering

Scenario 2.2:

John started smoking while he was a high school student in Michigan. He worked at a restaurant on the weekends and observed that many of his co-workers sat outside at break time to smoke, so he eventually started smoking just to fit in. He also liked the image of looking cool while holding a cigarette. Although his smoking bothered some of his old friends, that didn’t faze him. He had established a new group of friends who all smoked and were not offended by a smoker.

Life for John revolved around smoking. At times he was short on cash, but he always had money for cigarettes. If he had the flu or a bad cough, it did not deter him from smoking, but he was aware that he did not have the stamina he once had, that he was often short of breath and that he always had that nagging cough. It was so important to him, that he sometimes panicked if he realized that he was running out of cigarettes. John was addicted to nicotine.

After high school, John became an electrician and again some of his co-workers were also smokers. Over the years, though, he started to notice that at most events that he attended he was the only one that would “sneak out” to smoke, even if it meant he had to endure the most extreme weather conditions in order to find a place to smoke; pouring rain, frigid cold, or sweltering heat.

John got married to a smoker, however, his wife only smoked occasionally. When they had a baby they needed to buy a larger car. John wanted to buy a van, but he knew at his present salary this would not be possible. He applied for

a job as an electrician at a college in Kalamazoo that paid \$7,000 more than his current job. He was offered the job, but the stipulation was that the college would not hire him if he smoked — the college did not

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employ smokers. The new job would start in a month. John was undecided if he wanted to quit smoking and was unsure about how to quit.

Think About It?

1. How should John approach his dilemma?
2. Do you know what programs are available to help a smoker quit?
3. Why are there programs to help people stop smoking?

Unit 2, Lesson 3: Second-hand Smoke: Is it Fair to Ban Smoking? You Decide!

Advancing Your GED Skills

In this lesson, you will:

- Fairness may be hard to define.
- Individuals have legal and ethical rights.
- Decisions are difficult.

Vocabulary

- Carcinogenic
- Concurred
- Pre-natal Care
- Repercussions
- Surgeon General
- Sudden Infant Death Syndrome

Scenario 2.3:

Aw, no. I have to go outside. Man, it is really cold out there. It can't be more than ten degrees and it is windy. I can't believe you won't let me smoke in here. I've been coming here for more than ten years and now there is a "new policy", NO Smoking! Well, I won't be back. This is just not fair to all of your loyal customers," the man shouted as he left his favorite bar and restaurant.

Three weeks ago, Lou's Tavern closed down for repairs and maintenance, due to a clogged drain in the kitchen that needed extensive work. At the same time, Lou's wife, Lela, just found out she was pregnant with their first child. She wanted to do what was best to make sure the baby would be healthy. She received reading materials from the doctor and also started reading books and searching the internet for information about the best pre-natal care.

Lela was concerned after reading several articles about second hand smoke and the effects it can have on a person's health. When she researched nicotine, she discovered that the Surgeon General concluded that nicotine was made up of over 4,000 chemical compounds and the National Toxicology Program estimates that at least 250 chemicals in secondhand smoke are known to be toxic or carcinogenic. The U.S. Environmental Protection Agency has designated secondhand smoke as a "known human carcinogen" (a cancer-causing agent). Furthermore, there is no risk-free level of exposure to secondhand smoke, even small amounts are harmful. When she read that children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma, Lela became concerned about the repercussions second hand smoke might have for Lou's health, their child and their customers. She had to encourage Lou to open back up as a smoke free tavern. He had to ban smoking!

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After much discussion at home, Lou did some of his own research. Lou found out that some of his friends, that also owned businesses, had stopped customers from being able to smoke inside their establishments. They all concurred that they had the same amount of business now as before they put the ban in effect. Lou found out that even if he separated smokers from nonsmokers, the ventilating system still exposes nonsmokers to secondhand smoke. He found that eliminating smoking in indoor spaces is the only way to protect the nonsmoker from exposure to secondhand smoke. That was all the information that he needed to know now. Lou knew this was the right decision, so he posted his “no smoking” signs outside and inside his tavern. He knew that some of his old customers would not come back, but new ones would come because now his place would be smoke free. He would re-open as a smoke free tavern, for the health safety of his customers, himself and because he wants to live a long and healthy life for himself and his new family.

Think About It

1. Why would a customer think it is not fair that the owner of the tavern ban smoking?
2. Why would a nonsmoker think it is not fair that someone would smoke while they were in a confined area?
3. Do you think Lou made a good decision to ban smoking? Why or why not?
4. What prompted Lela to start searching for information about secondhand smoke?
5. Where do you like to go eat: a smoking restaurant or a non smoking restaurant? Why?

Did You Know?

- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30 percent.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20–30 percent.

Unit 2, Lesson 4: Smokeless Tobacco: Scamper's Mishap; Rudy's Awakening

Advancing Your GED Skills

In this lesson, you will:

- Acknowledge a potential dangerous situation.
- Recognize the different products that have the same risks.
- Construct a survey and report the results.

Vocabulary

- Affectionate
- Depicted
- Enchanted
- Flushed
- Intrigued
- Nauseated
- Pellet
- Pesky

Scenario 2.4:

Scamper, the affectionate name given to Rudy's younger brother, was always asking questions. He wanted to know everything about Rudy—what he liked, where he went, why he did this or that. Even though Scamper was only six, he was piecing life together from everything and everyone and wanted to be part of this exciting thing called growing up. He was enchanted by movies, magazines, and ads that depicted someone being mature. He was not quite sure what that meant, but he had plans to know.

On the other hand, Rudy considered his brother bothersome. He was always going through Rudy's stuff and asking questions. Scamper needed to bug out of Rudy's life. Rudy had graduated from high school and was in his third year of the Michigan Carpenter & Millwright Apprenticeship Program in Saginaw. He had plans for his future and didn't want a pesky brother snooping around.

Scamper observed Rudy putting a small pellet that looked like a Tic Tac in his mouth. He asked Rudy if he could have one. Rudy told him never to touch this, it was for grown-ups. Scamper was indeed intrigued, but left Rudy alone.

Several days later, Scamper saw what he thought was Rudy's Tic Tacs on the floor. He picked up the container and tried one. It tasted mostly like cinnamon candy, so Scamper had a hand full. Soon Scamper started to feel funny, his heart was beating quite fast and he was flushed. He began to get nauseated and started vomiting. Scamper's mother rushed him to the doctor's office after Scamper showed her what he had eaten. It was not Tic Tacs but Orbs, a pellet made of finely ground tobacco with cinnamon flavoring and packed with nicotine.

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Think About It?

1. Who do you think was at fault? Why?
2. What could have been done to prevent this situation?
3. Will this accident affect Rudy's use of smokeless tobacco?
4. If it is known that Nicotine is a highly addictive drug, is it reckless of the tobacco company to make it look like a piece of candy?

Unit 2, Lesson 5: What is the Real Cost of Smoking?

Advancing Your GED Skills

In this lesson, you will:

- Calculate the cost of smoking over a period of time.
- Recognize the percentage of income spent on cigarettes.
- Identify effects of smoking on a person personal's life.

Vocabulary

- Calculated
- Premium
- Reflect
- Robust
- Stability

Scenario 2.5:

John decided to quit smoking and take the new job. He was determined this was the best solution for himself and his family –for his health and their financial stability. His wife also decided to stop smoking with him. They decided to seek out a support group and to set a quit date for Tuesday of the next week.

Several months after John stopped smoking, he started to notice that he was feeling more robust, he no longer had discoloration on his fingers and he had a lot more money. He was elated that his finances were on track to buy the new van!

John tried to sell his three year old truck. He discovered that no one was interested in a truck that smelled like an “ashtray on wheels”, and had burn holes in the upholstery and the carpet. He was amazed, when he finally sold the truck, that he received so little money. That’s when he started to think about just how much smoking had cost him.

He started to add up how much money he had spent just on cigarettes for the last twelve years. Then he realized there were other costs to smoking as well. He calculated the cost of twelve years of teeth whiteners, breath mints, mouth wash and room deodorizers. He added in the increased premiums for his life insurance and well as for his health care insurance. It even occurred to him that he had spent more to paint the inside of his house than his friend next door. His friend is a non-smoker, and did not have to clean his walls with a special chemical and use stain killer to get rid of the cigarette stains.

When he started to reflect about his bad habit, he realized that smoking had taken over his life. He never offered to have someone ride in his truck due his embarrassment over the burn holes and cigarette smell. He seemed to always refrain from hugging his mother due to her disdain of

2.5

smoking. He did not date anyone that did not smoke.

Now both he and his wife feel that quitting smoking was a gift to themselves, their friends and their families—especially their child. They are pleased that they gave up their addiction.

Think About It!

1. How much money do you think cigarettes cost him over the years?
2. What helped him to become more financially sound?
3. Why would it be difficult to sell a car that had been owned by a smoker?
4. How does a bad habit affect relationships with friends and families?

Unit 2, Lesson 6: Alcohol —Todd’s Journey to Freedom

Advancing Your GED Skills

In this lesson, you will:

- Obtain a clearer understanding of alcohol use and addiction.
- Recognize that attitudes, beliefs, and knowledge about alcohol may differ.
- Identify areas where their understanding of alcohol is incomplete or even wrong.

Vocabulary

- Denial
- Inebriated
- Mumbling
- Protest
- Recovery
- Summoned

Scenario 2.6:

It will be remembered as one of the best parties at Rebecca’s house. There was small band that kept everyone dancing. They played all kinds of music in an effort to please everyone. The food was fantastic and plentiful and so were the assortments of drinks. The more people drank, the more dancing took place. As the hours flew by, the karaoke started. Everyone was taking a turn belting out different songs. Some could sing, but some were plain terrible. It didn’t matter because everyone was just having fun.

When it was time to go, Rebecca was checking people out to see if they were fit to drive home. Usually everyone tried to be responsible, because one knew they would not be asked to the next affair at Rebecca’s house. Todd was mumbling and tripping over his own feet and asking Rebecca where she hid his keys. Rebecca in a firm voice stated, “Friends don’t let friends drive drunk”. She summoned Todd’s good friend Allen and his wife to drive him home. Todd was not happy but he was too drunk to protest too much.

Todd didn’t remember much from the night before. He didn’t know how he got home. His head felt horrible, but he got up, got dressed and was planning to go out for a bite to eat when he realized his car was not in the driveway. He thought to himself, this is the third time this month he had had a blackout and didn’t remember what happened the night before.

Todd would sometimes “sneak” a drink at breakfast, but most of the time, because he was an out of the office salesman, he would start at lunch or in the afternoon, then in the evening he would just keep on drinking. He had been telling himself that he would just have one, but then it was two and then he wouldn’t care. His fiancé had left him saying he was already married to his bottle. Todd had been in denial about his drinking for years.

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Todd knew he had to stop drinking. When he started a recovery program, Alcohol Anonymous, he fell apart. It was so hard to publicly admit he was an alcoholic, a drunk who couldn't hold his liquor!

In time Todd recognized alcoholism as a disease, not a failure as a person. He began to accept that alcohol had taken over his life, he wanted to go through the 12 Step program to help him develop a life without alcohol. He realizes that there are many different kinds of programs that help give a chance for recovery and is thankful he has found a program that works for him.

Think About It?

1. Have you experience a situation of where someone was too inebriated to drive? Describe what happened?
2. Should someone else decide if someone can drive or not?
3. How do you think a person who drinks too much feels about them self?
4. What does sneaking a drink mean to you?

Did You Know? (Data are for the U.S.)

Prevalence

- Percent of adults who were current regular drinkers (at least 12 drinks in the past year): 50%
- Percent of adults who were current infrequent drinkers (1-11 drinks in the past year): 14%

Source: Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008, table 27

Mortality

- Number of alcoholic liver disease deaths: 14,406
- Number of alcohol-induced deaths, excluding accidents and homicides: 23,199

Source: Deaths: Final Data for 2007, tables 12, 23

National Institute of Alcohol Abuse and Alcoholism:
<http://www.niaaa.nih.gov>

Unit 2, Lesson 7: Drug Addiction — Before I Knew It !

Advancing Your GED Skills

In this lesson, you will:

- Identify drug addiction.
- Understand the impact of drug abuse on an individual and on society.
- Discuss preventative measures against drug addiction.
- Be aware of influences and peer pressure related to substance use and abuse.

Vocabulary

- Addict
- Addiction
- Detoxify
- Euphoria
- Hallucinate
- Isolation

Scenario 2.7:

“I’m scared to close my eyes, but I need my sleep. I can’t believe that I am in this place without any say-so about anything in my life. I am told when I can and cannot eat, sleep, go to the bathroom, shower, talk, exercise, sit up and lay down. Everyday I know I have absolutely no control over my own life, and I constantly have to watch my back. I can’t trust anyone and try not to talk much. The isolation is unnerving.”

“Listen, jail is no place you want to be. It is panic, worry, fear, shame. From the moment you are arrested to your first step out into freedom, you are not a human, you are inventory. After booking and strip searching, you become an item tracked on a computer screen and cameras,” said Jeffery to his brother.

In Jeffery’s case, he did not set out to be an addict, (of course no one ever does) but before he knew it, his addiction to drugs took over his life. He had no idea the misery that would come with addiction. He started as a moderate drinker and then was introduced, by friends, to other drugs, including heroin and cocaine. He soon felt that the drugs gave him inner peace and made him calmer and clearer thinking. The euphoria was so great that he always wanted more.

Over the next several years, Jeffery would go on binges that lasted several days. He was not able to keep a job, but he needed money for his drugs, so he began selling drugs to support his own drug habit. He was high all the time, stayed at different people’s houses, lost weight and lost all interest in keeping himself clean. He also tried experimenting with pills; morphine, methadone and anything else he could acquire.

One day, while he was driving, he began to hallucinate and saw doubles of everything. He was so high that he was not even aware that he had caused a terrible accident. He just stood next to his car talking as if the

car was talking to him, as well. Even though Jeffery insisted that he did not need medical attention, the police called for an ambulance and had him transported to the hospital.

In the meantime, the police saw evidence of drugs on the console and a large bag stashed under Jeffery's front seat. Upon Jeffery's release from the emergency room, he was arrested and booked on charges of driving under the influence, possession with the intent to sell, conspiracy to commit a felony, and numerous other charges. He figured that he was facing a lot of prison time.

Jeffery was fortunate to be allowed to plead to a lesser charge, was required to detoxify and was sent to jail for six months. He realizes at this time, he will be paying for his mistake the rest of his life.

Now that he is out of jail, he feels that the horrifying ordeal made him straighten up. He has been drug and alcohol free for five years and wishes addiction on no one!

Think About It

1. Why do you think people feel they have to experiment with drugs?
2. Is it normal to just try drugs?
3. What are the options if someone offers you drugs?
4. Do you think that a person considers their responsibilities to others when they start to experiment with drugs?

Unit 2, Lesson 8: Stress — It's Part of Life

Advancing Your GED Skills

In this lesson, you will:

- Review the effects of stress on the body and mind.
- Distinguish between body, mind, and behavioral responses to stress.
- Identify some ways to reduce or cope with stress.

Vocabulary

- Alleged
- Behavioral
- Concentrate
- Deadline
- Physical
- Psychological
- Seething
- Situation

Scenario 2.8:

Lionel:

“Get out of the way! Hurry! What’s the matter with you? (raising his fist in the air) At least go the speed limit! Good grief, another stop light! (hits his hand on the steering wheel) “I don’t need this! What knucklehead drivers,” screamed Lionel as he drove to work. “I just can’t be late again. Look at all this traffic. Where did it all come from?”

“Oh no, oh no, there are no parking places! I’m really going to be late. I have to walk from the back parking lot now. I’m in trouble now.”

When Lionel clocked in late for work, he immediately said this was not his fault. He blamed it all on slow drivers and then alleged the parking lot should be larger to accommodate all the employees so people don’t have to walk so far to get to the office.

Lionel knew he would be docked for being late. He knew he could not afford to be docked, his child was sick and the bills were mounting up. Lionel sat down to do his work, but could not concentrate. He was still seething about being late. His co-worker told him to simmer down and get to work, because they had a deadline to meet in an hour, and he didn’t want to get stuck doing Lionel’s job. What should Lionel do?

Wanza:

“I can’t believe I did this. Look at all of this traffic, there must have been an accident. I know I won’t make it to work on time. Well, I don’t want to cause an accident too, so I will just put on the radio and listen to some music as I wait for (exhales) another red light!“, thought Wanza as she drove to work.

“Well, look at this, there are no parking places. I’ll have to drive around back which means I have a longer way to walk to the office. Okay, I’ll

take this time as a power walk to the office.”

When Wanza clocked in late to office, she explained that there was an unusual amount of traffic that morning. She said she was sorry she was late and went straight to her desk to start work. She knew she had a deadline to meet in an hour. Her co-worker came over and explained how much had been accomplished so far and they started to work together.

Later, Wanza thought about the morning and knew she could not afford to be docked, due to the extra medical bills she had, so she started to think of ways to make up the money that she expected to be docked. What should Wanza do?

Think About It

1. How do you react to stress? Are you more like Lionel, Wanza or another type? (Is either of their responses realistic? Explain.)
2. Would you say that you are negative or positive when confronted with stress?
3. Why is it important to manage your stress?

UNIT 3



Digestive Health

- Obesity
- Anorexia or Bulimia
- GERD

Unit 3, Lesson 1: Obesity — It's Time, Today is the Day!

Advancing Your GED Skills

In this lesson, you will:

- Calculate your body mass index.
- Identify a healthy eating plan.
- Use personal background information to make estimations.

Vocabulary

- Blood pressure
- Caution
- Diabetes
- Nutritionist
- Obese
- Obesity
- Unscrupulous

Scenario 3.1:

You know, I'm tired of hearing about obesity," Diane told Dr. Marks, "and I even know that they are not always talking about me. I'm just tired of the word "obese". I'm tired of the way I feel when my medical doctor talks about the fact that my high blood pressure is due to my obesity and that my diabetes is caused by my obesity. Dr. Marks, I need help."

"Well, Diane, as you know I am a medical doctor, but I specialize only in weight loss and control. There are many reasons for obesity including overeating, and an addiction to food. However, there are legitimate medical reasons as well."

"The reason I had blood work done before we met is so that we could rule out medical reasons for your condition, and Diane, as you suspected, the main reason for your weight problem is indeed due to overeating."

Dr. Marks tells Diane that he applauds Diane's commitment to seek professional help and cautions her against unscrupulous weight loss programs and advertisements. He promises to listen to her, to work with her and to stay by her side as long as she remains serious and true to her commitment. Dr. Marks says, "We can start right now."

Diane went to see Dr. Marks' nutritionist to decide on a new way to begin eating and planning Diane's meals. Diane and Dr. Marks decided on an exercise program that will gradually increase in rigor according to Diane's progress.

As Diane left Dr. Mark's office, she thought, "ok, no medical reasons. I just have to change my life, the way I eat, the way I burn calories and the way I listen. I have to stay committed. Today is the day I start".

3.1

Think About It

1. Have you, or do you know someone who has lost more than fifteen pounds? What method was used to lose the weight?
2. Why did you or someone you know decide to lose the weight?
3. Do you think it is easy or difficult to lose weight? Why or why not?

Unit 3, Lesson 2: Anorexia or Bulimia — Dying to Lose

Advancing Your GED Skills

In this lesson, you will:

- Compare and contrast the difference between anorexia and bulimia.
- Recognize the symptoms of an eating disorder.
- Understand cultural influences contribute to eating disorders.

Vocabulary

- Anemic
- Anorexic
- Bulimic
- Diuretics
- Gorging
- Incessantly
- Laxative
- Osteoporosis
- Sabotage

Scenario 3.2:

I don't know where to start, so I'd like to have each of you tell me about yourself. First I want to learn about your anorexia and then I want to learn about your bulimia.

Well, I am an anorexic. Food is my enemy and sabotages my self image. I have an excessive desire to be thin, to the point that I will starve myself or I will eat as few calories as I can. I am terrified of being fat and even though I may be emaciated, I feel that I always look fat. We have all heard that “beautiful is in the eyes of the beholder”, but for me, I am the beholder and I never look thin enough. I will never achieve the perfection of the models that I desire to look like. I want to be perfect, but what I see is repulsive, and it is depressing.

I have always tried to burn calories and I exercise incessantly, but lately I have found that I have lost most of my muscle power and I am weak, very weak. My doctor says I have osteoporosis and I am anemic. The even worst news I got is that my doctor now says there is a chance that my kidneys are shutting down. He says this is caused from me refusing to maintain a normal weight for my age and height.

I try to hide my anorexia from my family and friends, so I wear baggy clothes and avoid eating with others. I have thought often about the insanity of my actions, and the medical consequences so I have decided to seek the services of professionals to help me deal with my eating disorder.

Well, I am bulimic and food is my problem also. I have a morbid fear of gaining weight and make repeated attempts to control my weight through severely restrictive dieting. However, I deprive myself of food and then can't continue; I experience intense hunger and then binge and purge. This refers to overeating to the extent of gorging myself on a lot of

3.2

high caloric food (sometimes in excess of 10,000 calories) in a short amount of time (binging) and soon after, causing myself to throw up again and again (purging) because I feel so guilty. I even use diuretics and laxatives, anything to keep from gaining weight. At times I exercise to excess, but I, like other bulimics, generally do not lose as much of the dreaded weight as anorexics.

I am ashamed of being fat, ashamed of binging and purging, and I am ashamed that I cannot control my urge to eat, thus perpetuating the cycle. I am fatigued and depressed. I have low self esteem, and I am completely dissatisfied with my body. I want to be thin and perfect like the magazine models, but my weight may fluctuate as much as ten pounds due to the binging and purging. My teeth are deteriorating due to the acid in the liquid that I throw up all the time. My fingers are swollen from putting them way down my throat, forcing myself to vomit. I am constipated and my doctor has told me my esophagus could rupture at any time.

I have resisted seeking professional help, but I am here to see you, to take the first step and to try to get this eating disorder under control. I need help!

Think About It

1. What do you think are possible causes of eating disorders?
2. What factors influence your eating habits? What factors encourage positive eating habits and which contribute to less healthy eating habits?
3. Do you think that the fashion industry pressures models to have unrealistic looks that could lead to eating disorders?
4. How do you compare your body image and self esteem to the models of the fashion industry?

Unit 3, Lesson 3: GERD — The Fire in the Gut

Advancing Your GED Skills

In this lesson, you will:

- Recognize the parts of the upper digestive system.
- Identify symptoms of gastroesophageal reflux disease.
- Understand the different treatments for GERD.

Vocabulary

- Bile
- Endoscopy
- Gastroesophageal Reflux Disease
- Paramedics
- Rancid
- Saliva
- Ultrasound

Scenario 3.3:

“Honey, there’s something wrong”. Waves of pain were consuming her body. There was a burning pain on the upper right side of her back. “Honey, get up!” This time the voice was a little more urgent. “I don’t know what is wrong”. The pain, the fire inside was expanding. Rancid fluid filled her mouth. She couldn’t swallow for fear of the pain, the burn — the fire.

Roy called 911. He was not sure if Elsa was having a heart attack. He didn’t think so, but nothing like this had ever happened before. The paramedics came and immediately performed an EKG, ruling out a heart attack and not sure what the problem was, they decided to transport Elsa to the emergency room. By this time Elsa started to feel a little better. She could swallow by now but the taste in her mouth burned and it burned all down her throat. What was wrong?

As Roy and Elsa expected, Elsa was admitted to the hospital and it was the next afternoon when their family doctor visited and explained that the many tests that were performed, including x-rays, ultrasound and an endoscopy, have ruled out a number of possible causes including heart disease, and they confirmed the preliminary diagnosis of gastroesophageal reflux disease (GERD). GERD is a common digestive disorder, which is usually controlled by diet, medication or both.

Elsa’s doctor continued saying, “You told the nurse during the ER interview that much of your diet consists of a lot of coffee and very spicy hot foods. That may have to be moderated a little until we find out more about your GERDs. I have plenty of information about GERD in my office and you can also find a lot of information on the internet. I will see you in my office next week and we will keep an eye on your condition with follow-up visits at least every six months”.

3.3

Think About It

1. Have you ever had “heart burn”? What did it feel like? How often does your heart burn occur?
2. Have you ever had a stomach pain that you thought was something more than “heart burn”, but wasn’t?
3. Do you know someone who has GERD? How is it treated?
4. Why could GERD be mistaken for a heart attack?

Did You Know?

1 in 4 people have frequent gastrointestinal (GI) problems that can severely disrupt a normal lifestyle.

UNIT 4



Communicable Diseases

- Influenza — How Do I Know the Difference?
- Measles/Shingles
- Staph Infection

Unit 4, Lesson 1: Influenza — How do You Know the Difference?

Advancing Your GED Skills

In this lesson, you will:

- Discuss protecting yourself against communicable diseases.
- Differentiate between a common virus or a communicable disease.
- Plan how to take care of someone who is ill.

Vocabulary

- Acetaminophen
- Dehydrated
- Ibuprofen
- Monitored
- Retorted

Scenario 4.1:

“Oh, my head hurts! Cough, cough. I’ve got a terrible headache,” went Malinda. “I feel terrible. I think I better lie down and take a nap. I can’t believe I caught a cold. I just have so much to do and exams are a week away.”

Malinda’s roommate, Karen, was not sure it was just a cold. There were several people they knew who had the flu. Karen had decided last week to get the flu vaccine, but Malinda thought that was stupid. Malinda had even laughed when

Karen did not feel great the next day after she received her shot. She had retorted to Karen, “You get a flu vaccine and you feel like you have the flu. Why would someone want to do that? I have more sense than that.”

That evening Malinda had chills and a fever. She was achy all over and complained of a severe headache. She did not want to eat or drink anything and was exhausted, but had trouble sleeping because she felt so lousy. By then, Malinda knew she had the flu and not a cold. She was disappointed in herself for not getting the flu vaccine and asked Karen if she would help her. Karen did. She made sure Malinda had enough liquids to keep her from becoming dehydrated. She charted her temperature and monitored how often Malinda went to the bathroom. The doctor was called and explained that the flu was a systemic infection that involved the whole body. He explained that she did not have to come to his office unless the symptoms got much worse – a temperature over 103°, severe coughing, dehydrated, or problems with urination. He also said that Malinda was not going to feel good for the next week, she needed to rest as much as possible, and she could take either Ibuprofen or Acetaminophen to make her feel more comfortable.

4.1

For the next week, Karen daily disposed of all tissues used, wiped down the bathroom, Malinda's bedroom and all dishes with a disinfectant. Karen also washed her hands often and made sure she got enough sleep. Karen was able to take her exams, but Malinda had to schedule them for another time. Even after two weeks, Malinda still felt weak and tired easily. She said she never wanted to have the flu again!

Think About It!

1. Why would a person who is ill have to be monitored?
2. What happens when a person becomes dehydrated?
3. When would a person need to go to the doctor or hospital if they had the flu?

Unit 4, Lesson 2: Communicable Diseases — Shingles and Measles — Yenny’s Story

Advancing Your GED Skills

In this lesson, you will:

- Develop a basic knowledge of measles and shingles.
- Obtain information on how to care for measles or shingles.
- Explain how to protect themselves from measles and shingles.

Vocabulary

- Abdomen
- Blisters
- Blotches
- Excruciating
- Extremely
- Rash
- Stressful

Scenario 4.2:

Yenny, who just turned 30, tossed and turned all night long. She thought this was the result of having three extremely stressful months of working two jobs and taking care of her sick mother. She knew she was not eating correctly, she was not getting enough sleep, never had time to exercise and now had a constant headache. She was exhausted and she hurt with excruciating pain on the right side of her abdomen. She could not sleep because she could not get comfortable, in any position. Each night the pain seemed to be getting worse. It started out as a discomfort, and progressively got worst. She kept hoping it would just go away. However, this had been the sixth night, and she knew she could not ignore the fact that something was wrong. Yenny was scared and didn’t know what to do. She knew that both of her jobs depended upon her as did her mother.

The next morning she noticed some small bumps on the same side of her abdomen that hurt. She didn’t think too much about the rash, but she called and made a doctor’s appointment for that afternoon, stating the reason was she was in severe pain and had a burning sensation on the right side of her abdomen. She then made arrangements for a coworker to take her afternoon shift at work.

By the time she got to the doctor’s office, the red blotches she had on her skin had developed into itchy blisters. Yenny had a difficult time finding something to wear, she needed something loose fitting so the blisters would not be rubbed. She could not imagine what was going on with her body, and certainly had no idea that she had Shingles! The doctor’s diagnosis was a shock for Yenny, after all, she was only 30 years old and thought that only older people got shingles.

The doctor explained that anyone who has had measles could develop shingles at any time during their life because the measles, “varicella-zoster virus”, lays dormant in the body and can later emerge as shingles.

4.2

Yenny remembered her mother telling her she had had measles when she was 3 years old. Her mother said that she had a fever, runny nose and a rash on her body and she was told that you only get measles once in your life.

The doctor did confirm that shingles usually appears when the patient is older, but said under certain circumstances it can appear at any time. He went on to inform Yenny that she may have new blisters appear for up to a week, and after about three days of appearing, they turn yellowish, flatten and dry up. He cautioned that sometimes the scabs leave some slight scarring. The doctor also told her that there was no cure for shingles, and medication to relieve the burning, itching, tingling feelings from the rash was prescribed.

It was difficult to find clothing that did not rub the blisters which caused her constant pain, so Yenny took a week off from work. This gave her time to get rest, begin to eat better, and to make arrangements for a better work schedule. She recognized that she must start to take better care of herself.

Several months later, Yenny was finally feeling much better. She found out from others that she was fortunate to have had a mild case of the shingles and that sometimes shingles can last for months, can leave scarring, or lead to vision problems or nerve damage.

Think About It

1. Do you know of anyone who has had the measles? If no, why do you think measles are not as common as they used to be?
2. Why would anyone not know that they have shingles?
3. What do you think someone would have to do if they had a severe case of shingles?

Did You Know?

- Each year, more than 20 million people worldwide fall victim to the measles.
- There is currently no known cure for measles or shingles.
- Anyone who has had chickenpox can get shingles.

Unit 4, Lesson 3: Staph Infections — Edgar Thought it was a Spider Bite

Advancing Your GED Skills

In this lesson, you will:

- Identify how diseases are spread.
- Describe how an infection becomes resistant.
- Be acquainted with how quickly an infection can spread.

Vocabulary

- Antibiotic
- Excruciating
- Ghastly
- Hygiene
- Nasal Passages
- Resistant

Scenario 4.3:

Please do something, I just can't believe this is happening" Edgar pleaded with the doctor. "This has gone from my finger to my whole hand and I can't believe all the blisters. It looks ghastly, hurt's so much, and everyday it just seems to be getting worse."

Two nights earlier, Edgar had looked at his finger and thought he had a spider bite. He had been planting some thorny plants and had spotted several spiders on the plants. He noticed that his finger was puffy, red and it hurt. He had some additional cuts from the thorns, but this one was different.

The next morning his whole finger was swollen. He also had sharp pains going into his hand. He washed his finger, put an ointment on it, and went to work. That afternoon he had excruciating shooting pains up his arm and his hand was swollen. There were also red bumps on his finger and hand. Edgar knew he had to see a doctor and made an appointment for the next day.

The doctor explained that he had a "staph infection" and he needed an antibiotic. He explained that some types of staph bacteria may be resistant to the prescribed antibiotic. So, he cautioned Edgar that if the infection is not getting better, he should come back immediately because the infection may be resistant to this particular antibiotic and the infection could spread, leading to additional complications that could make it more difficult to treat.

Edgar asked how he got this infection. The doctor said he could not say for sure, but that staph is a common germ that many people carry in their nasal passages or on their skin with no ill effects. He explained that staph is spread primarily by direct (skin to skin) human contact, or through contaminated surfaces, and that anyone with a break in their skin is at

4.3

risk. The doctor stated there are ways to help reduce the risk of an infection.

He said that one should practice good hygiene, by proper hand washing, and by not touching our eyes, nose or mouth without first washing our hands. He commended Edgar on coming to the doctor when he realized that his wound looked infected and was not healing. He said that Edgar could have developed a fever as the infection spread and that the staph infection if left untreated can infect blood and bones, causing severe illness that could require hospitalization.

Edgar was amazed that it took over a month for all of the infection to heal, the blisters to clear up, and have full use of his hand. He now takes extra care to keep any open wound as clean as possible.

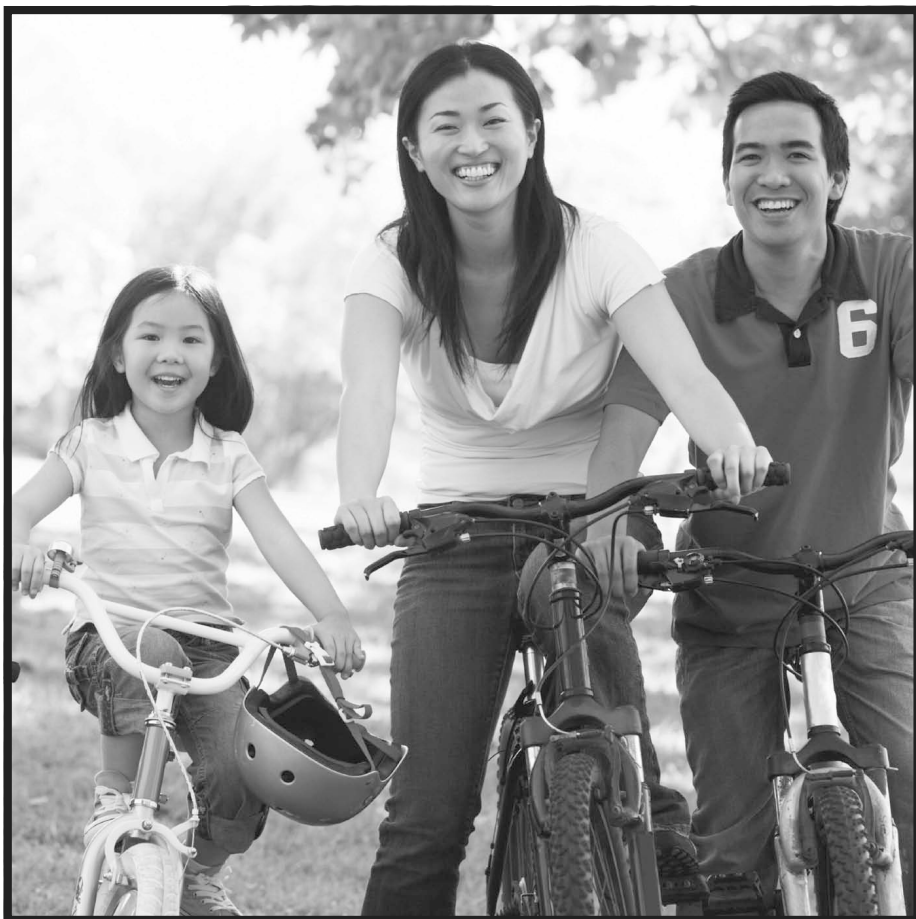
Think About It

1. Where do you think you come into contact with germs most often?
2. Do you think we can unknowingly become infected by simply touching our eyes, nose or mouth? Why?
3. What is the difference between contagious diseases (those you get from others) and non-contagious diseases (like cancer)? Name several types of each.

Did You Know?

Cases of MRSA had been confined mostly to hospitals, nursing homes and jails until the late 1990s, when infections began to show up in the general population. Now MRSA is found everywhere.

UNIT 5



Cancer

- Cancer Diagnosis
- Breast Cancer
- Colon Cancer
- Skin Cancer

Unit 5, Lesson 1: Cancer Diagnosis — You Can't Ignore It

Advancing Your GED Skills

In this lesson, you will:

- Acquire information as to where to find information about cancer.
- Identify resources available to cancer patients.
- Understand that a cancer diagnosis can be emotional.

Vocabulary

- American Cancer Society
- I Can Cope Classes
- Overwhelmed
- Recovery
- Treatment

Scenario 5.1:

"I'm totally overwhelmed. CANCER, I just can't believe I have CANCER. What am I suppose to do now? When the doctor gave me the "news", I just did not hear another word he said. I just don't know where to begin. I think I am still in shock," said Maureen to her husband.

Maureen had just returned from the doctor's. She was frustrated, angry and just plain scared. She sat down and tried to think what she needed to do first. She thought and came up with a plan. She was going to find out everything she could about cancer. She had so many questions and wanted the answers in order to feel more in control and less worried about the future. Maureen had two children in elementary school. She wanted to be there in the future with her husband and children.

Maureen's husband suggested that she should search the Internet for the American Cancer Society's website, which she found at www.cancer.org. There she found all kinds of information that started answering some of her more pressing questions such as; what is cancer, what are the causes of cancer, what are the most common tests used to look for or diagnose cancer, what can she expect with her treatment and what services are there to help cope with cancer.

The next day she went to the American Cancer Society's local office and found out even more information. She found out that the American Cancer Society has programs and services: to help people with cancer, to help their loved ones understand cancer, to help manage their lives through treatment and recovery, and to help with emotional support.

Over the next several weeks, Maureen started attending an I Can Cope class. This is a free educational program for cancer patients. Their brochure states, "Knowledge is power, and the more you know about what is happening during cancer diagnosis and treatment, the better

5.1

equipped you will be to handle each step of the journey.” Maureen feels that this class has started to help her prepare herself, her husband, her children and her friends for the journey into the future.

Think About It

1. How much do you know about cancer?
2. Are you familiar with agencies in your community where someone with cancer can go to get support?
3. How can you get involved to help fight cancer?

Unit 5, Lesson 2: Breast Cancer — And Yes, Men can get Breast Cancer, Too!

Advancing Your GED Skills

In this lesson, you will:

- Understand what cancer is and how it spreads.
- Learn about suspected risk factors associated with breast cancer.
- Raise an awareness about breast cancer.
- Increase your knowledge about early detection emotional appeals.

Scenario 5.2:

Annabelle woke up from a dead sleep with a sense of urgency and panic. She realized that she was 5 months overdue for her yearly mammogram. Annabelle had always kept up with her yearly check-up but for some reason time had passed by and there had been no reminders to schedule her yearly exam. She tried to go back to sleep but unexplainably there was an alarming feeling rocking her emotions. She told herself she would call first thing in the morning and that everything was okay.

After her mammogram, as she sat in the dressing room waiting for the technician to tell her to get dressed, she had that uneasy feeling stir up inside her again. Suddenly the technician appeared to say calmly, “Annabelle, the doctor wants to view another round of pictures. Let’s do that now while you are here”. “Oh, ok, but why?” Annabelle asked.

“It is probably nothing,” said the technician. “He just wants to make sure because one film was not clear.” So they went back into the room and proceeded to do the whole procedure again.

As Annabelle finished, the technician patted her on the back and told her not to worry. They will call her with the results. Two days later she was called to come back to the Women’s Health Center for a sonogram. The next day she was scheduled for a biopsy. During all of the exams, everyone told her it was probably nothing, but it was best to take precaution. She had believed them, but now she was sitting in the doctor’s office hearing him say that she had breast cancer.

She sat dumbfounded as the doctor proceeded to give her the scenario of what to expect. “A lumpectomy, then radiation and you will be just fine,” said the doctor confidently. “He explained it was small and the cancer was caught early so chemotherapy is probably not necessary.” Annabelle did not know what to think or feel. She just got on with the next step, finding an oncologist.

Vocabulary

- Biopsy
- Chemo-cocktail
- Chemotherapy
- Lumpectomy
- Mammogram
- Mastectomy
- Oncologist
- Radiation
- Technician

5.2

Sitting at her kitchen table crying, Annabelle suddenly heard a voice in her head telling her the only way to fight this disease is by having a positive attitude. When finally her tears stopped, she decided to call her neighbor, Cynthia who had fought colon cancer the year before. Cynthia recommended her oncologist and Annabelle called for an appointment. For support, Cynthia went to the appointment with Annabelle. The doctor was positive and confident that everything would be just fine. Annabelle was told to have the surgery and then come back to determine the next procedure.

Thinking that all she needed was radiation after the surgery, Annabelle got smacked with another blow when she was told she would need to go through chemotherapy before doing the radiation. More frightened than ever, Annabelle decided that she needed another opinion. The next oncologist said she did not need chemotherapy only radiation. Now totally confused and scared, she sought another doctor's opinion who recommended chemotherapy.

Annabelle was terrified to have chemotherapy and did not know what to do. After three agonizing days and no sleep she decided to do everything she could to fight the cancer. After all she was only 45 years old and totally healthy in all other respects. She was strong and could handle the mysterious poison that was to cure cancer. Two weeks after her surgery she was sitting in what she called "chemoland" being hooked up to IVs enduring her first of eight "chemo cocktails".

The whole experience was a spiritual one. Annabelle continued to work during this entire ordeal. It was the love and support of her friends that gave her the strength and courage to carry on. She also was lucky and did not get violently sick like most people do. Though she was bald and totally hairless all over, she was alive and grateful that both chemo and radiation were over.

Now, sitting at her kitchen table, Annabelle cries again. She just came back from having her yearly mammogram and all is well. Six years have passed and the nightmare is just a memory. Her tears are of joy, thanks and gratitude. She continues to survive!

Think About It

1. Have you ever worried about having cancer?
2. Have you ever been checked for possible signs of cancer?
3. What do you know about breast cancer?

Did You Know?

In 2010, it was estimated that among U.S. women there were:

- 207,090 new cases of invasive breast cancer
- 39,840 breast cancer deaths

Unit 5, Lesson 3: Colon Cancer — We have to Talk about It

Advancing Your GED Skills

In this lesson, you will:

- Determine risk factors and symptoms associated with colon cancer.
- Draw parallels to symptoms of other diseases.
- Develop a basic knowledge of a healthy diet.

Scenario 5.3:

This is the fourth day Francois had the urge to go to the bathroom but was only able to urinate. He thought to himself that this was happening way too often. He had never been constipated before in his life and now was using a laxative several times a week so he could eliminate. He also realized that even when using a laxative, his stool was quite thin and he just didn't feel good. He had been avoiding going to the doctor because he did not want to talk about his bowel habits with anyone. However, now he needed to go have this checked out.

Francois is a man in his early 40's who exercises regularly, loves steak and potatoes and has smoked on and off for the last twenty years. He had started to notice a change in his body about a month ago, but thought it would just go away. He thought he must have hemorrhoids due to his rectal bleeding, but now he had begun to get concerned.

The doctor's appointment did not go as Francois expected. In addition to a regular check up, his doctor took a fecal blood occult test and performed a sigmoidoscopy. He also set up an appointment for a barium enema x-ray and a colonoscopy. The doctor was quite stern when he stated that the first time Francois noticed a difference in his bowel habits, he should have recorded the changes in order to see if was a pattern and he should not have waited so long to come to the doctor's. He told Francois it was definitely not hemorrhoids, but even if it had been, Francois should have had it checked out and should not have made a self diagnosis.

The additional tests showed that Francois had some blockage due to colon cancer. He went to a surgeon who cut out the cancerous tissue in his colon. His oncologist recommended chemotherapy in combination with other medications. His oncologist said the treatment has been very effective and the survival rate has been high. He stated at this time, Francois would not need radiation therapy.

Vocabulary

- Barium Enema X-ray
- Bowel Habits
- Colon Cancer
- Colorectal Cancer
- Colonoscopy
- Fecal Blood Occult Test
- Hemorrhoids
- Sigmoidoscopy
- Stools
- Urinate

5.3

Looking back on the ordeal of being diagnosed with colon cancer, having surgery and taking chemotherapy, Francois is thankful that his treatment worked. After researching and joining a support group, he changed his “diet” to include more fiber and less red meat, stopped smoking and continued to exercise. He feels that he is a lot more in touch with his body and is a spokes person to groups wanting to know more about colon cancer.

Think About It

1. Have you ever talked about your bowel habits with your friends?
Why or why not?
2. If you had rectal bleeding would you associate it with hemorrhoids?
Why or why not?
3. Would it be difficult for you to be a spokes person for colon cancer?
Why or why not?

Did You Know?

- Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States
- Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined

Unit 5, Lesson 4: Skin Cancer — Prevention, Prevention, Prevention

Advancing Your GED Skills

In this lesson, you will:

- Understand that there identifiable symptoms and treatments for skin cancer.
- Recognize environmental factors affect the skin.
- Identify potential health risks with tanning salons.

Vocabulary

- Dermatologist
- Malignant
- Metastasized
- Melanoma
- Tumors

Scenario 5.4:

I am going to tell you about my good friend David. David and I grew up together in Traverse City and as young boys we worked numerous summer jobs, all outdoors. During the summers, we spent every spare minute, away from work, at the beach or on my father's small boat fishing. We wanted to make money, have fun and be in the sun. We were never concerned about how much sun we got, even though David was faired skinned and blistered and peeled a lot. We didn't realize what the sun could be doing to us. As I think back, I remember one summer that David had what looked like a mole on his right thigh that seemed to be growing. He went to the family doctor, who shaved it and said that all would be fine.

While I stayed in the same area, David enlisted in the Marines and served for almost ten years, before returning to Traverse City. When David returned home with his wife and daughter, it was like he had never left. We both had jobs, but still went boating and fishing however, now with our families.

I found out later that while in the military, David developed an oozing sore-like problem right where his mole had been. The doctor's treated it as an infection using antibiotics. And now, almost three years after David came home he went again to a new doctor because of a pain in his leg. The pain was below and above his "mole" scar. David was then sent to a dermatologist and after numerous tests it was determined that David had Stage 4 melanoma.

It was diagnosed that David's melanoma had metastasized to his lymph nodes. He started chemotherapy and over the next several yeas had four surgeries to remove different malignant tumors; my good friend knows that nothing can stop the tumors which have spread to his liver and his colon.

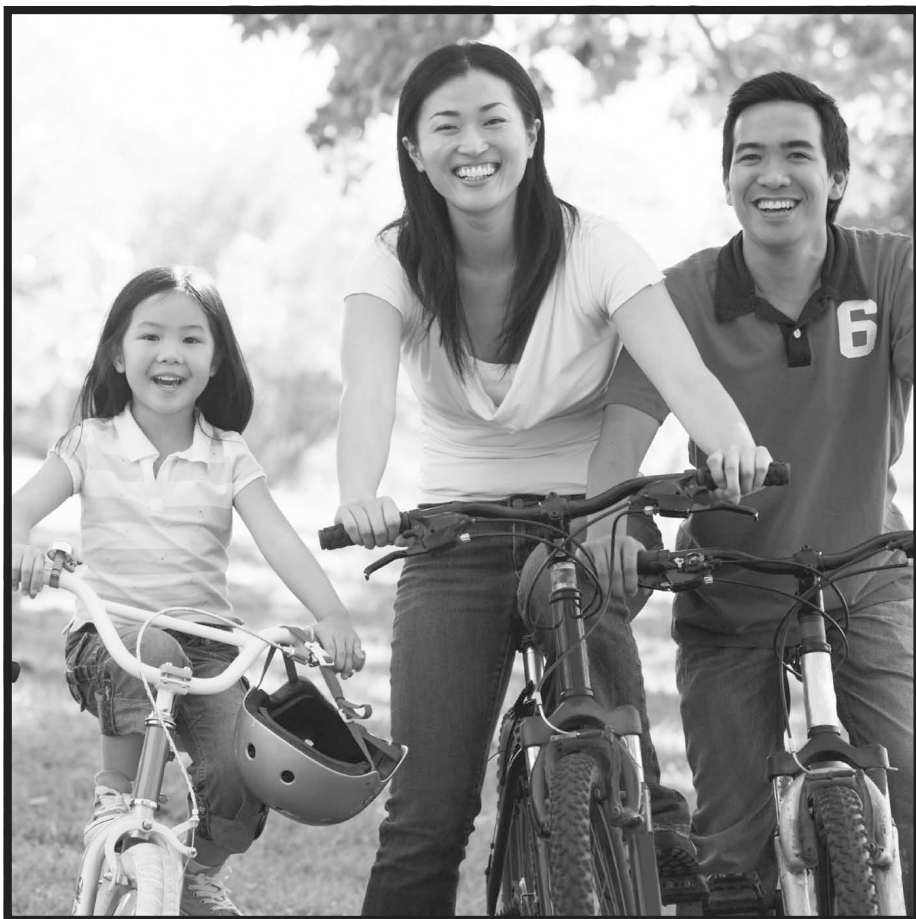
5.4

We sit and talk about our youthful days in the sun. We wish we knew then what we know now about the sun's harmful effects, but even more than anything we wish that all along the way David has asked for a second opinion. He had felt for a long time that the "mole" that had been removed in his childhood had never really healed, but he had taken the doctor's word that it would be fine. Now that we know how deadly melanoma can be, David has stressed to me, "it's your health, it's your life, and it's your right" to ask for a second opinion.

Think About It

1. Have you ever had a blistering sunburn?
2. Do you use sunscreen every time you know you will be exposed to the sun? Why or why not?
3. Do you scan your body for any irregularities on your skin? Why or why not?

UNIT 6



Respiratory Problems

- COPD
- Bronchitis
- Asthma
- Pneumonia

Unit 6, Lesson 1: Respiratory Problems: I Can't Breathe!

Advancing Your GED Skills

In this lesson, you will:

- Recognize signs of lung disease.
- Understand that COPD is a progressive disease.
- Identify one factor that can cause COPD.

Vocabulary

- Bouts
- “Catching my breath”
- Deteriorated
- Incurable
- Progressive
- Pulmonologist

Scenario 6.1:

Let me tell you about myself. I am a 58 year old man, a husband, a father and a grandfather. I have always tried to be physically active and to participate in my children's and grandchildren's lives. However, all of this began to change a little over ten years ago. It started slowly and has progressed, and now it is even difficult leave the house.

I have smoked since I was 12. I never even thought about quitting until I went to the doctor twelve years ago. I was getting too many colds, then bouts with bronchitis and I even had to be hospitalized with pneumonia. My physician kept telling me to quit smoking, improve my nutrition and to keep myself in good shape by regular exercise.

I did not stop smoking and within two years from the first encounter with my doctor, I noticed that I was having problems catching my breath while doing the simplest of activities. Then I noticed the shortness of breath even with very little activity, such as just getting up from watching TV, or walking into another room.

My physician told me my health had deteriorated and sent me to a pulmonologist, who then delivered the diagnosis of Chronic Obstructive Pulmonary Disease, COPD, which is a progressive and incurable lung disease. The pulmonologist prescribed medication and the full-time use of oxygen therapy. I was told to stop smoking immediately.

These last ten years have been difficult. I never thought twice about being able to breathe, however, 24 hours a day with COPD, breathing is something that you always think about! Anytime you want to leave the house, knowing you are wearing a tube that is attached to a portable oxygen tank, takes careful planning, limits your activities and is not easy. While it means that you have to rely on others to help you do the simplest of task, it is the necessity of the cumbersome, uncomfortable

6.1

oxygen tank that keeps you alive.

I am thankful that I did improve my nutrition and that I continued to exercise which has helped my body to counteract the continuous soreness and pain from pressure of the enlarged lungs. From a support group in my area, I have learned how to breathe using my chest muscles and how to improve my attitude when I am feeling depressed. I tell anyone and everyone who smokes to quit immediately, because smoking is one of the biggest causes of COPD. I ask them, “Is it better to quit and crave a cigarette now or not quit and crave a breath of air later?”

Think About It

1. Do you know of anyone or have you seen someone who has COPD? If you haven't, what could be the reason?
2. Do you think it would be difficult to exercise with COPD? Why?
3. What do you think about the last statement in the story?

Did You Know?

COPD is a major cause of disability and the fourth leading cause of death in the United States.

National Heart Lung and Blood Institute, part of National Institute of Health

Unit 6, Lesson 2: Chronic Bronchitis — Coughing Too Much

Advancing Your GED Skills

In this lesson, you will:

- Make predictions using prior knowledge and self-questioning strategies.
- Determine the essential message by identifying relevant details.
- Evaluate the effects of a demonstration.

Scenario 6.2:

“Cough, cough, cough”, Al just could not get rid of his cough. It temporarily seemed to get better, but it never went away completely. Then he developed what he thought was a cold or possibly the flu. He had chills, a high fever and continued coughing so much that he couldn’t breathe unless he coughed. He was scared because he felt like he was grasping for air. At times he would double over from coughing so much. His throat was raw and his body was weak. He could hardly take a step without stopping to cough. When he tried to lie down, he had to prop his head and chest up so he didn’t feel like he was drowning.

Fiona, Al’s wife, finally got Al to agree to go to the doctor. The doctor took a chest x-ray, gave him a breathing treatment, and prescribed some antibiotics and an inhaler. The doctor explained that Al had chronic bronchitis, which was a swelling and inflammation of the lower airways of the lungs. As a result, the airways produce more mucus than they normally would. He also explained that if you have this inflammation over many years, it may lead to progressive and permanent lung damage. The doctor went on to say Al also had acute bronchitis, which was a bacterial infection of the upper respiratory system which can also damage the lungs.

It was baffling to Al why he was having so many problems with his lungs. He knew smoking was one of the leading risk factors for chronic bronchitis and he told the doctor that he had never smoked. The doctor asked where Al worked. Al replied that he works now as an accountant but that he had worked in chemical factory overseas and made chlorine products for over fifteen years.

The doctor went on to explain that air pollutants such as chemical fumes or dust particles can also cause chronic bronchitis if a person is exposed to them over long periods of time. These pollutants, which irritate and

Vocabulary

- Airways
- Chlorine
- Cough
- Grasping
- Inflammation
- Inhaler
- Mucus
- Pollutants
- Pulmonary Rehabilitation
- Respiratory system

6.2

damage the lungs and put a person at higher risk for chronic bronchitis, include ammonia, chlorine, hydrogen sulfide, bromine, sulfur dioxide, strong acids, coal dust, grain dust, metal dust, smoke from fires, etc. Al began to wonder if there were enough safety regulations in the factory where he had worked. Then it dawned on Al that he was always around his friends who smoked and asked the doctor if that could also be a risk factor. The doctor confirmed his suspicions that second hand smoke is just as threatening to the lungs as smoking.

As part of Al's pulmonary rehabilitation and treatment program, it was recommended that he receive nutrition counseling, learn special breathing techniques, start an exercise regimen and stay away from second hand smoke. Al immediately decided that he would follow the doctor's recommendations and get regular check ups in the future.

Think About It

1. Have you ever been exposed to a chemical substance that caused you to have a reaction? What was the substance and what was the reaction?
2. Describe in detail the symptoms and treatment if you have ever had bronchitis. How long did it last?
3. Do you know someone that has a chronic cough? Are they diagnosed with chronic bronchitis or another illness?

Did You Know?

The right lung is slightly larger than the left.

The surface area of the lungs is roughly the same size of a tennis court.

A sneeze travels faster than a cough (60 vs 100 miles an hour)

A person at rest breathes about 12 to 15 times a minute. That is at least 17,000 times a day and over 6 million breaths a year.

Unit 6, Lesson 3: Asthma — The Right to Breathe Right

Advancing Your GED Skills

In this lesson, you will:

- Learn about the quality of the air we breathe.
- Recognize the responsibility of taking control of your healthcare needs.

Vocabulary

- Affect
- Diagnosed
- Downside
- Life-threatening
- Opponent
- Subsided

Scenario 6.3:

Asthma is a health condition that can affect anybody, a child, an adult, someone whose life is pretty average, even someone who stretches their breathing to the limit, like many of the world's top athletes. According to the Asthma Initiative of Michigan (AIM) at the 1996 World Olympic Games, at least one in six athletes from the U.S. had a history of asthma, had taken asthma medication or had symptoms that suggested asthma. These athletes with asthma won just as many team or individual medals as the athletes without asthma. Let's look at a mock interview with the answers given by any of the dozens of Olympic athletes..

Interviewer: How did asthma affect you?

Athlete: When I was growing up, I didn't know I had asthma. I was diagnosed after 18. I did not get the proper education to recognize the symptoms. I thought my breathing problems were because I was playing too hard outside, or I wasn't in shape. I hardly ever slept through the night. I would wake up between 2 and 4 o'clock in the morning with shortness of breath. I lived in denial for a long time. I thought that it would get better as time passes, not realizing I was getting worse.

Interviewer: How did it affect your athletic activities?

Athlete: There were times when I would be able to run a mile and then sometimes all of a sudden I couldn't do what the coach asked. I thought that I'm not in the best shape yet, thinking that once my breathing subsided, I could run. These problems were symptoms to let me know that I wasn't doing what I was supposed to do to control my asthma.

Interviewer: Denial is the downside of asthma. To achieve what you have, you certainly have learned to control asthma.

Athlete: I had to start respecting asthma like one of my opponents. I

6.3

don't take anyone I go up against for granted. I try to get in the best shape. That's the attitude I had to take with asthma. It was getting the best of me, because I wasn't taking my medicine on a regular basis and not acknowledging that I am an asthmatic. I'm going to have to deal with this for the rest of my life, and I have to take it seriously or I will find myself in a life-threatening situation. The key is not to become complacent. I must have a working relationship with my doctor. I must take my meds every day. Asthma is a condition that can be controlled.

Interviewer: What encouragement would you give to asthmatics to not feel discouraged?

Athlete: Through proper medication, having a working relationship with their doctor as well as parents, spouses, coaches, the trainers, everybody involved, asthmatics should not be discouraged by the downside days. That doesn't mean failure. Change "can't" to "I can", and find a way to slowly start getting involved in activities. Education is the key.

Think About It

1. How can you find out if your breathing problem should be checked out by a doctor?
2. What organizations exist to help people who are having the same health problem?
3. Why is it important to research such organizations? What kind of help do they provide?
4. What does it mean to have a "working relationship" with a doctor?
5. Why is it important to involve several of your loved ones in your health condition, such as asthma?

Unit 6, Lesson 4: Pneumonia; Leo's Lost Thirty Days

Advancing Your GED Skills

In this lesson, you will:

- Describe some symptoms of pneumonia.
- Gain knowledge of a deadly illness.
- Recognize how quickly a disease can become serious.

Scenario 6.4:

Ring, ring went the phone. Joyce answered the phone and heard her husband barely say, "I went to the ER with the paramedics. They are going to admit me to the hospital." Joyce told him to call her when he got settled in his room. She knew that her husband, Leo had not been feeling well. He had had a cold and cough he just could not get rid of, but he was working out of town and wanted to complete the job quickly so he could come home and then go to the doctor.

Ring, ring went the phone. Joyce answered expecting to hear her husband. Instead it was a nurse explaining that her husband was put on a ventilator, in order to keep his airway open, because he was not getting enough oxygen into his bloodstream. The nurse went on to say he had been running a high fever when he came to the hospital, and that he was having chills and spitting up blood when he coughed. She told Joyce he had been diagnosed with Pneumococcal pneumonia, a bacteria called *Streptococcus pneumoniae* and was admitted to the intensive care unit of the hospital. The nurse went on to explain that Pneumococcal pneumonia can infect the upper respiratory tract and can spread to the blood, lungs, middle ear, or nervous system. Joyce was dismayed. She asked for the address and phone number of the hospital and said she would be there as soon as she could.

For the next 30 days Leo stayed in intensive care. Ten days after being on the ventilator, they had to perform a tracheotomy, due to the prolonged need for airway support. He did not change day after day. The doctors explained that it was something you had to 'wait and see' to know if his body could fight off the infection. They gave Leo medicine to keep him comatose state. He received strong antibiotics, breathing treatments, and physical therapy every day.

Finally Leo was getting better and he was transferred to a physical

Vocabulary

- Airway
- Comatose State
- Dismayed
- Intensive Care
- Physical Rehabilitation Center
- Pneumococcal Pneumonia
- Prolonged
- Tracheotomy
- Tracheostomy Tubel
- Ventilator

6.4

rehabilitation center to get his muscle tone back so he could get out of bed and walk again. After the tracheostomy tube was removed, he was given a portable oxygen tank to keep his oxygen level up for the next several weeks. Leo, who turned 26 while he was in the hospital, still cannot believe he can't remember anything during thirty days in intensive care and that pneumonia can be such a serious disease.

Think About It

1. Do you think Leo should have waited so long to go to the ER?
2. What do you think might have happened if he did not go to the hospital when he did?
3. Do you know someone who has had pneumonia? Did you know that there are different kinds of pneumonia?

Did You Know?

In the United States, about one of every twenty people with pneumococcal pneumonia dies. However, with treatment, most types of bacterial pneumonia can be cleared within two to four weeks.

UNIT 7



Chronic Medical Conditions

- Diabetes — Type II
- Heart Attack
- Heart Disease
- Renal Disease
- Arthritis

Unit 7, Lesson 1: Diabetes Type II — Going Forward, Rosa's Story

Advancing Your GED Skills

In this lesson, you will:

- Become familiar with the warning signs of diabetes.
- Recognize that we should not ignore warning signs.
- Learn how healthy eating and exercise can help prevent Type 2 diabetes.

Vocabulary

- Blurred
- Glucose
- Insulin
- Symptoms
- Urination

Scenario 7.1:

“Not again”, Rosa thought, as she got up at 3:05 AM. “This is the third time I have had to use the bathroom tonight.” Rosa had not been feeling up to par for a couple of weeks. Although she was getting enough sleep, she always seemed tired, and what was more disturbing, she kept waking up to use the bathroom, night after night!

The next day Rosa was exhausted and dragged herself to get ready for work. She was running late and decided she would skip breakfast so she could get to work on time. She started her car and backed out of the driveway but her vision became blurred.

The next thing Rosa remembered was a man shaking her and asking if she was okay. He told her she hit a tree and 911 had been called. Rosa's next memory was of being in an ambulance with an IV in her arm. She did not have any memory of the accident.

In the hospital, Rosa learned that she had diabetes. She started to think that she was too young to have diabetes, but now it began to make sense to her, the frequent urination, extreme thirst, always tired and her dry itchy skin, all were symptoms of diabetes. She knew the symptoms; her mother was diagnosed as being a diabetic two years ago and she was constantly advising Rosa to keep her weight down and to stay aware of the symptoms of diabetes.

Through classes to learn more about diabetes, Rosa found out, from the American Diabetes Association, that people with Type 2 diabetes do not produce enough insulin or the cells ignore the insulin. It is insulin that is needed to convert sugar (glucose) into energy for daily life. Insulin takes the sugar from the blood into the cells. When this does not happen, the sugar builds up in the blood, and over a period of time, high blood glucose levels can lead to other problems with kidneys, nerves, eyes, and

7.1

heart problems to name a few.

Rosa decided that she would start taking much better care of herself. She started a healthy diet and exercise became part of her daily routine. She made a commitment to lose those fifty unwanted pounds, monitor her blood sugar levels and take the necessary medication her doctor recommended. She was determined to take charge of living a happy and productive life!

Think about it

1. What were Rosa's warning signs? Do you know of any other warning signs that might indicate Type 2 diabetes?
2. What are some other complications associated with diabetes?
3. How did Rosa adjust her life after finding out she had diabetes?
4. What do you think would have happened had she not made some life style changes?

Did you know?

- Diabetes puts you at higher risk for dental problems. High blood sugars can cause diseases to your gums and teeth. This is why it is so strongly recommended that diabetics see the dentist for regular cleanings and checkups.
- Diabetes is now the sixth leading cause of death in the United States.
- Diabetes is the leading cause of blindness and Chronic Kidney Disease.
- Over 23 million Americans have diabetes.

Unit 7, Lesson 2: Heart Attack — 911

Advancing Your GED Skills

In this lesson, you will:

- Describe the symptoms of having a heart attack.
- Understanding how the heart works.
- Identify when 911 should be called.

Scenario 7.2:

I was all cozy and warm on a really cold February evening, glancing up to watch the snow fall outside as I sat reading a book. This is what I really needed after such a stressful week. I was so comfortable when abruptly I had a horrible feeling that seemed to be extreme indigestion. It then subsided, but it jolted me into trying to think what I may have eaten that would cause this feeling. Suddenly, the next sensation I felt seemed to be racing up my spine, gaining speed as it continued up my sternum. Then this pressure seemed to continue into my throat, then to my jaw.

“Oh, no” I screamed. I think I knew what was happening. “I’m having a heart attack!” I tried to get up but fell back on the sofa. I didn’t have the strength to get up, but I knew I had to get to the phone which was on the table. I was the only one at home and I knew my life depended on getting help. I thought to myself, “If I don’t get to the phone, nobody will know that I need help and if I wait I may not be able to move. I just have to make it to the phone.”

I rolled off the sofa, scooted my way to the table, grabbed the phone, and dialed 911. In a very weak voice stated I thought I was having a heart attack and needed help. I dropped the phone and never heard the reply.

I must have lost consciousness, because the next thing I remembered is the paramedics asking me if I took any medications and if there was someone they could call. I know my mouth moved but I was unable to say anything.

When I woke up in the hospital, the cardiologist, still in her surgical clothes, said that I had indeed had a heart attack. I thought I heard her say she had had to restart my heart and that I had blockage due to plaque in my arteries. She had opened the artery by performing an angioplasty. During this procedure, a small balloon is guided into the coronary artery

Vocabulary

- Angioplasty
- Artery
- Cardiologist
- Coronary
- Indigestion
- Paramedics
- Plaque
- Sensation
- Sternum

7.2

to re-establish blood flow. She stated I was lucky to get to the hospital in time.

I am ecstatic that I survived the heart attack. I was thirty years old at the time and it never dawned on me that this could happen. I knew that both of my parents and one brother had all had a heart attack in their early forties, but I was in denial that it would happen to me. I guess part of growing up is deciding what is important. I have made changes to my life style and today I live a more balanced life.

Think About It

1. Do you or anyone in your family have a history of having a heart attack? How old were they when they had their heart attack?
2. Do you know the symptoms that might indicate someone is having a heart attack?
3. What would you do if you suspect someone is having a heart attack?
4. What do you think was meant by the statement, “She said I was lucky to get to the hospital in time”?

Did You Know?

- Every year about 785,000 Americans have a first heart attack and another 470,000 who have already had one or more heart attacks have another attack.
- About 47% of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don’t act on early warning signs.⁵

Unit 7, Lesson 3: Heart Disease — Are You at Risk?

Advancing Your GED Skills

In this lesson, you will:

- Identify lifestyle choices that encourage good cardiovascular and general health.
- Recognize that genetics plays a role in our general health.
- Understand what you can control to have good health.

Vocabulary

- Arteries
- EKG
- Flutters
- Genetics
- Hereditary
- Posterior Anterior Artery
- Stent

Scenario 7.3:

“Ouch, there it goes again” said Luanne to her brother. “I have been feeling these flutters in my chest and now I am having stomach pains. Every once in a while feel tightness in my stomach and then I’m not be able to breathe well.”

“Go get it checked out. Remember that I have had two procedures to open up my arteries” said Raul. “You know that heart disease runs in our family.

“Oh Raul, please. I take excellent care of myself. I would be the last candidate for heart disease. Look at me, I am a champion swimmer”, replied Luanne.

“I know. I know that you are our incredible athlete and that you have always kept fit, eaten well, never smoked or drank and got plenty of rest. Nevertheless, heart disease can be hereditary. Go and get it checked out!” answered Raul.

Luanne sort of chuckled and promised Raul she would go to see Dr. Zahn. She thought it would be a waste of time and money, but she wanted to find out why she was having the pains in her stomach. She was sure this had nothing to do with her heart.

Dr. Zahn said that Luanne was in excellent shape, but he had blood drawn, did an EKG and wanted to get an X-ray of her heart. Dr. Zahn suspected that something was not quite right and prescribed several other tests. Luanne was in shock when she met with Dr. Zahn for her results. He said she had an enlarged heart and that her posterior anterior artery was 95% blocked. He recommended putting in a stent and for her to take some medications.

Luanne always thought she was the picture of health. She has now

7.3

accepted that even though you are in control of your eating and sleeping, you keep your self fit, a person cannot control their genetics. Luanne feels that by being fit and healthy probably postponed the onset of heart disease and that it also has helped her survive it.

Think About It

1. What are some ways we can take care of ourselves to have good overall health?
2. Do you think it is a good idea to try and have control of our health especially if there is a history of heart disease in your family?
3. When do you think someone should start to have good eating and exercising habits?

Did You Know?

- Heart disease causes 26% of deaths—more than one in every four—in the United States
- In 2010, heart disease cost the United States \$316.4 billion. This total includes the cost of health care services, medications, and lost productivity.

Unit 7, Lesson 4: Renal Disease

Advancing Your GED Skills

In this lesson, you will:

- Recognize that symptoms can be misleading.
- Conclude that a doctor's appointment is necessary.
- Consider options when given life changing news.

Vocabulary

- Accumulation
- Anemic
- Chronic
- Disoriented
- Dysfunction
- Queasy
- Renal Disease
- Toxic Waste
- Urine

Scenario 7.4:

Rich was explaining to his coworkers that his vacation had been wonderful. It was relaxing and peaceful and he could not wait to return to the beach next year. However, he went on to say that he was extremely tired, and he blamed his tiredness on his airplane flight which he described as terribly long and it took forever because of delays due to bad weather conditions.

The week after his vacation, Rich felt even more tired and started to be concerned. Rich loved food, but now he did not have much interest in eating. He also noticed that he was a little queasy when he ate and when he urinated, his urine was full of bubbles. He thought he must be coming down with "something".

Several days later, he went to a college football game with his regular group of friends. They commented to him that he did not seem to be interested in the game and asked what was wrong. Rich decided that he better go see a doctor, because he was not sure why he was feeling so disoriented. Again, he thought he might be coming down with something like the flu.

Rich had a complete physical exam along with blood and urine tests. The doctor then ordered some additional tests to be performed. He was concerned about Rich's kidneys. The urine test showed traces of blood in Rich's urine.

When Rich went back to the doctor, he was informed that he had Stage 2 renal disease, which is incurable. The doctor told him that this is a chronic kidney disease that came on slowly and can lead to total kidney failure without proper supervision and care. Because of the decline of renal dysfunction, Rich needed to be closely watched by the doctor so he did not become anemic, develop high blood pressure, show signs of bone

7.4

disease or have acidosis (excessive acidity of body fluids) or have the renal disease progress to Stage 5, which is complete renal failure.

As a result of Rich finding out that he had renal disease, he stopped smoking, started exercising, started a low protein diet, lost weight, follows prescribed medication directions and keeps regular doctor's appointments to check on the progression of his disease.

Think About It

1. What other types of illnesses can you think of that the symptoms would be; you are tired, queasy and disoriented?
2. What makes a person decide it is time to see a doctor?
3. How would you feel if you found out you had a chronic disease that had no cure?

Did You Know

- You have 2 kidneys that are each about the size of a fist.
- You can live with only one kidney.
- Some people are born with only one kidney!
- Kidney disease affects approximately 2 in 1,000 people of all ages in the United States.

Unit 7, Lesson 5: Arthritis — The Pain of It

Advancing Your GED Skills

In this lesson, you will:

- Identify strategies for prevention of arthritis.
- Become familiar with the types of arthritics and treatment.
- Recognize the impact of arthritis on one's physical and emotional well-being.

Vocabulary

- Arthritis
- Cartilage
- Deteriorate
- Osteoarthritis
- Rheumatologist

Scenario 7.5:

Lorraine couldn't believe her good fortune about her upcoming schedule. She is a first semester nursing student, and along with her required beginning courses, she is allowed to take a nursing related "elective". Yesterday her 54 year old mother was diagnosed with osteoarthritis which is the most common of all types of arthritis. Lorraine's mother exhibited symptoms that are just like those listed in the textbooks. She has been suffering from pain, stiffness, difficulty moving (especially her knees) which also started to swell sometimes. As Lorraine looked down the list of available elective courses, she noticed: "Arthritis; Case Study: the Types, Symptoms and the Treatments". Lorraine knew the elective course she would sign up for that semester!

At the end of class on the first day, Lorraine asked her professor what she, her mother and her family have to look forward to and what they can expect in the future as far as her mother's treatment. She explained that she and her mother wished they had known more about arthritis.

Professor McBride said that he was pleased to learn that there had been in-depth tests completed, and an accurate and early diagnosis had been made. He stated that while there was no cure for her mother's condition, this early diagnosis increased the chances for successful treatment. The professor gave Lorraine a list of websites for additional information.

When Lorraine got home that evening, she shared her list of websites, and she and her family started their research. They learned that arthritis can, to some extent, be prevented. People who are overweight have a higher frequency of osteoarthritis, especially in the weight bearing joints (knees and hips). And joint injuries caused by accidents or over use increases the risk of osteoarthritis. They found this information interesting, but Lorraine's mother already has the condition so, prevention is not as important as treatment and long-term outlook. They were very pleased to

7.5

find that an accurate diagnosis increases the chances for successful treatment, just like Professor McBride had said. Together, mother and daughter found that in osteoarthritis, the cartilage and bones begin to deteriorate or break down. Basically, the cartilage, which is the area that cushions the bone ends and allows for easy movement begins to deteriorate and the bones begin to rub against each other causing the pain and stiffness associated with arthritis. They knew that the next step was to visit a rheumatologist, who is a medical doctor that specializes in the non surgical treatment of arthritis. They were also pleased to know that they would be talking about a variety of possible treatments which included medication, warm and cold compresses, exercise and the pacing of activities. When Lorraine and her family went to bed that night, they felt far better than they had for the past few nights.

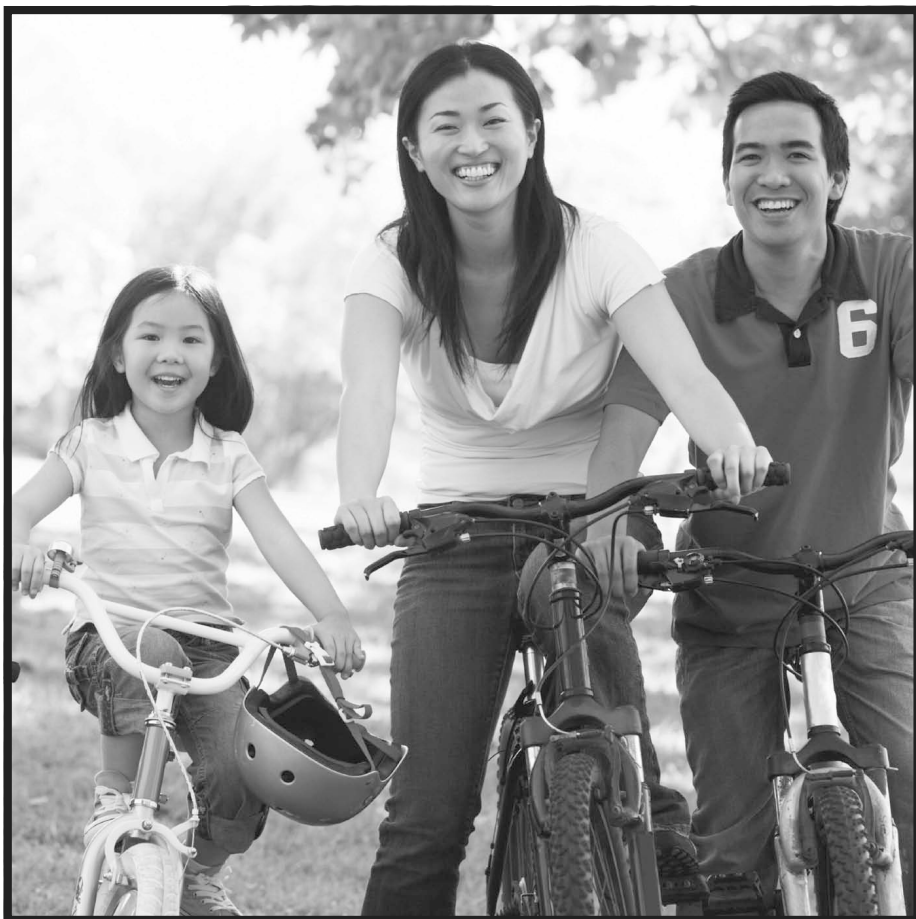
Think About It

1. Do you know someone with arthritis? Describe their condition.
2. What do they do to treat their condition?
3. Were you aware that arthritis can be prevented? Explain.

Did You Know?

- Arthritis costs the U.S. economy more than \$124 billion per year in medical care and indirect expenses such as lost wages and production
- Arthritis and related conditions are a major cause of disability in the U. S.

UNIT 8



Dental Health

- Oral Hygiene and Root Canal
- Gum Disease

Unit 8, Lesson 1: Oral Hygiene and Root Canal

Advancing Your GED Skills

In this lesson, you will:

- Determine the purpose of good oral hygiene.
- Recognize that a problem with our oral hygiene needs immediate attention.
- Evaluate what is needed to keep good oral hygiene.

Vocabulary

- Dental Bridge
- Dental Implant
- Dental Pulp
- Endodontist
- Excruciating
- Sensitivity
- Subside

Scenario 8.1:

“Would you like some coffee?” the waitress asked Maylin? Maylin shook her head no. “Then would you like some more ice water?”

Maylin tried to smile and say no thanks, but she was in such excruciating pain that tears were forming in her eyes. Instead she just shook her head no. She had just taken a sip of the ice water. When the cold water hit her teeth, she froze from the sharp stab of pain that just would not subside.

During the last several weeks, Maylin had noticed some sensitivity in the back of her mouth when she consumed very cold or hot food, but it always would just go away. Now she knew something was seriously wrong.

When the pain finally went away, Maylin shared with her friend what had happened. Her friend had been quite concerned when she saw Maylin in pain and tears. She was not sure what was wrong.

Maylin’s friend, Yoko, said she had had the same thing happen to her several years ago. She told Maylin that she went to her dentist immediately for an oral exam and that her dentist sent her to an endodontist, a dentist who specializes in the causes, diagnosis, prevention, and treatment of diseases and injuries of the human dental pulp or the nerve of the tooth. Yoko said she needed a root canal, and she thought that might be Maylin’s problem also.

The next day Maylin did have a root canal. She was concerned that she would have a lot of pain and was surprised that she didn’t. The endodontist explained that often, if a cavity is found to be near the pulp, the pulp would become infected, causing the sensitivity or pain. In her case, the root canal procedure would remove any infected tissue, thus eliminating the pain. He went on to explain that if the tooth infection is allowed to

8.1

continue untreated, the result could have been the loss of the tooth completely, necessitating a dental implant or a dental bridge.

The endodontist encouraged Maylin to keep regular dental appointments and to brush often for good oral hygiene. He told Maylin to change her toothbrush since she had had an infection and that she should replace her toothbrush every three months to avoid having the bristles breakdown. He made clear that using an old toothbrush could make brushing less effective and could cause gum damage. Maylin was thankful that she caught this in time and assured the endodontist that she would do a better job with her oral hygiene and see her dentist regularly in the future.

Think About It

1. Have you or someone you know ever had a root canal. Share how you found out you needed to have a root canal.
2. Do you go to the dentist regularly? How often is regularly?
3. How often do you change your toothbrush? Do you have a preference as to what kind of toothbrush you buy? Explain.

Unit 8, Lesson 2: Gum Disease/Periodontal Disease — It Hurts to Eat.

Advancing Your GED Skills

In this lesson, you will:

- Explain the meanings of words.
- Generate a plan for better oral health.
- Draw inferences about a family health history and oral hygiene.

Vocabulary

- Diagnosis
- Gingivitis
- Grimaces
- Inflammation
- Massive Coronary
- Periodontal Disease
- Plaque
- Texture

Scenario 8.2:

Leo sits with his wife Sondra at breakfast, and Sondra begins to notice that with each bite that Leo takes, he grimaces a little. Sondra wants to know what is wrong and Leo tells her that his gums feel raw and that food hitting the “raw” gum causes quite a bit of pain. He is eating oatmeal and scrambled eggs, so Sondra knows that the texture of the food is not the problem.

Sondra makes Lou promise to get a dental appointment. During Lou’s dental examination, the dental assistant asks a lot of questions about Lou’s family dental history, and surprisingly, many questions about his family’s general health history.

The dentist diagnoses gingivitis and periodontal disease, and the plan to his recovery and his continuing oral health wellness is set into place.

Lou asks the dentist why all of the medical history questions were asked, and they began to discuss Lou’s family medical history. While talking, Lou mentions that both his father and his grandfather had crooked, missing and discolored teeth, and during further discussion it was revealed that his grandfather died from a massive coronary while at work, and that his father has had a pace maker implanted after having two heart surgeries. It seems that Lou has practiced the same kind of oral hygiene that he was exposed to as a child, watching his father and grandfather.

His dentist explains that poor oral hygiene, leading to periodontal disease has long been related to numerous general health problems and that your oral health may affect or contribute to various diseases and conditions including: diabetes, osteoporosis, and even Alzheimer’s disease and premature births and low birth weight.

The atmosphere at the dinner table that night was one of smiles and

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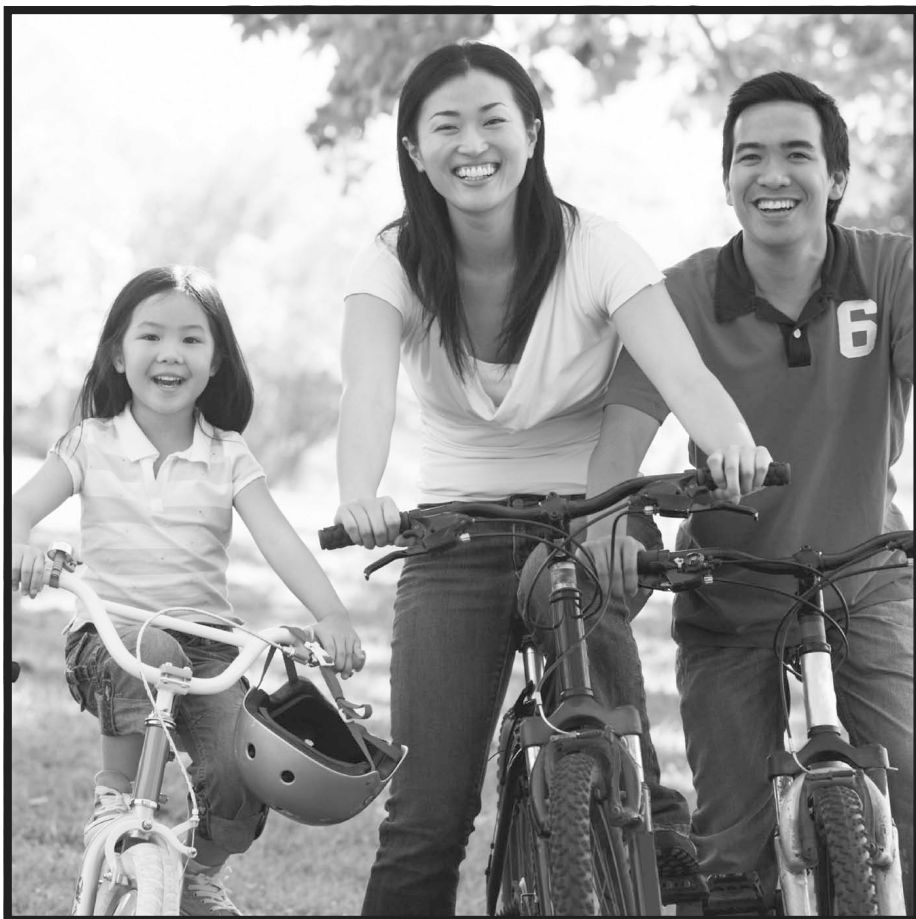
relief as Sondra learned of Lou's treatment plan as well as his plan for continuing good oral health practices – which should help lead to better overall health in the future. They both now know that oral health is a window to one's overall health.

Lou was certainly surprised to learn that bacteria from periodontal and other oral disease may be linked to clogged arteries, stroke and heart disease.

Think About It

1. Have you ever had to go to the dentist because something in your mouth hurt? What was the diagnosis?
2. Do you think that Lou went to the dentist on a regular basis? Why or why not? What have you learned from Lou to support this answer?
3. What inferences can you make from Lou's family history and his family's overall oral health?

UNIT 9



Eye Care

- Eye Examinations
- Glaucoma
- Macular Degeneration

Unit 9, Lesson 1: Eye Examinations — Duane was Careful

Advancing Your GED Skills

In this lesson, you will:

- Understand the importance of any accident to the eye.
- Sequence information.
- Identify parts of the eye and eye care.

Vocabulary

- Adequate
- Conscientious
- Depth Perception
- Janitorial
- Material Safety Data Sheet
- Ophthalmologist
- Seminar

Scenario 9.1:

Duane has worked for a large janitorial chemical distributor for over four years. He started as a delivery truck driver and he was recently promoted to manager of warehouse operations.

Duane has taken the safety classes and has attended the required seminars on safely handling chemicals, but he has just proven that no matter how careful you might be, accidents can happen. He was storing a case of cleaning chemical on an upper shelf when he noticed that the cardboard packaging was wet on the bottom, and in his attempt to slide the damaged case off the shelf, some of the chemical splashed him in the face and into his left eye.

Duane immediately secured the damaged case and went to the “Eye Care Station” and washed his face and rinsed his eyes. He filled out the company’s accident form, returned to his work, cleaned up the spill and posted a “caution” sign to protect his co-workers. After a couple of hours, his eye began to really burn. Even though he knew to check the material safety data sheet for suggested and required medical attention, he had only rinsed his eyes. He thought that he knew the chemicals well enough and he thought that rinsing was adequate for this particular one. His memory was wrong, the chemical required immediate medical attention.

Duane’s supervisor took him to an eye care professional for an emergency eye exam. The doctor stated that Duane would temporarily not be able to see well out of his left eye, but in time his vision should return to normal. He instructed Duane on how to apply some topical medication in his eye. He also told Duane to wear sunglasses while outside and to return in one week for a follow-up visit.

Duane was amazed how quickly he began to notice some of the symptoms

9.1

that the doctor had discussed with him. When he backed up one of the delivery trucks to be loaded, he stopped too far from the loading dock. He realized that his depth perception had definitely been affected and he also noticed his eyes watered all the time while in the sun, even with sunglasses.

He was very concerned at first, but before he returned for his one week follow-up appointment, he was already beginning to see more clearly and with less difficulty. His doctor said that there would be no need for an ophthalmologist, surgery would not be necessary.

More than ever, Duane and his friends and co-workers value their eyesight and value the knowledge that they have all obtained from his experience.

Think About It

1. Have you ever had something in your eye that caused you to see an eye specialist? What caused your eye irritation?
2. Do you know someone who has had a serious eye injury? What was the end result due to the injury?
3. What is the best way to care for your eyes? Do you have regular

Unit 9, Lesson 2: Glaucoma

Advancing Your GED Skills

In this lesson, you will:

- Understand glaucoma.
- Recognize the importance of eye exams.
- Identify the risks of glaucoma.

Vocabulary

- Glaucoma
- Hereditary
- Ophthalmologist
- Tunnel Vision

Scenario 9.2:

My grandmother is always harping on us to keep regular eye exams. She was diagnosed with glaucoma in her late sixties and lost all of her vision when she was seventy-four. She had never, and I repeat, never had had an eye exam until she was sixty two years old. Shana was talking to her boyfriend James, explaining why she was going to get an eye exam. James had been teasing her saying, “What’s the matter, you need glasses now?”

Shana was patient and continued to say, this is what my grandmother keeps saying to us, “I remember that day like I remember today! I just could not see anything except what was straight in front of me. It was strange, like tunnel vision. It sort of made me woozy. I decided I needed to go see an ophthalmologist to check my eyes. Well, I’ll tell you right now, I was not prepared for the diagnosis. It changed my life and has continued to do so over the last fifteen years. Look at me, I can’t see you. I can hear you and touch you, but I can’t see you. Just get your eyes checked because this disease is hereditary. You want to catch it early for better results than I got!”

James said he never knew of anyone with glaucoma. Shana then started to tell James about glaucoma. She stated that it is estimated that over 4 million American’s have glaucoma, but only half know they have it. She also stated that glaucoma is the second leading cause of blindness in the world. Then she continued to say that glaucoma is the leading cause of blindness among African Americans and that glaucoma is 6 to 8 times more common in African Americans than in Caucasians. She also said that there was no cure for glaucoma, but if it is caught early and with the correct medical treatment, the disease can be slowed down.

“Wow,” was all James could say. He said he thought that an eye exam was only for people that need glasses, and then asked how often Shana went to get her eyes checked.

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Shana said she gets her eyes checked every year. She encouraged James to also schedule an exam and impressed upon James that an eye exam is to make sure a person has healthy eyes, not just a need for glasses! James was convinced, and decided that he would make an appointment to get an eye exam with Shana's doctor too.

Think About It

1. When was the last time you had your eyes examined?
2. How often do you go to have an eye exam?
3. Are you familiar with your family, eye disease history?

Did You Know?

Blindness ranked third (after cancer and heart disease) as people's major fear.

In terms of Social Security benefits, lost income tax revenues, and health care expenditures, the cost to the U.S. government is estimated to be over \$1.5 billion annually.

Unit 9, Lesson 3: Macular Degeneration — Missing Part of the Picture

Advancing Your GED Skills

In this lesson, you will:

- Become aware of the signs of macular degeneration.
- Recognize that some diseases of the eye do not have a cure.
- Understand early detection is crucial.

Vocabulary

- Blind Spot
- Blurry
- Dry Macular Degeneration
- Retina
- Wet Macular Degeneration

Scenario 9.3:

“Macular degeneration?” I had heard of this, but I am only 42 years old and the youngest girl in my family and there is no history of macular degeneration in my family. I then asked, “Doctor, are you sure?”

“Yes Brenda, the symptoms that you were experiencing led me to perform more defining tests and additional lab work. It was helpful that you kept notes about what was happening with your vision. You noted that you started to have blurry vision and at about the same time colors began to be less sharp and soon after you began to see blind spots that have started to be more and more defined.” The doctor continued, “The tests and lab results confirm that the retina damage is consistent with macular degeneration.”

Brenda started remembering what she had noticed at the stoplight, the red light seemed a little fuzzy and the lettering on the truck next to her was blurry as well, so, near or far her vision was blurry. The very next day the colors of the sign at her gas station were a muddy looking green and yellow, and actually there was a spot of “blindness” in the center of her vision.

Of course Brenda’s eye doctor made an appointment for her to see a retina specialist that specialized in macular degeneration. In the days before that appointment, Brenda began to feel extremely frightened, especially at moments that her vision was blurred; she realized that the loss of vision was highly “life changing”.

The retina specialist explained that while Brenda is certainly younger than most of his patients, and while there is no cure for either dry or wet macular degeneration, either a daily intake of specific vitamin formulations or a life style change of diet, or both may deter the onset of wet macular degeneration for patients with dry macular degeneration.

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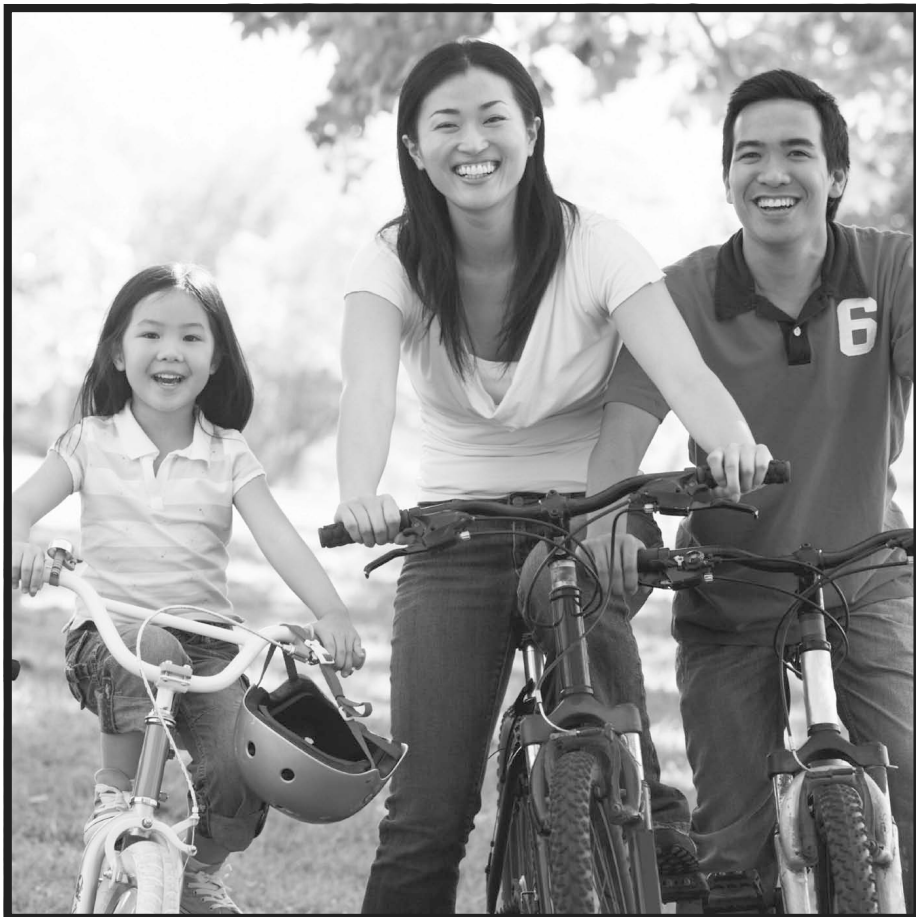
He further explained that there is no reason for Brenda to expect that she will lose all of her sight; the disease progresses slowly and many people with this condition are able to lead relatively normal productive lives, especially if only one eye is affected, which is the case with Brenda.

So, for now, a change in diet and daily vitamin intake, along with annual eye exams is the treatment for Brenda, as well as the hope for new treatments through research and advanced technology.

Think About It

1. Have you ever had something in your eye that temporarily made your vision blurry? How did that feel?
2. Do you think most people would become frightened when facing a life changing illness?
3. How would you feel if you had a disease and there was not a cure for that disease?

UNIT 10



Ear Care

- Hearing Examinations

Unit 10 Lesson 1: Hearing Loss — Uh, What Did You Say?

Advancing Your GED Skills

In this lesson, you will:

- Recognize symptoms of hearing loss.
- Learn how to protect and prevent hearing loss.
- Become aware of how many times a person might be causing damage to their hearing.
- Be aware of the best way to communicate with a hard-of-hearing or deaf person.

Vocabulary

- Assistive Device
- Audiogram
- Audiologic Evaluation
- Audiologist
- Otolaryngologist
- Sign language

Scenario 10.1:

“Just raise your hand if you hear a beep in your ear. Now put the headset on and go into this sound proof room. Again, the noise will come thru the headset and when you hear the slightest beep, raise your hand”, said the audiologist.

Ariel had noticed that he was not hearing as well as he used to. Some of his friends had brought this to his attention. He thought it was due to a cold and earache he had three months ago, but when he went to the otolaryngologist; he found out that he may have permanent hearing loss. He was taking an Audiologic (Hearing) Evaluation by an audiologist right now to see how much hearing he had. It was a shock to him to find out he could have some permanent damage.

After looking at Ariel’s audiogram, the otolaryngologist told him that he had lost some of his hearing, but the loss was not enough to warrant hearing aids at this time. The doctor told him that he thought that the hearing loss is from noise damage to his inner ear. He told Ariel to stay away from loud music and stressed that he should not wear headsets with the music blaring any more. He also told Ariel to wear ear protection when riding his motorcycle.

Ariel was surprised and said he didn’t think people with a hearing loss could drive a vehicle. The doctor assured him it was okay and if he wanted, he could get some assistive devices to alert him to sirens and other noise.

Then Ariel asked if he should learn sign language. The doctor again reassured him that if he took care of his ears from now on, he probably would not have any more hearing loss. However, learning sign language is not only for people who are hard of hearing or deaf, but many hearing people have learned to sign also.

10.1

When Ariel left the doctor's office he decided he needed to do a lot of research on hearing loss and the prevention of hearing loss and devices that are available for the hearing impaired. He was especially interested to find out about closed caption on the TV, because he couldn't always hear the story line, especially if there was some background noise. He also liked the idea of getting a vibrating alarm clock and an amplified phone. Ariel was going to take care of himself and do all he could to prevent any more hearing loss.

Think About It

1. Do you play loud music much of the time? Explain.
2. Did you know that loud music over an extended amount of time could cause hearing loss?
3. Do you have a job that has constant loud noise? Are protective hearing devices provided?
4. Do you know someone who is hearing impaired or deaf? How do you communicate?

Did You Know?

- Ten million Americans have already suffered irreversible damage from noise, and thirty million more are exposed to dangerous levels of noise each day.

Glossary

Abdomen: *noun* – the part of the body between the chest and the hips containing the stomach and other digestive organs

Accumulation: *noun* – the state of increasing growth happening gradually over time

Acetaminophen: *noun* – a crystalline compound used in medicine to relieve pain and fever

Addict: *noun* – a person who is not able to stop taking drugs: a person who is addicted to drugs

Addiction: *noun* – a strong and harmful need to regularly have something such as a drug or do something such as gamble

Adequate: *adjective* – enough for some need or requirement

Affect: *verb* – to cause a change in a part of the body

Affectionate: *adjective* – feeling or showing love and affection

Airway: *noun* – the area in the throat through which air passes to and from the lungs

Alleged: *verb* – stated without definite proof

Allergy: *noun* – a medical condition that causes someone to become sick after eating, touching, or breathing something that is harmless to most people

Ambulance: *noun* – a vehicle used for taking hurt or sick people to the hospital especially in emergencies

American Cancer Society: *noun* – a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the ACS has 12 chartered Divisions, more than 900 local offices nationwide, and a presence in more than 5,100 communities.

Anemic: *adjective* – relating to or suffering from anemia: a condition in which a person has fewer red blood cells than normal and feels very weak and tired

Angioplasty: *noun* – surgical repair of a coronary artery - a small balloon is guided into the coronary artery to re-establish blood flow

Anorexic: *adjective* – relating to or suffering from anorexia: a serious physical and emotional illness in which an abnormal fear of being fat leads to very poor eating habits and dangerous weight loss

Anterior Artery: see artery, anterior

Antibiotic: *noun* – a drug that is used to kill harmful bacteria and to cure infections

Artery: *noun* – any one of the tubes that carry blood from the heart to all parts of the body. Plural: arteries.

Glossary

Artery, Anterior: *noun* – artery located on the front side of the heart.

Artery, Posterior: *noun* – artery located on the back side of the heart.

Arthritis: *noun* – a disease that causes the joints of the body to become swollen and painful

Assistive Device: *noun* – a machine designed or intended to assist disabled persons

Audiogram: *noun* – a graphic representation of the relation of vibration frequency and the minimum sound intensity for hearing

Audiologic Evaluation: *noun* – a test to measure a persons' ability to hear

Audiologist: *noun* – a doctor who specializes in the study and treatment of issues related to hearing

Barium: *noun* – a chemical element that is a soft silver-white metal

Behavioral: *adjective* – referring to the way a person or animal acts or behaves

Bile: *noun* – a yellow or greenish liquid that is made by the liver and that helps the body to digest fats

Biopsy: *noun* – the removal of tissue, cells, or fluids from someone's body in order to check for illness

Blind Spot: *noun* – a small area at the back of the eye that is not sensitive to light

Blisters: *noun* – raised areas on the skin that contain clear liquid and that are caused by injury to the skin

Blood pressure: *noun* – the force with which blood moves through a person's body

Blotches: *noun* – usually dark-colored spots especially on the skin

Blurred: *verb* – unclear or difficult to see or remember

Blurry: *adjective* – something that you cannot see clearly

Boisterous: *adjective* – very noisy and active in a lively way

Bouts: *noun* – periods of time during which someone suffers from something (such as an illness or disease)

Bowel habits: *noun* – regular or repeated pattern or schedule of evacuating the bowel (the long tube in the body that helps digest food and carries solid waste out of the body)

Bulimic: *adjective* – relating to or suffering from bulimia: a serious physical and emotional illness in which people and especially young women eat large amounts of food and then cause themselves to vomit in order to not gain weight

Calculated: *verb* – to find (a number, answer, etc.) by using mathematical processes

Glossary

Carcinogenic: *adjective* – likely or able to cause cancer

Cardiologist: *noun* – a doctor who specializes in treatment of heart disease.

Cartilage: *noun* – a strong but flexible material found in some parts of the body (such as the nose, the outer ear, and some joints)

Catastrophic: *adjective* – violently destructive, causing utter failure or change

Catching My Breath: *verb* – attempting to take in a breath of air, trying to breath normally

Caution: *noun* – care taken to avoid danger or risk: a careful attitude or way of behaving

Chemo-cocktail: *noun* – a mixture of chemicals used to treat or control a disease such as cancer

Chemotherapy: *noun* – the use of chemical to treat or control a disease such as cancer

Chlorine: *noun* – a chemical that in its natural form is a greenish-yellow gas and has a strong smell.
Chlorine in a liquid or solid form is often added to water (such as the water in a swimming pool) to keep it clean.

Chronic: *adjective* – continuing or occurring again and again for a long time

Colon Cancer: *noun* – a serious abnormal cell disease located in the main part of the large intestine

Colonoscopy: *noun* – a medical procedure in which a special tube-shaped instrument is used to take pictures of the inside of someone's colon

Colorectal Cancer: *noun* – a serious abnormal cell disease affecting the colon and rectum

Comatose state: *noun* – a state in which a sick or injured person is unconscious for a long time

Concentrate: *verb* – to think about something: to give your attention to the thing you are doing, reading, etc.

Conjunctivitis: *noun* – a disease that causes the eye to become pink and sore

Conscientious: *adjective* – very careful about doing what you are supposed to do: concerned with doing something correctly

Concurred: *verb* – agreed with someone or something

Concussion: *noun* – an injury to the brain that is caused by something hitting the head very hard

Coronary: *adjective* – of or relating to the heart and especially to the vessels that supply blood to the heart

Cough: *noun* – an act of coughing or the sound made when someone coughs; *verb* – to force air through

Glossary

your throat with a short, loud noise often because you are sick

Deadline: *noun* – a date or time when something must be finished: the last day, hour, or minute that something will be accepted

Dehydrated: *adjective* – having lost water or body fluids

Denial: *noun* – a statement saying that something is not true or real

Dental Bridge: *noun* – a false tooth or row of false teeth that fits between two real teeth

Dental Implant: *noun* – a false tooth or bridge that is placed in a person's mouth by means of surgery

Dental Pulp: *noun* – the soft tissue that is inside a tooth

Depicted: *verb* – described someone or something using words, a story, pictures etc.

Depth Perception: *noun* – the ability to see how far away something is or how much space is between things

Dermatologist: *noun* – a physician who specializes in the treatment of the diseases of the skin

Deteriorate: *verb* – to become worse as time passes

Deteriorated: *verb* – became worse as time passed

Detoxify: *verb* – to cause someone to stop using drugs or alcohol by providing special help and treatment

Diabetes: *noun* – a serious disease in which the body cannot properly control the amount of sugar in your blood because it does not have enough insulin

Diagnosed: *verb* – recognized a disease, illness, etc., in someone

Diagnosis: *noun* – a statement or conclusion that describes the reason for a disease, illness, or problem

Dilemma: *noun* – a situation in which you have to make a difficult choice

Dismayed: *verb* – felt very worried, disappointed, or upset

Disoriented: *adjective* – lost or confused

Diuretics: *noun* – substances that increase the amount of urine you pass from your body

Dosage: *noun* – the amount of a medicine, drug, or vitamin that should be taken at one time or regularly during a period of time

Downside: *noun* – a part of something that you do not want or like: a drawback or disadvantage

Glossary

Drowsiness: *noun* – the state of being tired and ready to fall asleep

Dysfunction: *noun* – the state of being unable to function in a normal way

EKG: abbreviation for *noun*: electrocardiogram; electrocardiograph – a test using an instrument for recording the changes of electrical potential occurring during the heartbeat used especially in diagnosing abnormalities of heart action

Elimination: *noun* – the act or process of removing something or someone

Enchanted: *verb* – attracted and held the attention of someone by being interesting, pretty, etc

Endodontist: *noun* – a dentist who specializes in treating diseases of the dental pulp

Endoscopy: *noun* – a test using an illuminated usually fiber-optic instrument for visualizing the interior of a hollow organ or part (as the bladder or esophagus) for diagnostic or therapeutic purposes

Endure: *verb* – to deal with or accept something unpleasant

Enema: *noun* – a procedure in which liquid is forced into the intestines through the anus in order to make solid waste pass from the body

Euphoria: *noun* – a feeling of great happiness and excitement

Excessively: *adverb* – going beyond what is usual, normal, or proper

Excruciating: *adjective* – very painful: causing great mental or physical pain

Extreme: *adjective* – very great in degree, severe

Extremely: *adverb* – very great in degree, severe

Fecal Occult Blood Test (FOBT): *noun* – a test used to look for colorectal cancer. A small stool sample is submitted to the lab. The lab then uses chemicals to evaluate blood cells that are invisible to the naked eye.

Flushed: *verb* – glowed brightly, blushed

Flutters: *noun* – feeling of vibration in irregular spasms

Frigid: *adjective* – intensely cold

Gastroesophageal reflux disease (GERD): *noun* – a condition in which the stomach contents (food or liquid) leak backwards from the stomach into the esophagus (the tube from the mouth to the stomach)

Genetics: *noun* – the scientific study of how genes control the characteristics of plants and animals

Glossary

Ghastly: *adverb* – very shocking or horrible

Gingivitis: *noun* – a disease in which the gums become red, swollen, and sore

Glaucoma: *noun* – a disease in which pressure inside the eye causes gradual loss of vision

Glucose: *noun* – a type of sugar that is found in plants, fruits and animals (blood glucose)

Gorging: *verb* – eating large amounts of food

Gourmet: *adjective* – very delicious, like a meal fixed by a professional chef

Grasping: *verb* – to make the motion of seizing, desperately reaching for

Grimaced: *noun* – made facial expressions in which the mouth and face were twisted in a way that shows disgust, disapproval, or pain

Hallucinate: *verb* – to see or sense something or someone that is not really there

Hemorrhoids: *noun* – a swollen mass of veins located at or just within the anus

Hereditary: *adjective* – passed or able to be passed from parent to child before birth

Hygiene: *noun* – conditions or practices (as of cleanliness) that are aids to good health

I Can Cope Classes: *noun* – a series of free, educational, peer support classes offered on a monthly basis over the telephone exclusively for cancer patients and caregivers in California. Facilitated by medical professionals, each I Can Cope class highlights a different topic relevant to the cancer experience to enhance cancer patient's and caregiver's knowledge and skills and to empower them to cope more effectively with the challenges that living with cancer can bring.

I Can Cope Classes allow you to learn important facts and practical tips about cancer and related issues through telephone conference or online classes with self-guided modules that include video, audio clips, as well as links to additional information.

Ibuprofen: *noun* – a non-steroidal (does not contain steroids) anti-inflammatory drug used to relieve pain and fever

Identical Twins: *noun* – a pair of twins that are produced from a single egg and who look exactly alike

Incessantly: *adverb* – continuing without stopping

Incurable: *adjective* – impossible to stop a disease by using drugs or other medical treatments

Indigestion: *noun* – an unpleasant feeling (such as pain or a burning sensation) in your stomach or chest that is caused by difficulty in digesting food

Inebriated: *adjective* – affected by drinking too much alcohol: drunk

Glossary

Inflammation: *noun* – a condition in which a part of your body becomes red, swollen, and painful

Inhaler: *noun* – a device used for inhaling a medicine

Insomnia: *noun* – the condition of not being able to sleep

Insulin: *noun* – a substance that your body makes and uses to turn sugar into energy

Intensive Care: *noun* – a section of a hospital where special medical equipment and services are provided for patients who are seriously injured or ill

Intrigued: *verb* – made (someone) want to know more about something: caused someone to become interested

Irritable: *adjective* – becoming angry or annoyed easily

Isolation: *noun* – the state of being in a place or situation that is separate from others

Janitorial: *adjective* – as done by a person who cleans a building and makes minor repairs

Laxative: *noun* – a medicine or food that makes it easier for solid waste to pass through the body

Life-threatening: *adjective* – capable of causing someone's death

Lumpectomy: *noun* – excision (surgical removal) of a breast tumor with a limited amount of associated tissue

Macular Degeneration: *noun* – a group of blinding disorders that cause the gradual deterioration of the retina in the eye.

Malignant: *adjective* – very serious and dangerous: tending or likely to grow and spread in a rapid and uncontrolled way that can cause death

Mammogram: *noun* – a photograph of a woman's breasts made by X-rays

Mastectomy: *noun* – surgical removal of all or part of the breast and sometimes associated lymph nodes and muscles

Massive Coronary: *noun* – another word for a myocardial infarction (heart attack)

Material Safety Data Sheet: *noun* – a document containing the safety guidelines for using specific materials and information (data) about those materials

Melanoma: *noun* – a type of cancer or tumor that begins as a dark spot or area on the skin

Metastasized: *verb* – to spread or grow: tending or likely to grow and spread in a rapid and uncontrolled way that can cause death

Glossary

Mishap: *noun* – an unlucky accident or mistake

Monitored: *verb* – watched, observed, listened to, or checked something or someone for a special purpose over a period of time

Mucus: *noun* – a thick liquid that is produced in some parts of the body (such as the nose and throat)

Mumbling: *verb* – saying something quietly in an unclear way that makes it difficult for people to know what you said

Nasal Passages: *noun* – long narrow spaces within the nose that connect the nose, the sinuses, and the throat

Nauseated: *verb* – to feel like vomiting

Nutritionist: *noun* – a person whose job is to give advice on how food affects your health

Obese: *adjective* – very fat; fat in a way that is unhealthy

Obesity: *noun* – a condition characterized by the excessive accumulation and storage of fat in the body

Oncologist: *noun* – a doctor who specializes in the study and treatment of cancer and tumors

Ophthalmologist: *noun* – a doctor who studies and treats problems and diseases of the eye

Opponent: *noun* – a person, team, group, etc., that is competing against another in a contest

Osteoarthritis: *noun* – a disease that causes the joints to become very painful and stiff; arthritis marked by the breakdown of cartilage and bone of joints

Osteoporosis: *noun* – a condition in which the bones become weak and break easily

Otolaryngologist: *noun* – a doctor who specializes in study and treatment of diseases of the ear, nose, and throat

Overwhelmed: *verb* – affected very strongly; caused to have too many things to deal with

Paramedics: *noun* – persons whose job is to provide emergency medical care to sick or injured people who are being taken to a hospital

Pellet: *noun* – a small, hard ball of food, medicine, etc.

Periodontal Disease: *adjective* – a disease affecting tissues that surround or occur about the teeth

Pesky: *adjective* – making someone annoyed or irritated

Physical: *adjective* – relating to the body of a person instead of the mind

Glossary

Physical Rehabilitation Center: *noun* – a place where people go to receive assistance with bringing their body back to a normal, healthy condition after an illness or injury

Plaque: *noun* – a harmful material that can form in arteries and be a cause of heart disease

Pneumococcal pneumonia: *noun* – a serious disease caused by a bacterium (*Streptococcus pneumoniae*) that causes an acute pneumonia involving one or more lobes of the lung and makes it difficult to breathe

Pollutants: *noun* – substances that make land, water, air, etc., dirty and not safe or suitable to use: causes pollution

Posterior Artery: see artery, posterior

Potential: *noun* – a chance or possibility that something will happen or exist in the future

Precaution: *noun* – something that is done to prevent possible harm or trouble from happening in the future

Premium: *noun* – the price of insurance

Prenatal Care: *noun* – medical care occurring, existing, or performed before birth

Progressive: *adjective* – happening or developing gradually over a period of time – a progressive disease

Prolonged: *adjective* – lasting longer than usual or expected: continuing for a long time

Protest: *verb* – to object strongly

Psychological: *adjective* – of or relating to the mind: mental

Pulmonary Rehabilitation: *noun* – a time of rest and treatment needed to recover from a disease involving the lungs.

Pulmonologist: *noun* – a doctor who studies and treats problems and diseases of the lungs

Queasy: *adjective* – having a sick feeling in the stomach: suffering from nausea

Radiant: *adjective* – having or showing an attractive quality of happiness, love, health, etc.

Radiation: *noun* – the use of controlled amounts of radiation for the treatment of diseases (such as cancer) – also called radiation therapy.

Rancid: *adjective* – having a strong and unpleasant smell or taste from no longer being fresh

Rash: *noun* – a group of red spots on the skin that is caused by an illness or a reaction to something

Recovery: *noun* – the act or process of becoming healthy after an illness or injury

Glossary

Reflect: *verb* – to think carefully about something

Renal Disease: *noun* – a disease/ illness relating to or involving the kidneys

Repercussions: *noun* – usually bad or unpleasant occurrences that happen as a result of an action, statement, etc., and that usually affect people for a long time

Resistant: *adjective* – not affected or harmed by something

Respiratory System: *noun* – a system of organs functioning in respiration (breathing) and in humans consisting especially of the nose, nasal passages, pharynx, larynx, trachea, bronchi, and lungs

Retina: *noun* – the sensitive tissue at the back of the eye that receives images and sends signals to the brain about what is seen

Retorted: *verb* – replied to something in a quick and often angry way

Rheumatologist: *noun* – a doctor who specializes in the treatment of diseases characterized by inflammation and pain in muscles or joints

Robust: *adjective* – strong and healthy

Sabotage: *verb* – to cause the failure of something deliberately

Saliva: *noun* – the liquid produced in your mouth that keeps your mouth moist and makes it easier to swallow food

Seething: *verb* – feeling or showing strong emotion (such as anger) even though you try to control it

Seminar: *noun* – a meeting in which you receive information on and training in a particular subject

Sensation: *noun* – a particular feeling or effect that your body experiences

Sensitivity: *noun* – the quality of being easily affected by something in a bad or unpleasant way

Sigmoidoscopy: *noun* – an internal examination of the lower large bowel (colon) and rectum.

Sign Language: *noun* – a system of hand movements used for communication especially by people who are deaf

Sprain: *verb* – to injure (a joint) by twisting it in a sudden and painful way

Stability: *noun* – the quality or state of someone who is emotionally or mentally healthy

Stamina: *noun* – great physical or mental strength that allows you to continue doing something for a long time

Glossary

Stent: *noun* – a metal or plastic tube that is put in a blood vessel to keep it open

Sternum: *noun* – a flat narrow piece of bone or cartilage in the chest that connects the ribs in most vertebrates other than fishes – also called breastbone

Stipulation: *noun* – something that is required as part of an agreement

Situation: *noun* – all of the facts, conditions, and events that affect someone or something at a particular time and in a particular place

Stools: *noun* – solid waste that is released from the body

Stressful: *adjective* – full of or causing stress: making you feel worried or anxious

Subside: *verb* – to become less strong or intense

Subsided: past-tense of subside (see above)

Sudden Infant Death Syndrome (SIDS): *noun* – the unexpected death of an apparently healthy infant from unexplained causes

Summoned: *verb* – asked for someone or something to come

Surgeon General: *noun* – the chief medical officer of a branch of the military or of a public health service

Sweltering: *adjective* – very hot

Swerve: *verb* – to change direction suddenly especially to avoid hitting someone or something

Symptoms: *noun* – changes in the body or mind which indicate that a disease is present

Technician: *noun* – a person whose job relates to the practical use of machines or science in industry, medicine, etc.

Texture: *noun* – the way that a food or drink feels in your mouth

Toxic Waste: *noun* – unwanted chemicals that are the result of manufacturing or industry and that are poisonous to living things

Tracheotomy: *noun* – an emergency operation in which a cut is made in the trachea (windpipe) so that a person can breathe

Tracheotomy tube: *noun* – a tube that is inserted into the trachea (windpipe) during a tracheotomy (see above)

Treatment: *noun* – something that deals with a disease, injury, etc., in order to make someone feel better or become healthy again: medical care

Glossary

Tumors: *noun* – masses of tissue found in or on the body that are made up of abnormal cells

Tunnel Vision: *noun* – a condition in which you can see things that are straight ahead of you but not to the side

Ultrasound: *noun* – a method of producing images of the inside of the body by using a machine that produces sound waves which are too high to be heard

Unscrupulous: *adjective* – not honest or fair: doing things that are wrong, dishonest, or illegal

Urinate: *verb* – to send urine out of the body

Urination: *noun* – the act of sending urine out of the body

Urine: *noun* – waste liquid that collects in the bladder before leaving the body

Ventilator: *noun* – a device for helping a person to breathe – a respirator

X-ray: *noun* – an image that is created by using X-rays and that is usually used for medical purposes