Personal Health Self-Assessments and Health Almanac for

An Invitation to Health Brief

DIANNE HALES
What Is Wellness?*
by John W. Travis, M.D.

Go to CENGAGENOW® for Health for more activities.

Most of us think in terms of illness and assume that the absence of illness indicates wellness. There are actually many degrees of wellness, just as there are many degrees of illness. The Wellness Inventory is designed to stir up your thinking about many areas of wellness.

While people often lack physical symptoms, they may still be bored, depressed, tense, anxious, or generally unhappy with their lives. Such emotional states often set the stage for physical and mental disease. Even cancer may be brought on through the lowering of the body’s resistance from excessive stress. These same emotional states can also lead to abuse of the body through smoking, overdrinking, and overeating. Such behaviors are usually substitutes for other, more basic human needs such as recognition from others, a more stimulating environment, caring and affection from friends, and greater self-acceptance.

Wellness is not a static state. High-level wellness involves giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments.

Instructions
Set aside a half hour for yourself in a quiet place where you will not be disturbed while taking the Inventory. Record your responses to each statement in the columns to the right where:

2 = Yes, usually
1 = Sometimes, maybe
0 = No, rarely

Select the answer that best indicates how true the statement is for you presently.

After you have responded to all the appropriate statements in each section, compute your average score for that section and transfer it to the corresponding box provided around the Wellness Inventory Wheel on page A-6. Your completed Wheel will give you a clear presentation of the balance you have given to the many dimensions of your life.

You will find some of the statements are really two in one. We do this to show an important relationship between the two parts—usually an awareness of an issue, combined with an action based on that awareness. Mentally average your score for the two parts of the question.

Each statement describes what we believe to be a wellness attribute. Because much wellness information is subjective and “unprovable” by current scientific methods, you (and possibly other authorities as well) may not agree with our conclusions. Many of the statements have further explanation in a footnote. We ask only that you keep an open mind until you have studied available information, then decide.

This questionnaire was designed to educate more than to test. All statements are worded so that you can easily tell what we think are wellness attributes (which also makes it easy to “cheat” on your score). This means there can be no trick questions to test your honesty or consistency—the higher your score, the greater you believe your wellness to be. Full responsibility is placed on you to answer each statement as honestly as possible. It’s not your score but what you learn about yourself that is most important.

If you decide that a statement does not apply to you, or you don’t want to answer it, you can skip it and not be penalized in your score.

Transfer your average score from each section to the corresponding box around the Wheel. Then graph your score by drawing a curved line between the “spokes” that define each segment. (Use the scale provided—beginning at the center with 0.0 and reaching 2.0 at the circumference.) Last, fill in the corresponding amount of each wedge-shaped segment, using different colors if possible.

Sample Questions

1. I am an adventurous thinker. _____ _____ _____

2. I have no expectations, yet look to the future optimistically.  

3. I am a nonsmoker.  

4. I love long, hot baths.  

Total points for this section = 5  

Divided by 4 (number of statements answered)  

1.3 Average score for this section.
Section 1  WELLNESS, SELF-RESPONSIBILITY, AND LOVE

1. I believe how I live my life is an important factor in determining my state of health, and I live it in a manner consistent with that belief. ______ 2 ______ ______

2. I vote regularly.1 ______ ______ ______

3. I feel financially secure. ______ ______ ______

4. I conserve materials/energy at home and at work.2 ______ ______ ______

5. I protect my living area from fire and safety hazards. ______ ______ ______

6. I use dental floss and a soft toothbrush daily. ______ ______ ______

7. I am a nonsmoker. ______ ______ ______

8. I am always sober when driving or operating dangerous machinery. ______ ______ ______

9. I wear a safety belt when I ride in a vehicle. ______ ______ ______

10. I understand the difference between blaming myself for a problem and simply taking responsibility (ability to respond) for that problem. ______ ______ ______

Total points for this section = ______ + ______ + ______

Divided by (number of statements answered) = _____ Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

Section 2  WELLNESS AND BREATHING

1. I stop during the day to become aware of the way I am breathing. ______ ______ ______

2. I meditate or relax myself for at least 15 to 20 minutes each day. ______ ______ ______

3. I can easily touch my hands to my toes when standing with knees straight.3 ______ ______ ______

4. In temperatures over 70°F (21°C), my fingers feel warm when I touch my lips.4 ______ ______ ______

5. My nails are healthy and I do not bite or pick at them. ______ ______ ______

6. I enjoy my work and do not find it overly stressful. ______ ______ ______

7. My personal relationships are satisfying. ______ ______ ______

8. I take time out for deep breathing several times a day. ______ ______ ______

9. I have plenty of energy. ______ ______ ______

10. I am at peace with myself. ______ ______ ______

Total points for this section = ______ + ______ + ______

Divided by (number of statements answered) = _____ Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

1 Voting is a simple measure of your willingness to participate in the social system, which ultimately impacts your state of health.

2 Besides recycling glass, paper, aluminum, and other recyclables, if you purchase products that are reusable rather than disposable, and are packaged with a minimum of material, you will reduce the drain of resources and the toxic load on the environment caused by the disposal of wastes.

3 A lack of spinal flexibility is usually a symptom of chronic muscle tension as well as indicative of a poor balance of physical activities.

4 If your hand temperature is below 85°F (30°C) in a warm room, you’re cutting off circulation to your hands via an overactive sympathetic nervous system. You can learn to warm your hands with biofeedback and to thereby better relax.
Section 3 WELLNESS AND SENSING

<table>
<thead>
<tr>
<th></th>
<th>Yes, usually</th>
<th>Sometimes, maybe</th>
<th>No, rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>My place of work has mostly natural lighting or full-spectrum fluorescent lighting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I avoid extremely noisy areas or wear protective ear covers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I take long walks, hikes, or other outings to actively explore my surroundings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I give myself presents, treats, or nurture myself in other ways.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I enjoy getting, and can acknowledge, compliments and recognition from others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>It is easy for me to give sincere compliments and recognition to other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>At times I like to be alone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I enjoy touching or hugging other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I enjoy being touched or hugged by others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I get and enjoy backrubs or massages.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total points for this section =   +   +   
Divided by (number of statements answered) =   Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

Section 4 WELLNESS AND EATING

<table>
<thead>
<tr>
<th></th>
<th>Yes, usually</th>
<th>Sometimes, maybe</th>
<th>No, rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am aware of the difference between refined carbohydrates and complex carbohydrates and eat a majority of the latter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I think my diet is well balanced and wholesome.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I drink fewer than five alcoholic drinks per week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I drink fewer than two cups of coffee or black (nonherbal) tea per day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I drink fewer than five soft drinks per week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I add little or no salt to my food.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I read the labels for the ingredients of all processed foods I buy and I inquire as to the level of toxic chemicals used in production of fresh foods—choosing the purest available to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I eat at least two raw fruits or vegetables each day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I have a good appetite and am within 15 percent of my ideal weight.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I can tell the difference between “stomach hunger” and “mouth hunger,” and I don’t stuff myself when I am experiencing only “mouth hunger.”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total points for this section =   +   +   
Divided by (number of statements answered) =   Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

---

5 Full-spectrum light, like sunlight, contains many different wavelengths. Most eyeglasses, and the glass windows in your home or car, block the “near” ultraviolet light needed by your body. Special bulbs and lenses are available.

4 Loud noises that leave your ears ringing cause irreversible and cumulative nerve damage over time. Ear plugs/muffs, obtained in sporting goods stores, should be worn around power saws, heavy equipment, and rock concerts!

7 Long recognized by hospitals as therapeutic, touch can be a powerful preventative as well.

6 Refined carbohydrates (white flour, sugar, white rice, alcohol, and others) are burned up by the body very quickly and contain no minerals or vitamins. Complex carbohydrates (fruits and vegetables) burn evenly and provide the bulk of dietary nutrients.

10 Coffee and nonherbal teas contain stimulants that, when overused, abuse your body’s adrenal glands.

11 Besides caffeine, the empty calories in these chemical brews may cause a sugar “crash” shortly after drinking. Artificially sweetened ones may be worse. Consider the other nutrients you won’t be getting, and the prices!

13 Stomach hunger is a signal that your body needs food. Mouth hunger is a signal that it needs something else (attention/acknowledgment), which you are not getting, so it asks for food, a readily available “substitute.”
Section 5 WELLNESS AND MOVING

Yes, usually 2   Sometimes, maybe 1   No, rarely 0

1. I climb stairs rather than ride elevators.24
2. My daily activities include moderate physical effort.15
3. My daily activities include vigorous physical effort.16
4. I run at least 1 mile three times a week (or do equivalent aerobic exercise).17
5. I run at least 3 miles three times a week (or do equivalent aerobic exercise).
6. I do some form of stretching/limbering exercise for 10 to 20 minutes at least
   three times per week.18
7. I do some form of stretching/limbering exercise for 10 to 20 minutes at least
   six times per week.
8. I enjoy exploring new and effective ways of caring for myself through the
   movement of my body.
9. I enjoy stretching, moving, and exerting my body.
10. I am aware of and respond to messages from my body about its needs
    for movement.

Total points for this section =  +  +  

Divided by _____ (number of statements answered) = _____ Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

Section 6 WELLNESS AND FEELING

Yes, usually 2   Sometimes, maybe 1   No, rarely 0

1. I am able to feel and express my anger in ways that solve problems,
   rather than swallow anger or store it up.19
2. I allow myself to experience a full range of emotions and find constructive
   ways to express them.
3. I am able to say “no” to people without feeling guilty.
4. I laugh often and easily.
5. I feel OK about crying and allow myself to do so when appropriate.20
6. I listen to and consider others’ criticisms of me rather than react defensively.
7. I have at least five close friends.
8. I like myself and look forward to the rest of my life.
9. I easily express concern, love, and warmth to those I care about.
10. I can ask for help when needed.

Total points for this section =  +  +  

Divided by _____ (number of statements answered) = _____ Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

---

24 If a long elevator ride is necessary, try getting off five flights below your destination. Urge building managers to keep stair doors unlocked.
15 Moderate = rearing young children, gardening, scrubbing floors, brisk walking, and so on.
16 Vigorous = heavy construction work, farming, moving heavy objects by hand, and so on.
17 Aerobic exercise (like running) should keep your heart rate at about 60 percent of its maximum (120-150 bpm) for 12-20 minutes. Brisk walking for 20 minutes every day can produce effects similar to aerobic exercise.
18 The stretching of muscles is important for maintaining maximum flexibility of joints and ligaments. It feels good, too.
19 Learning to take charge of your emotions and using them to solve problems can prevent disease, improve communications, and increase your self-awareness. Suppressing emotions or using them to manipulate others is destructive to all.
20 Crying over a loss relieves the body of pent-up feelings. In our culture males often have a difficult time allowing themselves to cry, while females may have learned to cry when angry, using tears as a means of manipulation.
Section 7 WELLNESS AND THINKING

1. I am in charge of the subject matter and the emotional content of my thoughts and am satisfied with what I choose to think about.\(^{21}\) Yes, Sometimes, No, Usually, Rarely

2. I am aware that I make judgments wherein I think I am “right” and others are “wrong.”\(^{22}\) Yes, Sometimes, No, Usually, Rarely

3. It is easy for me to concentrate. Yes, Sometimes, No, Usually, Rarely

4. I am conscious of changes (such as breathing pattern, muscle tension, skin moisture, and so on) in my body in response to certain thoughts.\(^{23}\) Yes, Sometimes, No, Usually, Rarely

5. I notice my perceptions of the world are colored by my thoughts at the time.\(^{24}\) Yes, Sometimes, No, Usually, Rarely

6. I am aware that my thoughts are influenced by my environment. Yes, Sometimes, No, Usually, Rarely

7. I use my thoughts and attitudes to make my reality more life-affirming.\(^{25}\) Yes, Sometimes, No, Usually, Rarely

8. Rather than worry about a problem when I can do nothing about it, I temporarily shelve it and get on with the matters at hand. Yes, Sometimes, No, Usually, Rarely

9. I approach life with the attitude that no problem is too big to confront, and some mysteries aren’t meant to be solved. Yes, Sometimes, No, Usually, Rarely

10. I use my creative powers in many aspects of my life. Yes, Sometimes, No, Usually, Rarely

Total points for this section = [Formula]

Divided by (number of statements answered) = Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

Section 8 WELLNESS AND PLAYING/WORKING

1. I enjoy expressing myself through art, dance, music, drama, sports, or other activities and make time to do so. Yes, Sometimes, No, Usually, Rarely

2. I regularly exercise my creativity “muscles.” Yes, Sometimes, No, Usually, Rarely

3. I enjoy spending time without planned or structured activities and make the effort to do so. Yes, Sometimes, No, Usually, Rarely

4. I can make much of my work into play. Yes, Sometimes, No, Usually, Rarely

5. At times I allow myself to do nothing.\(^{26}\) Yes, Sometimes, No, Usually, Rarely

6. At times I can sleep late without feeling guilty. Yes, Sometimes, No, Usually, Rarely

7. The work I do is rewarding to me. Yes, Sometimes, No, Usually, Rarely

8. I am proud of my accomplishments. Yes, Sometimes, No, Usually, Rarely

9. I am playful and the people around me support my playfulness. Yes, Sometimes, No, Usually, Rarely

10. I have at least one activity, hobby, or sport that I enjoy regularly but do not feel compelled to do. Yes, Sometimes, No, Usually, Rarely

Total points for this section = [Formula]

Divided by (number of statements answered) = Average score for this section.

(Transfer to the Wellness Inventory Wheel on p. A-6.)

---

\(^{21}\) When you are unconscious of the content of your thoughts, they are more likely to control you. Observing them objectively develops self-awareness and strengthens your ability to take charge.

\(^{22}\) Rather than trying to completely stop yourself from judging, you can observe your judgments as efforts by your ego to avoid getting on with life and hiding behind “right/wrong” game playing.

\(^{23}\) Both biofeedback and the field of psycho-neuro-immunology have shown the connections between the mind, nervous system, and body. The more you become consciously aware of that connection, the greater responsibility you can take for your health.

\(^{24}\) Being aware of your internal distortion of perceptions can allow you to step back and reassess a situation more objectively.

\(^{25}\) Honesty, tempered with care and concern, clears out many negative thoughts that can clutter up your mind, thus making your reality more fun. “Positive thinking” without honesty and truthfulness can backfire by suppressing valid concerns that must be addressed.

\(^{26}\) Doing “nothing” can give us access to the more creative and nonverbal aspects of our being, so from another perspective, doing nothing becomes doing much more.
## Section 9  WELLNESS AND COMMUNICATING

<table>
<thead>
<tr>
<th>Yes, usually</th>
<th>Sometimes, maybe</th>
<th>No, rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1. In conversation I can introduce a difficult topic and stay with it until I’ve gotten a satisfactory response from the other person.
2. I enjoy silence.
3. I am truthful and caring in my communications with others.
4. I assert myself (in a nonattacking manner) in an effort to be heard, rather than be passively resentful of others with whom I don’t agree. 27
5. I readily acknowledge my mistakes, apologizing for them if appropriate.
6. I am aware of my negative judgments of others and accept them as simply judgments—not necessarily truth. 28
7. I am a good listener.
8. I am able to listen to people without interrupting them or finishing their sentences for them.
9. I can let go of my mental “labels” (for example, this is good, that is wrong) and judgmental attitudes about events in my life and see them in light of what they offer me.
10. I am aware when I play psychological “games” with those around me and work to be truthful and direct in my communications. 29

Total points for this section = [ ] + [ ] + [ ]
Divided by (number of statements answered) = Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

---

## Section 10  WELLNESS AND SEX

<table>
<thead>
<tr>
<th>Yes, usually</th>
<th>Sometimes, maybe</th>
<th>No, rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1. I feel comfortable touching and exploring my body.
2. I think it’s OK to masturbate if one chooses to do so.
3. My sexual education is adequate.
4. I feel good about the degree of closeness I have with men.
5. I feel good about the degree of closeness I have with women.
6. I am content with my level of sexual activity. 30
7. I fully experience the many stages of lovemaking rather than focus only on orgasm. 31
8. I desire to grow closer to some other people.
9. I am aware of the difference between needing someone and loving someone.
10. I am able to love others without dominating or being dominated by them.

Total points for this section = [ ] + [ ] + [ ]
Divided by (number of statements answered) = Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

---

27 Attacking others rarely accomplishes your goals in the long run. Persisting in your convictions without using force is more effective and usually solves the problem without creating new ones.
28 It is important to recognize that our internal judgments of others are based on personal biases that often have little objective basis.
29 Psychological games, as defined by Eric Berne in *Games People Play*, are complex unconscious manipulations that result in the players getting negative attention and feeling bad about themselves.
30 Including the choice to have no sexual activity.
31 A common problems for many people is an overemphasis on performance and orgasm, rather than on enjoying a close sensual feeling with their partner whether or not they experience orgasm.
32 Seeing your death as a stage of growth and preparing yourself consciously is an important part of finding meaning in your life.
Section 11 WELLNESS AND FINDING MEANING

Yes, usually | Sometimes, maybe | No, rarely
---|---|---
2 | 1 | 0

1. I believe my life has direction and meaning. 
2. My life is exciting and challenging. 
3. I have goals in my life. 
4. I am achieving my goals. 
5. I look forward to the future as an opportunity for further growth. 
6. I am able to talk about the death of someone close to me. 
7. I am able to talk about my own death with family and friends. 
8. I am prepared for my death. 
9. I see my death as a step in my evolution. 
10. My daily life is a source of pleasure to me.

Total points for this section = ______ + ______ + ______
Divided by ______ (number of statements answered) = ______ Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

This portion of the Inventory goes beyond the scope of most generally accepted “scientific” principles and expresses the values and beliefs of the authors. It is intended to stimulate interest in these areas. If you have strong beliefs to the contrary, you can skip the questions or make up your own.

Section 12 WELLNESS AND TRANSCENDING

Yes, usually | Sometimes, maybe | No, rarely
---|---|---
2 | 1 | 0

1. I perceive problems as opportunities for growth. 
2. I experience synchronistic events in my life (frequent “coincidences” seeming to have no cause–effect relationship). 
3. I believe there are dimensions of reality beyond verbal description or human comprehension. 
4. At times I experience confusion and paradox in my search for understanding of the dimensions referred to above. 
5. The concept of God has personal definition and meaning to me. 
6. I experience a sense of wonder when I contemplate the universe. 
7. I have abundant expectancy rather than specific expectations. 
8. I allow others their beliefs without pressuring them to accept mine. 
9. I use the messages interpreted from my dreams. 
10. I enjoy practicing a spiritual discipline or allowing time to sense the presence of a greater force in guiding my passage through life.

Total points for this section = ______ + ______ + ______
Divided by ______ (number of statements answered) = ______ Average score for this section.
(Transfer to the Wellness Inventory Wheel on p. A-6.)

Modern physics reveals that the idea of cause and effect may be as limited as Newton’s theory of a mechanical universe. It suggests that we must expand our view to see that everything in the universe is connected to everything else. (Synchronicity describes that experience.)
Your Health Action Plan for Maximum Wellness

When you have completed the Wellness Inventory, study your wheel's shape and balance. How smoothly would it roll? What does it tell you? Are there any surprises in it? How does it feel to you? What don't you like about it? What do you like about it?

We recommend that you use colored pens to go back over the questions, noting the ones on which your scores were low and choosing some areas on which you are interested in working. It is easy to overwhelm yourself by taking on too many areas at once. Ignore, for now, those of lower priority to you. Remember, if you don’t enjoy at least some aspects of the changes you are making, they probably won’t last.

Here are some guidelines to help you:

• Get support from friends, but don’t expect them to supply all the reinforcement you need. You may join a group of overweight individuals and rely on their encouragement to stick to your diet. That’s a great way to get going, but in the long run your own commitment to losing weight has got to be strong enough to help you keep eating right and light.

• Focus on the immediate rewards of your new behavior. You may stop smoking so that you’ll live longer, but take note of every other benefit it brings you—more stamina, less coughing, more spending money, no more stale tobacco taste in your mouth.

• Remind yourself of past successes you’ve had in making changes. Give yourself pep talks, commending yourself on how well you’ve done so far and how well you’ll continue to do. This will boost your self-confidence.

• Reward yourself regularly. Plan a pleasant reward as an incentive for every week you stick to your new behavior—sleeping in on a Saturday morning, going out with some friends, or spending a sunny afternoon outdoors. Small, regular rewards are more effective in keeping up motivation than one big reward that won’t come for many months.

• Expect and accept some relapses. The greatest rate of relapse occurs in the first few weeks after making a behavior change. During this critical time, get as much support as you can. In addition, work hard on self-motivation, reminding yourself daily of what you have to gain by sticking with your new health habit.
PART I

The following questions contain statements and their opposites. Notice that the statements extend from one extreme to the other. Where would you place yourself on this scale? Place a circle on the number that is most true for you at this time. Do not put your circles between numbers.

Life Purpose and Satisfaction

1. During most of the day, my energy level is very low 1 2 3 4 5 6 7 very high
2. As a whole, my life seems dull 1 2 3 4 5 6 7 vibrant
3. My daily activities are not a source of satisfaction 1 2 3 4 5 6 7 a source of satisfaction
4. I have come to expect that everyday will be exactly the same 1 2 3 4 5 6 7 new and different
5. When I think deeply about life I do not feel there is any purpose to it 1 2 3 4 5 6 7 I feel there is a purpose to it
6. I feel that my life so far has not been productive 1 2 3 4 5 6 7 been productive
7. I feel that the work* I am doing is of no value 1 2 3 4 5 6 7 is of great value
8. I wish I were different than who I am. agree strongly 1 2 3 4 5 6 7 disagree strongly
9. At this time, I have no clearly defined goals for my life 1 2 3 4 5 6 7 clearly defined goals for my life
10. When sad things happen to me or other people I cannot feel positive about life 1 2 3 4 5 6 7 I continue to feel positive about life
11. When I think about what I have done with my life, I feel worthless 1 2 3 4 5 6 7 worthwhile
12. My present life does not satisfy me 1 2 3 4 5 6 7 satisfies me
13. I feel joy in my heart never 1 2 3 4 5 6 7 all the time
14. I feel trapped by the circumstances of my life. agree strongly 1 2 3 4 5 6 7 disagree strongly
15. When I think about my past I feel many regrets 1 2 3 4 5 6 7 I feel no regrets
16. Deep inside myself I do not feel loved 1 2 3 4 5 6 7 I feel loved
17. When I think about the problems that I have I do not feel hopeful about solving them 1 2 3 4 5 6 7 I feel very hopeful about solving them

*The definition of work is not limited to income-producing jobs. It includes childcare, housework, studies, and volunteer services.

PART II

Self-Confidence During Stress (Answer according to how you feel during stressful times.)

1. When there is a great deal of pressure being placed on me I get tense 1 2 3 4 5 6 7 I remain calm
2. I react to problems and difficulties with a great deal of frustration 1 2 3 4 5 6 7 with no frustration
3. In a difficult situation, I am confident that I will receive the help that I need. disagree strongly 1 2 3 4 5 6 7 agree strongly
4. I experience anxiety all the time 1 2 3 4 5 6 7 never
5. When I have made a mistake I feel extreme dislike for myself 1 2 3 4 5 6 7 I continue to like myself
6. I find myself worrying that something bad is going to happen to me or those I love all the time 1 2 3 4 5 6 7 never
7. In a stressful situation I cannot concentrate easily 1 2 3 4 5 6 7 I can concentrate easily
Psychological Well-Being

Your Health Action Plan for Psychological Well-Being

Just as you can improve your physical well-being, you can enhance the state of your mind. Here are some suggestions:

- **Recognize and express your feelings.** Pent-up emotions tend to fester inside, building into anger or depression.
- **Don’t brood.** Rather than merely mulling over a problem, try to find solutions that are positive and useful.
- **Take one step at a time.** As long as you’re taking some action to solve a problem, you can take pride in your ability to cope.
- **Spend more time doing those activities you know you do best.** For example, if you are a good cook, prepare a meal for someone.
- **Separate what you do, especially any mistakes you make, from who you are.** Instead of saying, “I’m so stupid,” tell yourself, “That wasn’t the smartest move I ever made, but I’ll learn from it.”
- **Use affirmations,** positive statements that help reinforce the most positive aspects of your personality and experience. Every day, you might say, “I am a loving, caring person,” or “I am honest and open in expressing my feelings.” Write some affirmations of your own on index cards and flip through them occasionally.

These scores reflect the strength with which you feel these positive emotions. Do they make sense to you? Review each scale and each question in each scale. Your score on each item gives you information about the emotions and areas in your life where your psychological resources are strong, as well as the areas where strength needs to be developed.

If you notice a large difference between the LPS and SCDS scores, use this information to recognize which central attitudes and aspects of your life most need strengthening. If your scores on both scales are very low, talk with a counselor or a friend about how you are feeling about yourself and your life.

**Interpretation**

**Very Low:** 1.00 TO 2.49
**Medium Low:** 2.50 TO 3.99
**Medium High:** 4.00 TO 5.49
**Very High:** 5.50 TO 7.00

CENGAGENOW™ If you want to write your own goals to enhance your state of mind, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
Your Health Action Plan for Getting Help for a Psychological Problem

Consider Therapy if You . . .

- Feel an overwhelming and prolonged sense of helplessness and sadness, which does not lift despite your efforts and help from family and friends.
- Find it difficult to carry out everyday activities such as homework, and your academic performance is suffering.
- Worry excessively, expect the worst, or are constantly on edge.
- Are finding it hard to resist or are engaging in behaviors that are harmful to you or others, such as drinking too much alcohol, abusing drugs, or becoming aggressive or violent.
- Have persistent thoughts or fantasies of harming yourself or others.

Most people who have at least several sessions of psychotherapy are far better off than individuals with emotional difficulties who do not get treatment. According to the American Psychological Association, 50 percent of patients noticeably improve after eight sessions, while 75 percent of individuals in therapy improved by the end of six months.

Choosing a Therapist

Ask your physician or another health professional. Call your local or state psychological association. Consult your university or college department of psychology or health center. Contact your local community mental health center. Inquire at your church or synagogue.

- A good rapport with your psychotherapist is critical. Choose someone with whom you feel comfortable and at ease.
- Ask the following questions:
  - Are you licensed?
  - How long have you been practicing?
• I have been feeling (anxious, tense, depressed, etc.), and I'm having problems (with school, relationships, eating, sleeping, etc.). What experience do you have helping people with these types of problems?
• What are your areas of expertise—phobias? ADHD? depression?
• What kinds of treatments do you use? Have they proved effective for dealing with my kind of problem or issue?
• What are your fees? (Fees are usually based on a 45- minute to 50-minute session.) Do you have a sliding-scale fee policy?
• How much therapy would you recommend?
• What types of insurance do you accept?

Is Therapy Working?
As you begin therapy, establish clear goals with your therapist. Some goals require more time to reach than others. You and your therapist should decide at what point you might expect to begin to see progress.

As they begin therapy, some people may have difficulty discussing painful and troubling experiences. Feelings of relief or hope are positive signs indicating that you are starting to explore your thoughts and behaviors.

CENGAGENOW™ If you want to write your own goals for avoiding mood slumps or getting psychological help, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY  Student Stress Scale

The Student Stress Scale, an adaptation of Holmes and Rahe’s Life Events Scale for college-age adults, provides a rough indication of stress levels and possible health consequences.

In the Student Stress Scale, each event, such as beginning or ending school, is given a score that represents the amount of readjustment a person has to make as a result of the change. In some studies, using similar scales, people with serious illnesses have been found to have high scores.

To determine your stress score, add up the number of points corresponding to the events you have experienced in the past 12 months.

1. Death of a close family member 100
2. Death of a close friend 73
3. Divorce of parents 65
4. Jail term 63
5. Major personal injury or illness 63
6. Marriage 58
7. Getting fired from a job 50
8. Failing an important course 47
9. Change in the health of a family member 45
10. Pregnancy 45
11. Sex problems 44
12. Serious argument with a close friend 40
13. Change in financial status 39
14. Change of academic major 39
15. Trouble with parents 39
16. New girlfriend or boyfriend 37
17. Increase in workload at school 37
18. Outstanding personal achievement 36
19. First quarter/semester in college 36
20. Change in living conditions 31
21. Serious argument with an instructor 30
22. Getting lower grades than expected 29
23. Change in sleeping habits 29
24. Change in social activities 29
25. Change in eating habits 28
26. Chronic car trouble 26
27. Change in number of family get-togethers 26
28. Too many missed classes 25
29. Changing colleges 24
30. Dropping more than one class 23
31. Minor traffic violations 20

Total Stress Score
Here's how to interpret your score: If your score is 300 or higher, you're at high risk for developing a health problem. If your score is between 150 and 300, you have a 50-50 chance of experiencing a serious health change within two years. If your score is below 150, you have a 1 in 3 chance of a serious health change.


Your Health Action Plan for Stress Management

- **Strive for balance.** Review your commitments and plans and, if necessary, scale down.
- **Get the facts.** When faced with a change or challenge, seek accurate information, which can bring vague fears down to earth.
- **Talk with someone you trust.** A friend or a health professional can offer valuable perspective as well as psychological support.
- **Exercise.** Even when your schedule gets jammed, carve out 20 or 30 minutes several times a week to walk, swim, bicycle, jog, or work out at the gym.
- **Help others.** One of the most effective ways of dealing with stress is to find people in a worse situation and do something positive for them.
- **Cultivate hobbies.** Pursuing a personal pleasure can distract you from the stressors in your life and help you relax.
- **Master a form of relaxation.** Whether you choose meditation, yoga, mindfulness, or another technique, practice it regularly.

CENGAGENOW™ If you want to write your own goals for stress management, go to the Wellness Journal at CengageNow for Health: [http://www.cengage.com/sso/]
SELF SURVEY: Are You Ready to Become More Active?

Physical Activity Stages of Change Questionnaire

For each of the following questions, please circle Yes or No. Please be sure to read the questions carefully.

Physical activity or exercise includes activities such as walking briskly, jogging, bicycling, swimming, or any other activity in which the exertion is at least as intense as these activities.

1. I am currently physically active. NO YES
2. I intend to become more physically active in the next 6 months. NO YES
   For activity to be regular, it must add up to a total of 30 minutes or more per day and be done at least 5 days per week. For example, you could take one 30-minute walk or take three 10-minute walks for a daily total of 30 minutes.
3. I currently engage in regular physical activity. NO YES
4. I have been regularly physically active for the past 6 months. NO YES

Scoring Algorithm

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contemplation</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Scoring Algorithm

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contemplation</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>


Your Health Action Plan for Physical Fitness

Once you know your stage of motivational readiness, you can employ the cognitive and behavioral strategies most likely to work for you now. As you progress through the stages of change, you can shift to other approaches. Here are some suggestions:

Precontemplation (not active and not thinking about becoming active)

- Use this course as an opportunity to learn about the benefits of physical activity, including better mood, lower stress, stronger bones, and a lower risk of cardiovascular disease.
- Set a small, reasonable goal that does not involve working up a sweat, such as looking up “exercise, benefits of” in the index of this book and reading the pages cited.
- List what you see as the cons of physical activity. For example, do you fear it would take time you need for your studies? Think of small changes that don’t require time, for instance, standing rather than sitting when talking on the phone, doing stretches while watching television, or taking a quick walk down the hall or up the stairs while waiting for a friend or a class to begin.
- Identify barriers to physical activity, such as lack of money. Take advantage of your student status, and check out facilities, such as the swimming pool at the athletic center, or opportunities, such as an intramural soccer team, available to you free (or almost).

Contemplation (not active but thinking about becoming active)

- Think back to activities you found enjoyable in the past. You might consider inline skating to class or around campus, or plan a hike for a weekend or school break.

- Determine the types of activity you can realistically fit into your daily schedule. You might join friends for softball every Saturday, or sign up for an evening body-sculpting class.
- Visualize success. Focus on the person you want to become: How would you look? What would you do differently? Find an image— from a magazine advertisement, for example—and post it where you can see it often.
- Plan your rewards. Use a technique called shaping, which reinforces progress on the way to a goal. For instance, initially you might reward yourself once you engage in physical activity for 15 minutes a day. After a week, you get the reward only after 20 minutes a day. Over time you increase the number of days you are physically active as well as the number of minutes of activity per day.
- Reach out for support. Find a friend, family member, or classmate who is willing or able to provide support for being active. Or join an organized martial arts class or an informal team.

Preparation (active but not at recommended levels)

- Identify specific barriers that limit your activity. If your daily jogs are rained or snowed out, develop a list of indoor alternatives, such as walking stairs or working out to an exercise video.
- Set specific daily and weekly goals. Your daily goal might begin with 10 or 15 minutes of activity. Your weekly goal might be to try a new activity, such as spinning or a dance class.
- Divide physical activity over the course of the day with a 10 or 15 minute walk in the morning, another at lunch, and a third at the end of the day.
• Document your progress. You could use a monthly calendar to keep track of the number of days you’ve exercised as well as the length of each workout. Or you can keep a more detailed record, noting the types of exercise you do every day, the intensity you work at, the duration of each workout, and so forth.

**Action and Maintenance** (active at recommended levels for less than six months)

• Identify risk factors that might lead to relapse. If vacations or holiday breaks disrupt your routine, make a plan for alternative ways to remain active before you leave campus.

• Stress-proof your fitness program. In crunch times, you may feel you don't have time to spare for exercise. Multiple 10-minute walks during the day may be particularly useful both to keep up your fitness and to relieve stress buildup.

• Avoid boredom. Think through ways to vary your exercise routine. Take different routes on your walks. Invite different friends to join you. Alternate working with free weights and resistance machines at the gym.

• Set secondary goals. Once you've reached and maintained your goal for physical activity, set goals related to secondary benefits of exercise, for instance, losing weight or changing your body composition.

**CENGAGENOW** If you want to write your own goals for improved fitness, go to the Wellness Journal at CengageNow for Health: [http://www.cengage.com/sso/](http://www.cengage.com/sso/)
### SELF SURVEY: How Healthful Is Your Diet?

#### STEP 1
Keep a food diary for a week, writing down everything you eat and drink for meals and snacks. Include the approximate amount eaten (for example, 1/2 cup, 1 large, 12-oz can, and so on).

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk, yogurt, cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat, poultry, dry beans, eggs, nuts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fats, oil, sweets, cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### STEP 2: Are You Getting Enough Vegetables, Fruits, and Grains?

<table>
<thead>
<tr>
<th>How often do you eat:</th>
<th>Seldom/Never</th>
<th>1–2 times a week</th>
<th>3–5 times a week</th>
<th>Almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least three servings of vegetables a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starchy vegetables like potatoes, corn, or peas?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foods made with dry beans, lentils, or peas?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dark green or deep yellow vegetables (broccoli, spinach, collards, carrots, sweet potatoes, squash)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least two servings of fruit a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citrus fruits and 100% fruit juices (oranges, grapefruit, tangerines)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole fruit with skin or seeds (berries, apples, pears)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least six servings of breads, cereals, pasta, or rice a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The best answer for each is “almost daily.” Use your food diary to see which foods you should be eating more often.

#### STEP 3: Are You Getting Too Much Fat?

<table>
<thead>
<tr>
<th>How often do you eat:</th>
<th>Seldom/Never</th>
<th>1–2 times a week</th>
<th>3–5 times a week</th>
<th>Almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fried, deep-fat fried, or breaded food?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatty meats, such as sausages, luncheon meat, fatty steaks or roasts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole milk, high-fat cheeses, ice cream?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pies, pastries, rich cakes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rich cream sauces and gravies?

Oily salad dressings or mayonnaise?

Butter or margarine on vegetables, rolls, bread, or toast?

Ideally, you should be eating these foods no more than one or two times a week. If your food diary indicates that you’re eating them more frequently, your fat intake may well be too high.

### STEP 4: Are You Getting Too Much Sodium?

<table>
<thead>
<tr>
<th>How often do you eat:</th>
<th>Seldom/Never</th>
<th>1–2 times a week</th>
<th>3–5 times a week</th>
<th>Almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured or processed meats, such as ham, sausage, frankfurters, or luncheon meats?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned vegetables or frozen vegetables with sauce?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frozen TV dinners, entrees, or canned or dehydrated soups?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salted nuts, popcorn, pretzels, corn chips, or potato chips?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasoning mixes or sauces containing salt?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processed cheese?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salt added to table foods before you taste them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ideally, you should be eating these high-sodium items no more than one or two times a week. If your food diary indicates that you’re eating them more frequently, your sodium intake may well be too high.

### Your Health Action Plan for Better Nutrition

- **Eat five servings of fruits and vegetables per day.** For breakfast, have 100% fruit juice or add raisins, berries, or sliced fruit to cereal, pancakes, or waffles. For lunch, have vegetable soup or salad with your meal or pile vegetables on your sandwich. For dinner, choose vegetables that are green, orange (such as carrots or squash), and red (such as tomatoes or bell peppers).
- **Include three servings of whole-grain foods every day.** To identify whole-grain products, check the ingredient list. The first ingredient should be a whole grain, such as “whole-grain oats,” “whole-grain wheat,” or “whole wheat.”
- **Consume a calcium-rich food at each meal.** Good options include low-fat and nonfat milk; cheese; or yogurt; tofu; broccoli; dried beans; spinach; and fortified soy milk.
- **Eat less meat.** Rather than making meat the heart of a meal, think of it as a flavoring ingredient.
- **Avoid high-fat fast foods.** Hot dogs, fried foods, packaged snack foods, and pastries are most likely to be laden with fat.
- **Check the numbers.** When buying prepared foods, choose items that contain no more than 3 grams of fat per 100 calories.
- **Think small.** A dinner-size serving of meat should be about the size of a deck of cards; half a cup is the size of a woman’s fist; a pancake is the diameter of a CD.
- **Read labels carefully.** Remember that “cholesterol-free” doesn’t necessarily mean fat-free. Avoid products that contain saturated coconut oil, palm oil, lard, or hydrogenated fats.
- **Switch to low-fat and nonfat dairy products.** Rather than buying whole-fat dairy products, choose skim milk, fat-free sour cream, and low- or nonfat yogurt.
- **The brighter the better.** When selecting fruits and vegetables, choose the most intense color. A bright orange carrot has more beta-carotene than a pale one. Dark green lettuce leaves have more vitamins than lighter ones. Orange sweet potatoes pack more vitamin A than yellow ones.

*CENGAGENOW™* If you want to write your own goals for more nutritious choices, go to the Wellness Journal at CengageNow for Health: [http://www.cengage.com/sso]
SelfSurvey

Are You Ready to Lose Weight?

As discussed in Chapter 1, people change the way they behave stage by stage and step by step. The same is true for changing behaviors related to weight. If you need to lose excess pounds, knowing your stage of readiness for change is a crucial first step. Here is a guide to identifying where you are right now.

If you are still in the precontemplation stage, you don’t think of yourself as having a weight problem, even though others may. If you can’t fit into some of your clothes, you blame the dry cleaners. Or you look around and think, “I’m no bigger than anyone else in this class.” Unconsciously, you may feel helpless to do anything about your weight. So you deny or dismiss its importance.

In the contemplation stage, you would prefer not to have to change, but you can’t avoid reality. Your coach or doctor may comment on your weight. You wince at the vacation photos of you in a swimsuit. You look in the mirror, try to suck in your stomach, and say, “I’ve got to do something about my weight.”

Where are you right now? Read each of the following statements and decide which best applies to you.

1. I never think about my weight. Precontemplation Stage
2. I’m trying to zip up a pair of jeans and wondering when was the last time they fit. Contemplation Stage
3. I’m downloading a food diary to keep track of what I eat. Preparation Stage
4. I have been following a diet for three weeks and have started working out. Action Stage
5. I have been sticking to a diet and engaging in regular physical activity for at least six months. Maintenance Stage

Your Health Action Plan for Losing Weight

Here is a guide to strategies most likely to help you at your particular stage of readiness to change.

Precontemplation (not active and not thinking about becoming active)
- Set a small, reasonable goal that does not involve working up a sweat, such as standing rather than sitting when blow-drying your hair or doing squats while brushing your teeth.
- Start paying attention to what, when, where, and why you eat. Take note of the times you eat or continue eating even though you’re not hungry.
- List what you see as the cons of physical activity. For example, do you fear it will take up too much time? Write down three activities you could do if you woke up half an hour earlier.

Contemplation (not active but thinking about becoming active)
- Think back to activities you found enjoyable in the past. Did you ever try inline skating? Play softball? Row? Ask friends if they can put you in touch with others with the same interest.

In the preparation stage, you’re gearing up by taking small but necessary steps. You may buy athletic shoes or check out several diet books from the library. Maybe you experiment with some minor changes, such as having fruit instead of cookies for an afternoon snack. Internally, you are getting accustomed to the idea of change.

In the action stage of change, you are deliberately working to lose weight. You no longer snack all evening long. You stick to a specific diet and track calories, carbs, or points. You hop on a treadmill or stationary bike for 30 minutes a day. Your resolve is strong, and you know you’re on your way to a thinner, healthier you.

In the maintenance stage, you strengthen, enhance, and extend the changes you’ve made. Whether or not you have lost all the weight you want, you’ve made significant progress. As you continue to watch what you eat and to be physically active, you lock in healthy new habits.
• Document your progress. You could use a monthly calendar to keep track of the number of days you’ve exercised as well as the length of each workout. Or you can keep a more detailed record, noting the types of exercise you do every day, the intensity you work at, the duration of each workout, and so forth.

Action and Maintenance (active at recommended levels for less than six months)

• Find new comfort foods. Good options include air-popped popcorn, chocolate fruit sundaes (fresh fruit with a spoonful of rich syrup), hot chocolate (with skim milk), and fudgsicles (creamy but low in calories).

• Avoid boredom. Think through ways to vary your exercise routine. Take different routes on your walks. Invite different friends to join you. Alternate working with free weights with resistance machines at the gym.

• Try new athletic and sports skills. Try snowshoeing, kayaking, rock climbing, dancing. Don’t expect instant expertise. It usually takes four to six weeks to feel competent and get in the swing of a new activity.

Don’t expect to progress through these stages just once. Most people “recycle” several times before a change becomes permanent. Whether you’re moving forward or have temporarily fallen back, remember that change is a journey that happens step by step, meal by meal, day by day, stage by stage.

CENGAGENOW™ If you want to write your own goals for more nutritious choices, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
Effective, caring communication and loving affection markedly enhance a couple’s relationship. The following self-test may help you to assess the degree of good communication, love, and respect in your intimate relationship. If you agree or mostly agree with a statement, answer yes. If you disagree or mostly disagree, answer no. You may wish to have your partner respond to this assessment as well. If so, mark your answers on a separate sheet.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My partner seeks out my opinion.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. My partner cares about my feelings.</td>
<td>Yes</td>
</tr>
<tr>
<td>3. I don’t feel ignored very often.</td>
<td>Yes</td>
</tr>
<tr>
<td>4. We touch each other a lot.</td>
<td>Yes</td>
</tr>
<tr>
<td>5. We listen to each other.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. We respect each other’s ideas.</td>
<td>Yes</td>
</tr>
<tr>
<td>7. We are affectionate toward one another.</td>
<td>Yes</td>
</tr>
<tr>
<td>8. I feel my partner takes good care of me.</td>
<td>Yes</td>
</tr>
<tr>
<td>9. What I say counts.</td>
<td>Yes</td>
</tr>
<tr>
<td>10. I am important in our decisions.</td>
<td>Yes</td>
</tr>
<tr>
<td>11. There’s lots of love in our relationship.</td>
<td>Yes</td>
</tr>
<tr>
<td>12. We are genuinely interested in one another.</td>
<td>Yes</td>
</tr>
<tr>
<td>13. I love spending time with my partner.</td>
<td>Yes</td>
</tr>
<tr>
<td>14. We are very good friends.</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Even during rough times, we can be empathetic.</td>
<td>Yes</td>
</tr>
<tr>
<td>16. My partner is considerate of my viewpoint.</td>
<td>Yes</td>
</tr>
<tr>
<td>17. My partner finds me physically attractive.</td>
<td>Yes</td>
</tr>
<tr>
<td>18. My partner expresses warmth toward me.</td>
<td>Yes</td>
</tr>
<tr>
<td>19. I feel included in my partner’s life.</td>
<td>Yes</td>
</tr>
<tr>
<td>20. My partner admires me.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Scoring:**

A preponderance of yes answers indicates that you enjoy a strong relationship characterized by good communication and loving affection. If you answered yes to fewer than seven items, it is likely that you are not feeling loved and respected and that the communication in your relationship is decidedly lacking.


### Your Health Action Plan For Improving Your Relationships

Being in a relationship should be an opportunity for fun, personal growth, and mutual support, never an excuse for hurting or controlling someone else. The following guidelines can help keep a relationship healthy:

- **Recognize that both people in the relationship have the right to be accepted** as they are, to be treated with respect, to feel safe, to ask for what they want, to say no without feeling guilty, to express themselves, to give and receive affection, and to make some mistakes and be forgiven.

- **Remember that no one in a relationship has the right to force the other to do anything**, to tell the other where or when to speak up or go out, to humiliate the other in public or private, to isolate the other from friends and family, to read personal material without permission, to pressure the other to give up goals or interests, or to abuse the other person verbally or physically.

- **Be willing to open up**. The more you share, the deeper the bond between you and your friend will become.
• Be sensitive to your friend’s or partner’s feelings. Keep in mind that, like you, he or she has unique needs, desires, and dreams.

• Express appreciation. Be generous with your compliments. Let your friends and family know you recognize their kindnesses.

• Know that people will disappoint you from time to time. We are only human. Accept your loved ones as they are. Admitting their faults need not reduce your respect for them.

• Talk about your relationship. If you have any gripes or frustrations, air them.

CENGAGENOW™ If you want to write your own goals for enhanced relationship, go to the Wellness Journal CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY

*How Much Do You Know About Sex?*

Mark each of the following statements True or False:

1. Men and women have completely different sex hormones.
2. Premenstrual syndrome (PMS) is primarily a psychological problem.
3. Circumcision diminishes a man’s sexual pleasure.
4. Sexual orientation may have a biological basis.
5. Masturbation is a sign of emotional immaturity.
6. Only homosexual men engage in anal intercourse.
7. Despite their awareness of AIDS, many college students do not practice safe sex.
8. After age 60, lovemaking is mainly a fond memory, not a regular pleasure of daily living.
9. Doctors advise against having intercourse during a woman’s menstrual period.
10. Only men ejaculate.
11. It is possible to be infected with HIV during a single sexual encounter.
12. Impotence is always a sign of emotional or sexual problems in a relationship.

Answers:

1. False. Men and women have the same hormones, but in different amounts.
2. False. PMS has been recognized as a physiological disorder that may be caused by a hormonal deficiency, abnormal levels of thyroid hormone, or social and environmental factors, such as stress.
3. False. Sex therapists have not been able to document differences in sensitivity to stimulation between circumcised and uncircumcised men.
5. False. Throughout a person’s life, masturbation can be a form of sexual release and pleasure.
6. False. As many as one in every four married couples under age 35 have reported that they occasionally engage in anal intercourse.
7. True. In one recent study, more than a third of college students had engaged in vaginal or anal intercourse at least once in the previous year without using effective protection from conception or sexually transmitted infections (STIs).
8. False. More than a third of American married men and women older than 60 make love at least once a week, as do 10 percent of those older than 70.
9. False. There’s no medical reason to avoid intercourse during a woman’s menstrual period.
10. False. Some researchers say that stimulation of the Grafenberg spot in a woman’s vagina may lead to a release of fluid from her urethra during orgasm.
11. True. Although the risk increases with repeated sexual contact with an infected partner, an individual can contract HIV during a single sexual encounter.
12. False. Many erection difficulties have physical causes.

**Your Action Plan for Responsible Sexuality**

Your score on the Self Survey may indicate that you know a lot more—or less—about sex than you thought you did. Part of sexual responsibility is being informed about sexuality, including reproductive anatomy, sexual orientation, the range of sexual behaviors, and ways of protecting yourself from sexually transmitted diseases.

The Sexuality Information and Education Council of the United States (SIECUS) has worked with nongovernmental organizations around the world to develop a consensus about the life behaviors of a sexually healthy and responsible adult. These include:

- Appreciating one’s own body.
- Seeking information about reproduction as needed.
- Affirming that sexual development may or may not include reproduction or genital sexual experience.
- Interacting with both genders in respectful and appropriate ways.
• Affirming one's own sexual orientation and respecting the sexual orientation of others.
• Expressing love and intimacy in appropriate ways.
• Developing and maintaining meaningful relationships.
• Avoiding exploitative or manipulative relationships.
• Making informed choices about family options and lifestyles.
• Enjoying and expressing one's sexuality throughout life.
• Expressing one's sexuality in ways congruent with one's values.
• Discriminating between life-enhancing sexual behaviors and those that are harmful to oneself and/or others.
• Expressing one's sexuality while respecting the rights of others.
• Seeking new information to enhance one's sexuality.
• Using contraception effectively to avoid unintended pregnancy.
• Preventing sexual abuse.
• Seeking early prenatal care.
• Avoiding contracting or transmitting a sexually transmitted infection, including HIV.

• Practicing health-promoting behaviors, such as regular checkups, breast and testicular self-exam, and early identification of potential problems.
• Demonstrating tolerance for people with different sexual values and lifestyles.
• Exercising democratic responsibility to influence legislation dealing with sexual issues.
• Assessing the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
• Promoting the rights of all people to accurate sexuality information.
• Avoiding behaviors that exhibit prejudice and bigotry.
• Rejecting stereotypes about the sexuality of diverse populations.

CENGAGENOW™ If you want to write your own goals for responsible sexual behavior, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY Which Contraceptive Method Is Best for You?

Answer yes or no to each statement as it applies to you and, if appropriate, your partner.

1. You have high blood pressure or cardiovascular disease.
2. You smoke cigarettes.
3. You have a new sexual partner.
4. An unwanted pregnancy would be devastating to you.
5. You have a good memory.
6. You or your partner have multiple sexual partners.
7. You prefer a method with little or no bother.
8. You have heavy, crampy periods.
9. You need protection against STIs.
10. You are concerned about endometrial and ovarian cancer.
11. You are forgetful.
12. You need a method right away.
13. You’re comfortable touching your own and your partner’s genitals.
14. You have a cooperative partner.
15. You like a little extra vaginal lubrication.
16. You have sex at unpredictable times and places.
17. You are in a monogamous relationship and have at least one child.

Scoring:
Recommendations are based on Yes answers to the following numbered statements:

- The combination pill: 4, 5, 6, 8, 10, 16
- The progestin-only pill: 1, 2, 5, 7, 16
- The patch: 4, 7, 8, 11, 16
- The NuvaRing: 4, 7, 8, 11, 13, 16
- Condoms: 1, 2, 3, 6, 9, 12, 13, 14
- Depo-Provera: 1, 2, 4, 7, 11, 16
- Diaphragm, cervical cap, or FemCap: 1, 2, 13, 14
- Mirena IUD: 1, 2, 7, 8, 11, 13, 16, 17
- Spermicides: 1, 2, 12, 13, 14, 15
- Sponge: 1, 2, 12, 13

Your Health Action Plan For Choosing a Contraceptive

Your responses may indicate that there’s more than one appropriate method of birth control for you. Remember that you may choose different types of birth control at different stages of your life, or switch contraceptives for various reasons. You and your partner should always consider and discuss these factors:

- **Effectiveness.** Keep in mind that your own conscientiousness will play an important role. If you forget to take your daily pill, or if you decide not to use a condom “just this once,” you’ll increase the odds of pregnancy by interfering with effective birth control.

- **Suitability.** If you don’t have sex very often, a contraceptive with many risks and side effects, such as the pill, may be wrong for you. If you have many sexual partners and are at risk of contracting a sexually transmitted infection, a condom may provide protection against pregnancy and infection, especially if used with a diaphragm or cervical cap.

- **Side effects.** Some complications related to contraceptives are serious health threats. Be sure to ask questions and gather as much information as possible about what side effects to expect.

- **Safety.** The risks of certain contraceptives, such as the pill, may be too great to allow their use if, for example, you have high blood pressure. Be honest in describing your medical history to your physician.
• **Future fertility.** Some women don’t return to regular menstrual cycles for six months to a year after discontinuing oral contraceptives. This possibility may or may not be important to you now, but you should try to look ahead.

• **Cost.** The only free contraceptive methods are abstinence and rhythm methods. If you’re on a tight budget, you might consider the relative costs of a year’s prescription of oral contraceptives compared to a year’s supply of condoms or spermicidal foam or jelly. You should also think about the long-term costs and consequences.

• **Reduced risk of sexually transmitted infections.** Some forms of contraception, in particular barrier contraceptives and spermicides, help reduce the risk of transmission of some STIs. However, none provides complete protection.

CENGAGENOW™ If you want to write your own goals for safe and effective contraception, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY  Are You at Risk of Cancer?

Answer the following questions:

1. Do you protect your skin from overexposure to the sun? ______
2. Do you abstain from smoking or using tobacco in any form? ______
3. If you’re over 40 or if family members have had colon cancer, do you get routine digital rectal exams? ______
4. Do you eat a balanced diet that includes the recommended Daily Value for vitamins A, B, and C? ______
5. If you’re a woman, do you have regular Pap tests and pelvic exams? ______
6. If you’re a man over 40, do you get regular prostate exams? ______
7. If you have burn scars or a history of chronic skin infections, do you get regular checkups? ______
8. Do you avoid smoked, salted, pickled, and high-nitrite foods? ______
9. If your job exposes you to asbestos, radiation, cadmium, or other environmental hazards, do you get regular checkups? ______
10. Do you limit your consumption of alcohol? ______
11. Do you avoid using tanning salons or home sunlamps? ______
12. If you’re a woman, do you examine your breasts every month for lumps? ______
13. Do you eat plenty of vegetables and other sources of fiber? ______
14. If you’re a man, do you perform regular testicular self-exams? ______
15. Do you wear protective sunglasses in sunlight? ______
16. Do you follow a low-fat diet? ______
17. Do you know the cancer warning signs? ______

Scoring
If you answered no to any of the questions, your risk for developing various kinds of cancer may be increased.

Your Health Action Plan for Early Detection of Cancer

<table>
<thead>
<tr>
<th>Site</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| Breast        | • Yearly mammograms are recommended starting at age 40. The age at which screening should be stopped should be individualized by considering the potential risks and benefits of screening in the context of overall health status and longevity.  
• Clinical breast exam should be part of a periodic health exam, about every 3 years for women in their twenties and thirties, and every year for women 40 and older.  
• Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam is an option for women starting in their twenties.  
• Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (i.e., breast ultrasound and MRI), or having more frequent exams. |
| Colon and Rectum | Beginning at age 50, men and women should begin screening with one of the examination schedules that follow:  
• A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year  
• A flexible sigmoidoscopy (FSSG) every 5 years  
• Annual FOBT or FIT and flexible sigmoidoscopy every 5 years*  
• A double-contrast barium enema every 5 years  
• A colonoscopy every 10 years |
<table>
<thead>
<tr>
<th>Site</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prostate</strong></td>
<td>The PSA test and the digital rectal examination should be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of one or more first-degree relatives diagnosed with prostate cancer at an early age) should begin testing at age 45. For both men at average risk and high risk, information should be provided about what is known and what is uncertain about the benefits and limitations of early detection and treatment of prostate cancer so that they can make an informed decision about testing.</td>
</tr>
<tr>
<td><strong>Uterus</strong></td>
<td><strong>Cervix:</strong> Screening should begin approximately 3 years after a woman begins having vaginal intercourse, but no later than 21 years of age. Screening should be done every year with regular Pap tests or every 2 years using liquid-based tests. At or after age 30, women who have had three normal test results in a row may get screened every 2 to 3 years. Alternatively, cervical cancer screening with human papilloma virus (HPV) DNA testing and conventional or liquid-based cytology could be performed every 3 years. However, doctors may suggest that a woman get screened more often if she has certain risk factors, such as HIV infection or a weak immune system. Women 70 years and older who have had three or more consecutive normal Pap tests in the last 10 years may choose to stop cervical cancer screening. Screening after total hysterectomy (with removal of the cervix) is not necessary unless the surgery was done as a treatment for cervical cancer. <strong>Endometrium:</strong> The American Cancer Society recommends that at the time of menopause all women should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their physicians. Annual screening for endometrial cancer with endometrial biopsy beginning at age 35 should be offered to women with or at risk for hereditary nonpolyposis colon cancer (HNPCC).</td>
</tr>
</tbody>
</table>
| **Cancer-Related Checkup** | For individuals undergoing periodic health examinations, a cancer-related checkup should include health counseling, and, depending on a person’s age and gender, might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some nonmalignant diseases. *Combined testing is preferred over either annual FOBT or FIT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule.* Source: American Cancer Society. Cancer Facts and Figures 2007. © 2007 American Cancer Society, Inc. www.cancer.org. **CENGAGENOW**™ If you want to write your own goals for lowering your risk for major diseases, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY  Assessing Your STI Risk

This Self Survey looks at your risk of acquiring or transmitting any sexually transmitted infection (STI).

STI Quiz

1. True or False: A person can have an STI and not know it.
2. True or False: It is normal for women to have some vaginal discharge.
3. True or False: Once you have had an STI and have been cured, you can’t get it again.
4. True or False: HIV is mainly present in semen, blood, vaginal secretions, and breast milk.
5. True or False: Chlamydia and gonorrhea can cause pelvic inflammatory disease.
6. True or False: A pregnant woman who has an STI can pass the disease on to her baby.
7. True or False: Most STIs go away without treatment, if people wait long enough.
8. True or False: STIs that aren’t cured early can cause sterility.
9. True or False: Birth control pills offer excellent protection from STIs.
10. True or False: Condoms can help prevent the spread of STIs.
11. True or False: If you know your partner, you can’t get an STI.
12. True or False: Chlamydia is the most common bacterial STI.
13. True or False: A sexually active woman should get an annual pap test from her doctor.

Answers

1. True Some of the most common symptoms of an STI infection include: Abnormal discharge, painful urination, burning, itching or tingling in the genital area, but it is important to remember that many women and men who have an STI often do not experience any symptoms at all. Chlamydia, for example, often has no symptoms.
2. True Normal vaginal discharge has several purposes: cleaning and moistening the vagina and helping to prevent and fight infections. Although it’s normal for the color, texture, and amount of vaginal fluids to vary throughout a woman’s menstrual cycle, some changes in discharge may indicate a problem.
   If you think you may have a problem, you should see a doctor as soon as possible. First, though, it helps to learn some of the differences between what is normal and abnormal vaginal discharge for you.
3. False Having an STI and being cured from it does not mean that your body now has a built-in immunity to the bacteria that causes the infection. You must protect yourself from becoming infected again by using a condom. Remember, it is your body!
4. True Although small traces of HIV can be found in tears, saliva, urine and perspiration, extensive studies have shown that there is not enough of the virus or the virus is not strong enough to be transmitted. Only blood, semen, vaginal secretions, and breast milk have been proven to transmit the HIV virus and hepatitis B. HIV cannot be passed on by casual contact.
5. True Many different organisms can cause PID, but most cases are associated with gonorrhea and genital chlamydial infections, two very common STIs. Scientists have found that bacteria normally present in small numbers in the vagina and cervix also may play a role.
6. True STIs can be passed from a pregnant woman to the baby before, during, or after the baby’s birth. Some STIs (like syphilis) cross the placenta and infect the baby while it is in the uterus (womb). Other STIs (like gonorrhea, chlamydia, hepatitis B, and genital herpes) can be transmitted from the mother to the baby during delivery as the baby passes through the birth canal. HIV can cross the placenta during pregnancy, infect the baby during the birth process, and unlike most other STIs, can infect the baby through breastfeeding.
7. False Even if symptoms appear to go away, the infected person will still have the infection and is able to pass the infection on to others until he/she gets treatment. STIs that aren’t cured early can cause sterility.

8. True If the fallopian tubes are blocked at one or both ends, the egg can’t travel through the tubes into the uterus. Blocked tubes may result from pelvic inflammatory disease, which is often caused by untreated STIs.

9. False The birth control pill does not protect against sexually transmitted infections. For those having sex, condoms must always be used along with birth control pills to protect against STIs. Abstinence (the decision to not have sex) is the only method that always prevents pregnancy and sexually transmitted infections.

10. True Most condoms are made of latex. Those made of lambskin may offer less protection against some sexually transmitted infections, including HIV, so use of latex condoms is recommended. For people who may have an allergic skin reaction to latex, both male and female condoms made of polyurethane are available.

11. False As stated in question number 1, a person can have an STI and not know it. If they can’t tell, how can you?

12. True The U.S. Centers for Disease Control and Prevention estimates that more than 4 million new cases of chlamydia occur each year. The highest rates of chlamydial infection are in 15- to 19-year-old adolescents regardless of demographics or location.

13. True The Pap test is a way to find cell changes on the cervix. Abnormal cells may lead to cancer, so having a Pap test can find and treat them early, before they have time to progress to cancer.

Although Pap tests do not test for STIs, some STIs such as HPV (human papillomavirus infection) can cause abnormal Pap test results. Certain types of HPV are linked to cancer in both women and men.

Copyright 2002 by SmarterSex.org.

Your Health Action Plan for Coping with STIs

What to Do If You Have an STI

- If you suspect that you have an STI, don’t feel too embarrassed to get help through a physician’s office or a clinic. Treatment relieves discomfort, prevents complications, and halts the spread of the disease.
- Following diagnosis, take oral medication (which may be given instead of or in addition to shots) exactly as prescribed.
- Try to figure out from whom you got the STI. Be sure to inform that person, who may not be aware of the problem.
- If you have an STI, never deceive a prospective partner about it. Tell the truth—simply and clearly. Be sure your partner understands exactly what you have and what the risks are.

Telling a Partner You Have an STI

Even though the conversation can be awkward and embarrassing, you need to talk honestly about any STI that you may have been exposed to or contracted. What you don’t say can be hazardous to your partner’s health. Here are some guidelines:

- Talk before you become intimate. A good way to start is simply by saying, “There is something we need to talk over first.”
- Be honest. Don’t downplay any potential risks.
- Don’t blame. Even if you suspect that your partner was the source of your infection, focus on the need for medical attention.
- Be sensitive to your partner’s feelings. Anger and resentment are common reactions when someone feels at risk. Try to listen without becoming defensive.
- Seek medical attention. Do not engage in sexual intimacies until you obtain a doctor’s assurance that you are no longer contagious.


CENGAGENOW™ If you want to write your own goals for preventing STIs, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/issa/
SELF SURVEY  What’s Your Infection IQ?

Check the items that apply to you.

_____ I wash my hands with soap and water after I use the restroom.
_____ I wash my hands with soap and water before I eat.
_____ Before and after using exercise equipment, I wipe the handles.
_____ I wash my hands with soap and water after working out with weights or exercise equipment at a gym.
_____ I avoid contact with people who are coughing and sneezing.
_____ I wash my hands with soap and water more often during the cold and flu season.
_____ All of my vaccinations are current.
_____ I eat at least 3 balanced meals a day.
_____ I get 6 to 8 hours of sleep at night.
_____ I use relaxation techniques to lower my stress level.
_____ I do not smoke.
_____ I do not drink or keep alcohol consumption to a minimum.
_____ I do not use drugs of any kind, including steroids.
_____ I throw leftovers out after 3 days.
_____ I wash fruits and vegetables before eating.
_____ I check expiration dates on food items.
_____ I apply insect spray (containing DEET) when I am outdoors.
_____ I wear long-sleeved clothing and long pants when hiking.
_____ I check myself for ticks after a hike.

Scoring
Add up your checkmarks, and look for patterns in your protective behaviors. Are you conscientious about exercise and sleep, but careless about washing your hands or wiping down gym equipment? Do you protect yourself against food infections (discussed in Chapter 6) but not against sexually transmitted infections (discussed in Chapter 16)? Identify the aspects of infection protection that need the most work, and start practicing the defensive behaviors that will lower your risk.

Your Health Action Plan for Better Infection Protection

Some day medical science may develop vaccines or other means of providing total protection against infectious diseases. Until then your best defense is to take commonsense steps to promote well-being and reduce the risks of infection. Here are some basic principles of self-defense:

• **Eat a balanced diet** to be sure you get essential vitamins and minerals. Severe deficiencies in vitamins B6, B12, and folic acid impair immunity. Keep up your iron and zinc intake. Iron influences the number and vigor of certain immune cells, whereas zinc is crucial for cell repair. Too little vitamin C also may increase susceptibility to infectious diseases.

• **Avoid fatty foods.** A low-fat diet can increase the activity of immune cells that hunt down and knock out cells infected with viruses.

• **Get enough sleep.** Without adequate rest, your immune system cannot maintain and renew itself. (See the lab “Sleep Power” in IPC.)

• **Exercise regularly.** Aerobic exercise stimulates the production of an immune-system booster called interleukin-2.

• **Don’t smoke.** Smoking decreases the levels of some immune cells and increases susceptibility to respiratory infections.

• **Control your alcohol intake.** Heavy drinking interferes with normal immune responses and lowers the number of defender cells.

• **Wash your hands frequently** with hot water and soap. In a public restroom, use a paper towel to turn off the faucet after you wash your hands, and avoid touching the doorknob. Wash objects used by someone with a cold.

• **Don’t share food, drinks, silverware, glasses,** and other objects that may carry infectious microbes.

• **Spend as little time as possible in crowds** during cold and flu season, especially closed places, such as elevators and airplanes. When out, keep your distance from sneezers and coughers.

• **Don’t touch your eyes, mouth, and nose,** especially after being with someone who has cold symptoms.

• **Use tissues** rather than cloth handkerchiefs, which may harbor viruses for hours or days.

• **Avoid irritating air pollutants** whenever possible.

**CENGAGENOW** If you want to write your own goals for preventing infectious diseases, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY: Do You Have a Substance Use Disorder?

Check the statements that apply to you.

- Use more of an illegal drug or a prescription medication or use a drug for a longer period of time than you desire or intend. ______
- Try, repeatedly and unsuccessfully, to cut down or control drug use. ______
- Spend a great deal of time doing whatever is necessary in order to get drugs, taking them, or recovering from their use. ______
- Be so high or feel so bad after drug use that you often cannot work or fulfill other responsibilities. ______
- Give up or cut back on important social, work, or recreational activities because of drug use. ______
- Continue to use drugs even though you realize that they are causing or worsening physical or mental problems. ______
- Use a lot more of a drug in order to achieve a “high” or desired effect or feel fewer such effects than in the past. ______
- Use drugs in dangerous ways or situations. ______
- Have repeated drug-related legal problems, such as arrests for possession. ______
- Continue to use drugs, even though the drug causes or worsens social or personal problems, such as arguments with a spouse. ______
- Develop hand tremors or other withdrawal symptoms if you cut down or stop drug use. ______
- Take drugs to relieve or avoid withdrawal symptoms. ______

The more blanks that you (or someone close to you) checks, the more reason you have to be concerned about drug use. The most difficult step for anyone with a substance use disorder is to admit that he or she has a problem. Sometimes a drug-related crisis, such as being arrested or fired, forces individuals to acknowledge the impact of drugs. If not, those who care—family, friends, boss, physician—may have to confront them and insist that they do something about it. This confrontation, planned beforehand, is called an intervention and can be the turning point for drug users and their families.

Your Health Action Plan for Recognizing Substance Abuse

How can you tell if a friend or loved one has a substance use disorder? Look for the following warning signs:

- **An abrupt change in attitude.** Individuals may lose interest in activities they once enjoyed or in being with friends they once valued.
- **Mood swings.** Drug users may often seem withdrawn or “out of it,” or they may display unusual temper flareups.
- **A decline in performance.** Students may start skipping classes, stop studying, or not complete assignments; their grades may plummet.
- **Increased sensitivity.** Individuals may react intensely to any criticism or become easily frustrated or angered.
- **Secrecy.** Drug users may make furtive telephone calls or demand greater privacy concerning their personal possessions or their whereabouts.
- **Physical changes.** Individuals using drugs may change their pattern of sleep, spending more time in bed or sleeping at odd hours. They also may change their eating habits and lose weight.
- **Money problems.** Drug users may constantly borrow money, seem short of cash, or begin stealing.
- **Changes in appearance.** As they become more involved with drugs, users often lose regard for their personal appearance and look disheveled.
- **Defiance of restrictions.** Individuals may ignore or deliberately refuse to comply with deadlines, curfews, or other regulations.
- **Changes in relationships.** Drug users may quarrel more frequently with family members or old friends and develop strong allegiances with new acquaintances, including other drug users.

**CENGAGENOW** If you want to write your own goals for avoiding drug misuse, go to the Wellness Journal at CengageNow for Health: [http://www.cengage.com/ssso/](http://www.cengage.com/ssso/)
SELF SURVEY Do You Have a Drinking Problem?

This self-assessment, the Michigan Alcoholism Screening Test (MAST), is widely used to identify potential problems. This test screens for the major psychological, sociological, and physiological consequences of alcoholism.

Answer Yes or No to the following questions, and add up the points shown in the right column for your answers.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you enjoy a drink now and then?</td>
<td>________</td>
<td>(0 for either)</td>
</tr>
<tr>
<td>2. Do you think that you’re a normal drinker? (By normal, we mean that you drink less than or as much as most other people.)</td>
<td>________</td>
<td>(2 for no)</td>
</tr>
<tr>
<td>3. Have you ever awakened the morning after some drinking the night before and found that you couldn’t remember part of the evening?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>4. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>5. Can you stop drinking without a struggle after one or two drinks?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>6. Do you ever feel guilty about your drinking?</td>
<td>________</td>
<td>(1 for yes)</td>
</tr>
<tr>
<td>7. Do friends or relatives think that you’re a normal drinker?</td>
<td>________</td>
<td>(2 for no)</td>
</tr>
<tr>
<td>8. Do you ever try to limit your drinking to certain times of the day or to certain places?</td>
<td>________</td>
<td>(0 for either)</td>
</tr>
<tr>
<td>9. Have you ever attended a meeting of Alcoholics Anonymous?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>10. Have you ever gotten into physical fights when drinking?</td>
<td>________</td>
<td>(1 for yes)</td>
</tr>
<tr>
<td>11. Has your drinking ever created problems for you and your wife, husband, a parent, or other relative?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>12. Have your wife, husband, or other family members ever gone to anyone for help about your drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>13. Have you ever lost friends because of your drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>14. Have you ever gotten into trouble at work or school because of your drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>15. Have you ever lost a job because of your drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because of drinking?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>17. Do you drink before noon fairly often?</td>
<td>________</td>
<td>(1 for yes)</td>
</tr>
<tr>
<td>18. Have you ever been told you have liver trouble? Cirrhosis?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>19. After heavy drinking, have you ever had delirium tremens (DTs) or severe shaking, or heard voices or seen things that weren’t actually there?</td>
<td>________</td>
<td>(2 for yes*)</td>
</tr>
<tr>
<td>20. Have you ever gone to anyone for help about your drinking?</td>
<td>________</td>
<td>(5 for yes)</td>
</tr>
<tr>
<td>21. Have you ever been in a hospital because of your drinking?</td>
<td>________</td>
<td>(5 for yes)</td>
</tr>
<tr>
<td>22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>23. Have you ever been seen at a psychiatric or mental health clinic or gone to any doctor, social worker, or clergyman for help with any emotional problem where drinking was part of the problem?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>24. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages?</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>25. Have you ever been arrested, or taken into custody, even for a few hours, because of drunken behavior</td>
<td>________</td>
<td>(2 for yes)</td>
</tr>
<tr>
<td>(If Yes, how many times?)</td>
<td>________**</td>
<td></td>
</tr>
</tbody>
</table>

*Five points for delirium tremens
**Two points for each arrest

Scoring
In general, five or more points places you in an alcoholic category; four points suggests alcoholism; while three or fewer points indicates that you’re not an alcoholic.
Your Health Action Plan for Avoiding Destructive Decisions

Students Against Destructive Decisions (originally founded as Students Against Driving Drunk) developed the following statement and contract for college students to discuss and sign. Use it as your health action plan for making responsible decisions about alcohol, drugs, and other behaviors that could put your health at risk:

Despite increased public and legislative awareness, the abuse of legal and illegal alcohol and other drugs is rampant in our society. The consequences of alcohol abuse and drug addiction are devastating and pose a major threat to young people in our society. No age group is more vulnerable to the tragic consequences of this abuse and addiction than are college students and other young adults.

College students across the nation have begun to band together to fight the substance abuse problems affecting their campuses. Innovative SADD programs have highlighted the power of college students to effectively deal with critical problems. The SADD College Contract for Life is designed to facilitate communication between college friends about potentially destructive decisions related to alcohol, drug use, HIV/AIDS, sexuality, date rape, impaired driving, and many more challenges. The Contract provides a practical tool for opening discussion, raising awareness, and demonstrating the desire to help friends find any assistance they need.49

Source: www.sadd.org/contract.htm#collegecfl

CENGAGENOW™ If you want to write your own goals for more nutritious choices, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
COLLEGE CONTRACT FOR LIFE
Between Friends
Students Against Destructive Decisions

As students at _______________________________________________, we recognize that we will be faced with many difficult decisions. Throughout our college experience we may encounter issues such as alcohol and other drug use, HIV/AIDS, risky sexual behaviors, date rape, impaired driving, abusive relationships, and many more challenges.

By signing below, we have entered into a contract in which we agree that we will always attempt to choose the best option that considers our own well-being, health, and safety. In addition, we will help friends whom we see making destructive decisions find any assistance they need.

When I find myself in a situation that makes me uncomfortable or that I feel unequipped to handle, I will discuss it with someone I trust.

_________________________  _____________________________
SIGNATURE OF 1ST PARTY     DATE

_________________________  _____________________________
SIGNATURE OF 2ND PARTY     DATE

Students Against Destructive Decisions

©2005 SADD, Inc., a Massachusetts nonprofit corporation. All rights reserved. SADD and all SADD logos are registered trademarks of SADD, Inc. SADD chapters and their individual students have permission to reproduce this material in its entirety for use by the students. Copying of this material by other entities (publishers or other individuals), either in whole or in part, without written permission is strictly prohibited. SADD, Inc. sponsors Students Against Destructive Decisions and other health and safety programs.

SADD, Inc. | 255 Main Street | Marlborough, MA 01752
877-SADD-INC TOLL-FREE | 508-481-3568 | 508-481-5759 FAX
www.sadd.org
SELF SURVEY

Are You Addicted to Nicotine?

Answer the following questions as honestly as you can by placing a check mark in the appropriate column.

1. Do you smoke every day?  
2. Do you smoke because of shyness and to build up self-confidence?  
3. Do you smoke to escape from boredom and worries or while under pressure?  
4. Have you ever burned a hole in your clothes, carpet, furniture, or car with a cigarette?  
5. Have you ever had to go to the store late at night or at another inconvenient time because you were out of cigarettes?  
6. Do you feel defensive or angry when people tell you that your smoke is bothering them?  
7. Has a doctor or dentist ever suggested that you stop smoking?  
8. Have you ever promised someone that you would stop smoking, then broken your promise?  
9. Have you ever felt physical or emotional discomfort when trying to quit?  
10. Have you ever successfully stopped smoking for a period of time, only to start again?  
11. Do you buy extra supplies of tobacco to make sure you won’t run out?  
12. Do you feel defensive or angry when people tell you that your smoke is bothering them?  
13. Do you choose only those activities and entertainments during which you can smoke?  
14. Do you prefer, seek out, or feel more comfortable in the company of smokers?  
15. Do you inwardly despise or feel ashamed of yourself because of your smoking?  
16. Do you ever find yourself lighting up without having consciously decided to?  
17. Has your smoking ever caused trouble at home or in a relationship?  
18. Do you ever tell yourself that you can stop smoking whenever you want to?  
19. Have you ever felt that your life would be better if you didn’t smoke?  
20. Do you continue to smoke even though you are aware of the health hazards posed by smoking?

If you answered Yes to one or two of these questions, there’s a chance that you are addicted or are becoming addicted to nicotine. If you answered Yes to three or more of these questions, you are probably already addicted to nicotine.

Source: Nicotine Anonymous World Services, San Francisco.

Your Health Action Plan for Kicking the Habit

Here’s a six-point program to help you or someone you love quit smoking. (Caution: Don’t undertake the quit-smoking program until you have a two- to four-week period of relatively unstressful work and study schedules or social commitments.)

1. **Identify your smoking habits.** Keep a daily diary (a piece of paper wrapped around your cigarette pack with a rubber band will do) and record the time you smoke, the activity associated with smoking (after breakfast, in the car), and your urge for a cigarette (desperate, unpleasant, or automatic). For the first week or two, don’t bother trying to cut down; just use the diary to learn the conditions under which you smoke.

2. **Get support.** It can be tough to go it alone. Phone your local chapter of the American Cancer Society or Nicotine Anonymous or otherwise get the names of some ex-smokers who can give you support.

3. **Begin by tapering off.** For a period of one to four weeks, aim at cutting down to, say, 12 or 15 cigarettes a day; or change to a lower-nicotine brand and concentrate on not increasing the number of cigarettes you smoke. As indicated by your diary, begin by cutting out those cigarettes you smoke automatically. In addition, restrict the times you allow yourself to smoke. Throughout this period, stay in touch, once a day or every few days, with your ex-smoker friend(s) to discuss your problems.

4. **Set a quit date.** At some point during the tapering-off period, announce to everyone—friends, family, and ex-smokers—when you’re going to quit. Do it with flair. Announce it to coincide with a significant date, such as your birthday or anniversary.
5. **Stop.** A week before Q-day, smoke only five cigarettes a day. Begin late in the day, say after 4:00 p.m. Smoke the first two cigarettes in close succession. Then, in the evening, smoke the last three, also in close succession, about 15 minutes apart. Focus on the negative aspects of cigarettes, such as the rawness in your throat and lungs. After seven days, quit and give yourself a big reward on that day, such as a movie or a fantastic meal or new clothes.

6. **Follow up.** Stay in touch with your ex-smoker friend(s) during the following two weeks, particularly if anything stressful or tense occurs that might trigger a return to smoking. Think of the person you’re becoming—the very person cigarette ads would have you believe smoking makes you. Now that you’re quitting smoking, you’re becoming healthier, sexier, more sophisticated, more mature, and better looking—and you’ve earned it!

Sources: American Cancer Society, National Cancer Institute.

**CENGAGENOW** If you want to write your own goals for tobacco use, go to the Wellness Journal at CengageNow for Health: [http://www.cengage.com/sso/](http://www.cengage.com/sso/)
<table>
<thead>
<tr>
<th>Residence Hall Security</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-sex residence halls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coed residence halls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman residence halls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance-free residence halls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior residence halls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol prohibited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs prohibited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propped door alarms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coed bathrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card swipe—like hotels—for exterior and interior residence hall rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patented keys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard keys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic locked doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propped doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors locked at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors never locked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doors always locked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guards on duty 24 hours/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guards on duty at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartments on campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire sprinklers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peep hole in room door</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dead bolt on room door</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety chain on room door</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath in room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathrooms down hallway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single-sex bathrooms kept locked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors locked—all floors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure windows—all floors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic alarms in rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visitors</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Phone/intercom at entrance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leave ID with Guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guest passes with guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign in guests with guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Security Patrols in Residence Halls</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>By police nightly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By security nightly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By students—RA or equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By no one</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Roommate Conflicts</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Offending Roommate Quickly Transferred:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For using illegal drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For having sex while roommate present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For binge/underage drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Services</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Rape crisis center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol–drug counselors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student AA meetings on campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer education programming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety education programming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol and other drug programming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support groups—depression, eating disorders, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Womens’ center</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Campus Security</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Campus Security Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sworn police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsworn security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security guards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trained volunteer students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrest power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrolling day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrolling night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry firearms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle patrols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveillance cameras</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency phones in working condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escort services—24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shuttle services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal alarm devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parental Notification</strong></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>For suicide attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For alcohol poisoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For DUI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For stalking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For acts of violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For illegal drug use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For underage drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For public drunkenness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For housing firearms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For sexual assault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For hate crimes or speech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For academic probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For disciplinary probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For residence hall violations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For off-campus citations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Campus Judicial System

YES NO
__ __ Releases results in hearings involving crimes of violence
__ __ Open campus judicial hearings
__ __ Reveals names of campus sex offenders

Get campus crime statistics from www.ope.ed/gov/security or from your admissions office.

Criminal Offenses

Murder
Forcible sex offenses
Nonforcible sex offenses
Robbery
Aggravated assault
Burglary

Campus Arrests

Liquor law violations
Drug law violations
Weapons violations

TOTAL CAMPUS ARRESTS

Calculate campus crimes per thousand students and compare them with other schools. Also, attempt a balanced evaluation by combining your subjective impressions with any calculations.


Your Health Action Plan for Personal Safety on Campus

FUNDAMENTALS

- Freshmen should “respectfully decline” to have photo and personal information published for distribution to the campus community. Fraternities and upperclassmen have abused this type of publication to “target” naive freshmen.
- Study the campus and neighborhood with respect to routes between your residence and class/activities schedule. Know where emergency phones are located if you do not have a cell phone.
- Share your class/activities schedule with parents and a network of close friends, effectively creating a type of “buddy” system. Give network telephone numbers to your parents, advisors, and friends.
- Always travel in groups. Use a shuttle service after dark. Never walk alone at night. Avoid shortcuts.
- Put the campus security number into your cell phone’s fast-call numbers so you can access it with a single keystroke.
- Survey the campus, academic buildings, residence halls, and other facilities while classes are in session and after dark to see that buildings, walkways, quadrangles, and parking lots are adequately secured, lit, and patrolled. Are emergency phones, escorts, and shuttle services adequate?
- To gauge the social scene, drive down fraternity row on weekend nights and stroll through the student hangouts. Are people behaving responsibly, or does the situation seem reckless and potentially dangerous? Remember, alcohol and/or drug abuse is involved in about 90 percent of campus crime. Carefully evaluate off-campus student apartment complexes and fraternity houses if you plan to live off-campus.

RESIDENCE

- Doors and windows to your residence hall should be equipped with quality locking mechanisms. Room doors should be equipped with peep holes and deadbolts. Always lock them when you are absent. Do not loan out your key. Rekey locks when a key is lost or stolen.
- Card access systems are far superior to standard metal key and lock systems. Card access enables immediate lock changes when keys are lost, stolen, or when housing arrangements change. Most hotels and hospitals have changed to card access systems for safety reasons. Higher education institutions need to adopt similar safety features.
- Always lock your doors and first and second floor windows at night. Never compromise your safety for a roommate who asks you to leave the door unlocked.
- Dormitories should have a central entrance/exit lobby where nighttime access is monitored, as well as an outside telephone which visitors must use to gain access.
- Dormitory residents should insist that residential assistants and security patrols routinely check for propped doors—day and night.
- Do not leave your identification, wallets, checkbooks, jewelry, cameras, and other valuables in open view.
- Program your phone’s speed dial memory with emergency numbers that include family and friends.
- Know your neighbors and don’t be reluctant to report illegal activities and suspicious loitering.

OFF-CAMPUS RESIDENTS

Off-campus residents should contact their student legal aid representative to draft leases that stipulate minimum standards of security and responsibility. Students and parents should also consult any “Neighborhood Watch” association active in the community or the municipal police regarding local crime rates.


CENGAGENOW® If you want to write your own goals for staying safe, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY

Are You a Savvy Health-Care Consumer?

1. You want a second opinion, but your doctor dismisses your request for other physicians' names as unnecessary. What do you do?
   a. Assume that he or she is right and you would merely be wasting time.
   b. Suspect that your physician has something to hide and immediately switch doctors.
   c. Contact your health plan and request a second opinion.

2. As soon as you enter your doctor's office, you get tongue-tied. When you try to find the words to describe what's wrong, your physician keeps interrupting. When giving advice, your doctor uses such technical language that you can't understand what it means. What do you do?
   a. Prepare better for your next appointment.
   b. Pretend that you understand what your doctor is talking about.
   c. Decide you'd be better off with someone who specializes in complementary/alternative therapies and seems less intimidating.

3. You feel like you're running on empty, tired all the time, worn to the bone. A friend suggests some herbal supplements that promise to boost energy and restore vitality. What do you do?
   a. Immediately start taking them.
   b. Say that you think herbs are for cooking.
   c. Find out as much as you can about the herbal compounds and ask your doctor if they're safe and effective.

4. Your hometown physician's office won't give you a copy of your medical records to take with you to college. What do you do?
   a. Hope you won't need them and head off without your records.
   b. Threaten to sue.
   c. Politely ask the office administrator to tell you the particular law or statute that bars you from your records.

5. Your doctor has been treating you for an infection for three weeks, and you don't seem to be getting any better. What do you do?
   a. Talk to your doctor, by phone or in person, and say, "This doesn't seem to be working. Is there anything else we can try?"
   b. Stop taking the antibiotic.
   c. Try an herbal remedy that your roommate recommends.

6. Your doctor suggests a cutting-edge treatment for your condition, but your health plan or HMO refuses to pay for it. What do you do?
   a. Try to get a loan to cover the costs.
   b. Settle for whatever treatment options are covered.
   c. Challenge your health plan.

7. You call for an appointment with your doctor and are told nothing is available for four months. What do you do?
   a. Take whatever time you can get whenever you can get it.
   b. Explain your condition to the nurse or receptionist, detailing any symptoms and pain you're experiencing.
   c. Give up and decide you don't need to see a doctor at all.

8. Even though you've been doing sit-ups faithfully, your waist still looks flabby. When you see an ad for waist-whittling liposuction, what do you do?
   a. Call for an appointment.
   b. Talk to a health-care professional about a total fitness program that may help you lose excess pounds.
   c. Carefully research the risks and costs of the procedure.

9. You have a condition that you do not want anyone to know about, including your health insurer and any potential employer. What do you do?
   a. Use a false name.
   b. Give your physician a written request for confidentiality about this condition.
   c. Seek help outside the health-care system.

10. Your doctor suggests a biopsy of a funny-looking mole that's sprouted on your nose. Rather than using a laboratory that specializes in skin analysis, your HMO requires that all samples be sent to a general lab, where results may not be as precise. What do you do?
    a. Ask your doctor to request that a specialty pathologist at the general lab perform the analysis.
    b. Hope that in your case, the general lab will do a good-enough job.
    c. Threaten to change HMOs.

Answers
1: c; 2: a; 3: c; 4: c; 5: a; 6: c; 7: b; 8: b and c; 9: b; 10: a
Your Health Action Plan for Protecting Yourself from Medical Mistakes and Misdeeds

Just as physicians practice “defensive” medicine to protect themselves from legal liability, today’s patients should take preventive steps to defend themselves from potentially harmful health services.

The Whats, Whys, and Hows of Medical Testing

- Before undergoing any test, find out why you need it. Get a specific answer, not a “just in case” or “for your peace of mind.” If you’ve had the test before could the earlier results be used? Would a follow-up exam be just as helpful?

- Get some practical information as well: Should you do specific things before the test (such as not eat for a specified period)? How long will the test take? What will the test feel like? Will you need help getting home afterward?

- Check out the risks. Any invasive test—one that penetrates the body with a needle, tube, or viewing instrument—involves some risk of infection, bleeding, or tissue damage. Tests involving radiation also present risks, and some people develop allergic reactions to the materials used in testing.

- Get information on the laboratory that will be evaluating the test. Ask how often false positives or false negatives occur. (False positives are abnormal results indicating that you have a particular condition when you really don’t; false negatives indicate that you don’t have a particular condition when you really do.) Find out about civil or criminal negligence suits filed against the laboratory on charges such as failing to diagnose cervical cancer because of incorrect reading of Pap smears.

- You’ll also want to know what happens when the test indicates a problem: Will the test be repeated? Will a different test be performed? Will treatment begin immediately? Could any medications you’re taking (including nonprescription drugs, like aspirin) affect the testing procedures or results?

- If you have a test don’t assume that no news is good news. Check back to get the results.

CENGAGENOW® If you want to write your own goals for getting quality medical care or using CAM, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELF SURVEY  Are You Doing Your Part for the Planet?

You may think that there is little you can do, as an individual, to save Earth. But everyday acts can add up and make a difference in helping or harming the planet on which we live.

<table>
<thead>
<tr>
<th></th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you walk, cycle, carpool, or use public transportation as much as possible to get around?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you recycle?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you reuse plastic and paper bags?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you try to conserve water by not running the tap as you shampoo or brush your teeth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you use products made of recycled materials?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you drive a car that gets good fuel mileage and has up-to-date emission control equipment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you turn off lights, televisions, and appliances when you’re not using them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you avoid buying products that are elaborately packaged?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you use glass jars and waxed paper rather than plastic wrap for storing food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you take brief showers rather than baths?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you use cloth towels and napkins rather than paper products?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. When listening to music, do you keep the volume low?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you try to avoid any potential carcinogens, such as asbestos, mercury, or benzene?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Are you careful to dispose of hazardous materials (such as automobile oil or antifreeze) at appropriate sites?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you follow environmental issues in your community and write your state or federal representatives to support “green” legislation?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Count the number of items you’ve checked in each column. If you’ve circled 10 or more in the “always” column, you’re definitely helping to make a difference. If you’ve mainly circled “sometimes,” you’re moving in the right direction, but you need to be more consistent and more conscientious. If you’ve circled 10 or more in the “never” column, carefully read this chapter and “Your Health Action Plan for Protecting the Planet” to find out what you can do.

Your Health Action Plan for Protecting the Planet

Simple steps can help save energy, lower carbon dioxide (CO₂) emissions, and cut down on energy costs. Here are some recommendations from the Environmental Defense and World Wildlife Fund:

- Wash laundry in warm or cold water, not hot. **Average annual CO₂ reduction: up to 500 pounds for two loads of laundry a week.**
- Buy products sold in the simplest possible packaging. Carry a tote bag or recycle shopping bags. **Average annual CO₂ reduction: 1,000 pounds because garbage is reduced 25 percent.**
- Switch from standard light bulbs to energy-efficient fluorescent ones. **Average annual CO₂ reduction: about 500 pounds per bulb.**
- Set room thermostats lower in winter and higher in summer. **Average annual CO₂ reduction: about 500 pounds for each two-degree reduction.**
- Run dishwashers only when full, and choose the energy-saving mode rather than the regular setting. **Average annual CO₂ reduction: 200 pounds.**
- Bike, carpool, or take mass transit whenever possible. **Average annual CO₂ reduction: 20 pounds for each gallon of gasoline saved.**
- Drive a car that gets high gas mileage and produces low emissions. Keep your speed at or below the speed limit.
- Keep your tires inflated and your engine tuned. Recycle old batteries and tires. (Most stores that sell new ones will take back old ones.)
- Turn off your engine if you’re going to be stopped for more than a minute.
- Collect all fluids that you drain from your car (motor oil, antifreeze) and recycle or properly dispose of them.

**CENGAGENOW** If you want to write your own goals for working toward a healthy environment, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
SELFSURVEY  What Is Your Aging I.Q.?

Answer True or False

T F 1. Everyone becomes “senile” sooner or later, if he or she lives long enough.
T F 2. American families have by and large abandoned their older members.
T F 3. Depression is a serious problem for older people.
T F 4. The numbers of older people are growing.
T F 5. The vast majority of older people are self-sufficient.
T F 6. Mental confusion is an inevitable, incurable consequence of old age.
T F 7. Intelligence declines with age.
T F 9. If a person has been smoking for 30 or 40 years, it does no good to quit.
T F 10. Older people should stop exercising and rest.
T F 11. As you grow older, you need more vitamins and minerals to stay healthy.
T F 12. Only children need to be concerned about calcium for strong bones and teeth.
T F 13. Extremes of heat and cold can be particularly dangerous to old people.
T F 14. Many older people are hurt in accidents that could have been prevented.
T F 15. More men than women survive to old age.
T F 16. Death from stroke and heart disease are declining.
T F 17. Older people on the average take more medications than younger people.
T F 18. Snake oil salesmen are as common today as they were on the frontier.
T F 19. Personality changes with age, just like hair color and skin texture.
T F 20. Sight declines with age.

Scoring

1. False. Even among those who live to be 80 or older, only 20–25 percent develop Alzheimer’s disease or some other incurable form of brain disease. “Senility” is a meaningless term that should be discarded.

2. False. The American family is still the number-one caretaker of older Americans. Most older people live close to their children and see them often; many live with their spouses. In all, 8 out of 10 men and 6 out of 10 women live in family settings.

3. True. Depression, loss of self-esteem, loneliness, and anxiety can become more common as older people face retirement, the deaths of relatives and friends, and other such crises—often at the same time. Fortunately, depression is treatable.

4. True. By the year 2030, one in four people will be over 65 years of age.

5. True. Only a small percentage of the older population live in nursing homes. The rest live independently or with relatives or caregivers.

6. False. Mental confusion and serious forgetfulness in old age can be caused by Alzheimer’s disease or other conditions that cause incurable damage to the brain, but some 100 other problems can cause the same symptoms. A minor head injury, a high fever, poor nutrition, adverse drug reactions, and depression can all be treated and the confusion will be cured.

7. False. Intelligence per se does not decline without reason. Most people maintain their intellect or improve as they grow older.

8. False. Most older people can lead an active, satisfying sex life.

9. False. Stopping smoking at any age not only reduces the risk of cancer and heart disease, it also leads to healthier lungs.

10. False. Many older people enjoy—and benefit from—exercises such as walking, swimming, and bicycle riding. Exercise at any age can help strengthen the heart and lungs, and lower blood pressure. See your physician before beginning a new exercise program.
11. False. Although certain requirements, such as that for "sunshine" vitamin D, may increase slightly with age, older people need the same amounts of most vitamins and minerals as younger people. Older people in particular should eat nutritious food and cut down on sweets, salty snack foods, high-calorie drinks, and alcohol.

12. False. Older people require fewer calories, but adequate intake of calcium for strong bones can become more important as you grow older. This is particularly true for women, whose risk of osteoporosis increases after menopause. Milk and cheese are rich in calcium as are cooked dried beans, collards, and broccoli. Some people need calcium supplements as well.

13. True. The body's thermostat tends to function less efficiently with age and the older person's body may be less able to adapt to heat or cold.

14. True. Falls are the most common cause of injuries among the elderly. Good safety habits, including proper lighting, nonskid carpets, and keeping living areas free of obstacles, can help prevent serious accidents.

15. False. Women tend to live 5 to ten percent longer than men.

16. True. Fewer men and women are dying of stroke or heart disease.

17. True. The elderly consume 25 percent of all medications and, as a result, have many more problems with adverse drug reactions.

18. True. Medical quackery is a $10 billion business in the United States. People of all ages are commonly duped into "quick cures" for aging, arthritis, and cancer.

19. False. Personality doesn't change with age. Therefore, all old people can't be described as rigid and cantankerous. You are what you are for as long as you live. But you can change what you do to help yourself to good health.

20. False. Although changes in vision become more common with age, any change in vision, regardless of age, is related to a specific disease. If you are having problems with your vision, see your doctor.


Your Health Action Plan for Preparing for a Medical Crisis in an Aging Relative

"Medical crises are more common and more likely to lead to serious complications after age 60," says Kenneth Brummel-Smith, M.D., former president of the American Geriatrics Society. As your parents, grandparents, and other relatives get older, here is what you can do in advance:

• **Watch for warning signals.** If your relative begins stumbling or having near-misses on the highway, make sure he or she sees a doctor before a serious fall or accident occurs. There may be a cure or, if not a cure, a way to improve functioning.

• **Suggest a surrogate.** Even if a couple has been married for 40 years, neither has the legal right to make medical decisions for a spouse. The same is true for children and other relatives. The only way to get that right is to fill out a form, usually called an advance directive or medical power of attorney (discussed on page 568).

• **Talk to loved ones.** “Waiting for something bad to happen doesn’t make it any easier to talk about,” says Dr. Brummel-Smith, who suggests sitting down for a formal discussion at some point after a relative reaches age 65 “but definitely before age 75.”

• **Focus on values.** “You don’t have to discuss every possible drug or surgery or intervention,” says Dr. Brummel-Smith. “What’s important is that you understand the older person’s values. What are fates worse than death? Independence may be more important than living a longer life.” Many families use the “Five Wishes” form (available online at www.agingwithdignity.org and described on page 568) to discuss preferences for medical, personal, emotional, and spiritual care.

• **Involve the person’s primary physician.** Often it’s not a question of what doctors can do medically in a crisis, but of what they should do, which is the patient’s decision. Encourage loved ones to discuss “what ifs” with their doctors and make their desires clear. For instance, a primary physician should know which treatments patients want (such as resuscitation during surgery) as well as those they don’t want (such as remaining on a ventilator if unable to breathe on their own).

• **Investigate alternative living options.** Aging parents should visit retirement communities or nursing homes while they’re still healthy, not with the idea of moving into them, but of knowing what’s available. They also should find out if their health plan provides services for seniors after a medical crisis.

• **Make sure you know where to find key documents.** An easily accessible folder with copies of the latest lab reports, consultations, and advance directives helps to avoid unnecessary tests and get faster treatment when a crisis does occur.

**CENGAGENOW** If you want to write your own goals for working toward a healthy environment, go to the Wellness Journal at CengageNow for Health: http://www.cengage.com/sso/
Hales Health Almanac

Health Information on the Internet

Your Health Directory

Emergency!

A Consumer's Guide to Medical Tests
ON THE INTERNET

HEALTH INFORMATION

Using the Internet

What are the very latest statistics on the incidence of the flu? Are any new drugs in the works for the treatment of diabetes? How can I get in touch with others who suffer from asthma? Is it possible to make a low-fat chocolate cake? You can answer these kinds of questions with the help of the Internet. A gold mine of information for the student of health, the Internet can help you with research for your schoolwork and also with personal questions and concerns about your own health.

What are the practical uses of the Internet for the student of health and the health care consumer?

- **Research.** The Internet is a repository for many health journals, government statistics, archives, and other sources of scholarly information. Subscribing to a mailing list or posting to a newsgroup in an area of interest can yield new sources of information that would be hard to get elsewhere.

- **Self-help and support.** Dozens of newsgroups and mailing lists offer support and advice for people dealing with all kinds of health-related issues, from Alzheimer’s caregivers to people with eating disorders to athletes comparing training programs.

- **Goods and services.** Online shopping for health-related products is easy.

- **Graduate school and career information.** If you are interested in a career in a health-related field, most graduate schools have websites that list their programs, entrance requirements, faculty profiles, and other information of interest to prospective students. And you can consult online listings of jobs available in many areas of health care.

Searching the Web

One way to find websites of interest to you is to use a search engine. The large popular search engines are:

- **Google** [www.google.com](http://www.google.com)
- **Yahoo!** [www.yahoo.com](http://www.yahoo.com)
- **AltaVista** [http://www.altavista.com](http://www.altavista.com)

To use a search engine, go to the home page for the site, type one or more keywords or phrases into the “search” box. The engine will then search all the sites in its index and return a list to you, with hyperlinks and sometimes short descriptions, of those that contain your keywords.

No single search engine contains all the contents of the Internet. After connecting to a search engine for the first time, it is a good idea to read the tool’s description, search options, and rules and restrictions. Each engine offers a different “view” of the Web and you’ll want to tailor your query to make the best use of that system.

The key to an effective search is picking the right keywords. Try to find distinctive words or combinations of words. If you use several keywords, check your search engine’s searching tips—in most cases you can use the plus sign, the minus sign, quotation marks and the word OR to make your search more precise. For example, the word “OR” broadens the search results. You may try searching “pregnancy teen OR adolescent,” to find sites that refer to teen or adolescent pregnancy.

Your search may turn up hundreds or even thousands of results—or only a few. If you have more results than you can handle, try making the keywords in your search more precise or go to your search engine’s advanced search section. If you have too few results, try another search engine, using synonyms or variations on your keywords, or be less specific in your query.

News Groups/Discussion Forums

News groups and discussion forums are ways of discussing topics over the Internet with other people who share the same interests or concerns. They are a popular way to establish an online community, share information, and give and receive support. For example, a person suffering from a relatively rare disorder may not know anyone else with the same problems and concerns on campus or in town, but he or she can frequent a newsgroup specifically for people with that disorder to learn about other peoples’ experiences, the latest treatments, and just to commiserate. Or a person who is trying to quit smoking can participate in a newsgroup to share frustrations, tips, and successes. But, as always, be aware that not everything posted to a newsgroup is necessarily true; you must be a critical thinker.

Many commercial online services offer members-only newsgroups to their subscribers, but many other newsgroups are available to anyone. To find a newsgroup on a topic of interest to you, try going to [http://groups.google.com](http://groups.google.com).

News group addresses are grouped into several broad categories called hierarchies. Listed below are some of the standard hierarchies that relate to health.

- **alt groups generally alternative in nature (i.e., alt.sex)**
- **bionet groups discussing biology and biological sciences (i.e., bionet.immunology)**
- **misc groups that don’t fit into other categories (i.e., misc.fitness)**
- **rec groups discussing hobbies, sports, music, and art (i.e., rec.food)**
- **sci groups discussing subjects related to the science and scientific research (i.e., sci.epidemiology)**
- **soc groups discussing social issues including politics, social programs, etc. (i.e., soc.college)**
- **talk public debating forums on controversial issues (i.e., talk.abortion)**

Before you make a posting to a newsgroup, you may want to “lurk” for awhile, that is, read the discussion without contributing your own posting. Lurking will give you a sense of the kinds of postings that are appropriate for that newsgroup and what the newsgroup culture is like. Read the newsgroup’s “FAQ,” or list of answers to frequently asked questions before joining the discussion.

Postings to many newsgroups are updated frequently, so if an item is of interest to you, you should print it or save it to your computer since it may be gone the next day. After lurking for awhile, you can join in the discussion by posting a message to the newsgroup. You may also want to reply only to the originator of a certain
message. You may want to join in on the
discussion of an already-existing topic, or
start your own “thread.”

Be cautious when providing your e-mail
address to a site or news group. Spam is
junk e-mail, and spammers scoop up e-mail
addresses in news groups and chat rooms.

Mailing Lists
You are probably already on a few mailing
lists—they are used by retailers, organiza-
tions, politicians, educational institutions,
and many other groups who e-mail large
numbers of people. But mailing lists (or
list serves) are also groups of people who
"get together" via e-mail to discuss a spe-
cific topic. Mailing lists offer a way to par-
ticipate in lively discussions, stay up on
current research, or find out answers to
burning questions. There are mailing lists
on nearly every topic imaginable. Mailing
lists are similar to news groups in that they
are forums for discussion, but the mes-
sages are delivered to your e-mail account
instead of to a public bulletin board. Here’s
how it works:

• First, find a mailing list dealing with a
subject you are interested in discussing
with others (i.e., attention deficit
disorder).

• Then, you have to subscribe: send an
e-mail to that mailing list’s “subscribe”
address with the word “subscribe” in
the subject line and in the main body of
the text.

• Usually, the mailing list will then sub-
scribe you to the list and send you
instructions on how to “post” to the
group. "Posting" means that you send
out a comment to the entire mailing list
that you have subscribed to.

• Every time any member posts to the list
serve, all the subscribers get that post-
ing as an e-mail message.

• Once you have subscribed you will
begin to receive e-mail messages from
the mailing list. Be careful though:
Some discussion groups have a large
following and you may find your mail-
box filling up faster than you can read
the messages.

• Again, evaluate carefully any informa-
tion you get from a mailing list to make
sure it is accurate.

Thinking Critically About
Health Information on
the Internet

Unlike information in most books and
journals, anyone can post information or
advice on the Internet. Some of this infor-
mation can be misleading or downright
harmful, so it is important to use your best
critical thinking skills to evaluate health
information you find on the Internet. Ask
yourself the following questions:

• Who is the author or sponsor of the
information? The author of the site
is usually listed at the top or bottom
of a site’s home page. Be very wary
of any anonymous site. Sites that are
maintained by established schools or
universities, government agencies, pro-
fessional organizations, or other estab-
lished organizations like the American
Cancer Society are probably trustwor-
thy. Sites created by individuals or other
groups may or may not contain valid
information; see if you can verify their
information in other places.

• Is it current? Many sites post the date of
their last update. Look for sites where
you can determine when the informa-
tion was created or modified; many of
the best sites are updated weekly or
even daily.

• What is the purpose of the site? The
hidden purpose of some health websites
is to sell products or act as a vehicle for
advertisements. Be wary of any site that
tries to sell you things or get your
money. Also beware of sites that seem
to be trying to persuade you of things,
promote "miracle cures" or anything
that seems too good to be true. Some
people also use news groups and other
chat forums to sell or persuade. Be
skeptical and use your common sense.

• Who is the intended audience? Some
Internet information is intended for
doctors and other health-care profes-
sionals; although the information may
be accurate, it may be too difficult for a
layperson to interpret. Other websites
or Internet forums are targeted toward
people with specific problems or disor-
ders, students, or the general public.

• Is the information verifiable? To get a
better perspective on information from
the Internet, see if you can verify it with
other sources. Before you follow any
health advice you get from the Net,
check it out with your physician.

Health Resources
on the Internet

"Your Health Directory” (next pages)
contains web addresses for many health-
related organizations. And hundreds of
health-related Internet addresses can be
In *An Invitation to Health*, I emphasize that you shoulder a great deal of responsibility for your health and the quality of your life. Given the complexity of our minds and bodies and the many social and environmental factors that affect us, this responsibility can be a very heavy burden. But your load can be made lighter if you know where to turn for health information, services, and support.

In this directory, you will find more than 100 health-related topics and about 250 resources, including addresses, phone numbers, and websites for government agencies, community organizations, professional associations, recovery groups, and Internet sources. Many of these organizations and groups have toll-free 800 or 888 phone numbers, and most have websites (one caution: as you may have experienced, website addresses—like street addresses and phone numbers—change on occasion). Much of the material available from these groups is free.

Also included in Your Health Directory are clearinghouses and information centers that are especially rich sources of health knowledge. Their main purpose is to collect, help manage, and disseminate information. Clearinghouses often perform other services as well, such as creating original publications and providing tailored responses to individual requests. These organizations also may provide referrals to other groups that can help you.

Many of the groups listed here have local offices or chapters. You can call, write, or visit the websites of these organizations to find out if there is a branch in your vicinity, or you can check your local telephone directory.

The purpose of this directory is to help you be in control of your health. If you know where to turn for answers to your questions and if you know what choices you have, you may find that you have more control over your life.

**Resources by Topic**

**Abortion**

**National Abortion Federation**

(provides information about abortion and referral for abortion services)

1600 L St. NW, Suite 40
Washington, DC 20036
(202) 667-5881
(800) 311-3435
E-mail: naf@prochoice.org
www.prochoice.org

**Accident Prevention**

**Centers for Disease Control and Prevention**

1600 Clifton Rd. N.E.
Atlanta, GA 30333
(800) CDC-INFO
(404) 639-3534
E-mail: cdcinfo@cdc.gov
www.cdc.gov

**National Safety Council**

1121 Spring Lake Dr.
Itasca, IL 60143-3201
(630) 285-1121
(800) 621-7619
E-mail: info@nsc.org
www.nsc.org

**Adoption**

**AASK (Adopt a Special Kid)**

(provides assistance to families who adopt older and handicapped children)

700 Edgewater Drive, Suite 103, Building B
Oakland, CA 94621
E-mail: info@aask.org
www.aask.org

**Aging**

**Administration on Aging**

U.S. Department of Health and Human Services
One Massachusetts Ave.
Suites 4100 and 5100
Washington, DC 20201
(800) 677-1116 (Eldercare Locator—to find services for an older person in his or her locality)

(202) 619-0724 (AoA’s National Aging Information Center)
Fax: (202) 357-3555
E-mail: aoainfo@aoa.hhs.gov
www.aoa.gov

**American Association of Retired Persons**

601 E St., N.W.
Washington, DC 20049
(888) OUR-AARP
www.aarp.org

**Gray Panthers**

1612 K Street, N.W., Suite 300
Washington, DC 20006
(800) 280-5362
(202) 737-6637
E-mail: info@graypanthers.org
www.graypanthers.org

**AIDS (Acquired Immunodeficiency Syndrome)**

**National Center for HIV, STD, and TB Prevention (NCHSTP)**

**Centers for Disease Control and Prevention**

1600 Clifton Rd. N.E.
Atlanta, GA 30333
(800) HIV-0440
E-mail: contactus@aidsinfo.nih.gov
www.cdc.gov/hiv/dhap.htm

**University of California at San Francisco HIV Insite**

UCSF Center for HIV Information
4150 Clement St., Bldg 16
VAMC III-UCSF
San Francisco, CA 94121
Fax: (415) 379-5547
E-mail: info@chi.ucsf.edu
www.hivinsite.ucsf.edu

**Gay Men’s Health Crisis**

The Tisch Building
119 West 24th St.
New York, NY 10011
(212) 367-1000
(212) 807-6655 (hotline)
(800) AIDS-NYC
www.gmhc.org
National AIDS Hotline
(800) CDC-INFO (800-232-4636)
E-mail: cdcinfo@cdc.gov

San Francisco AIDS Foundation
995 Market St. #200
San Francisco, CA 94103
(415) 487-3000
(800) 367-AIDS (hotline)
E-mail: feedback@sfaf.org
www.sfaf.org

Alcohol Abuse and Alcoholism

Al-Anon and Alateen
(support groups for friends and relatives of alcoholics)
1600 Corporate Landing Pkwy.
Virginia Beach, VA 23454
(757) 563-1600
Fax: (757) 563-1655
E-mail: wso@al-anon.org
www.al-anon-alateen.org
See also white pages or telephone directory for listing of local chapter

Alcohol Hotline
(800) ALCOHOL

Alcoholics Anonymous
Street Address:
475 Riverside Dr., 11th Floor
New York, NY 10115
Mailing Address:
Alcoholics Anonymous
Grand Central Station
P.O. Box 459
New York, NY 10163
(212) 870-3400
www.alcoholics-anonymous.org
See also white pages or telephone directory for listing of local chapter

National Association of Children of Alcoholics
11426 Rockville Pike, Suite 301
Rockville, MD 20852
(888) 554-COAS (554-2627)
(301) 468-0985
E-mail: nacoa@nacoa.org
www.nacoa.org

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(800) 729-6686
(240) 221-4019
www.health.org

National Institute on Alcohol Abuse and Alcoholism
5635 Fishers Lane
MSC 9304
Bethesda, MD 20892-9304
(301) 443-3860
www.niaaa.nih.gov
See also Drug Abuse; Drinking & Driving Groups

Allopathic Medicine

American Medical Association
515 N. State St.
Chicago, IL 60610
(800) 621-8335
www.ama-assn.org

Alternative Medicine

National Center for Complementary and Alternative Medicine (NCCAM)
P.O. Box 7923
Gaithersburg, MD 20898
(888) 644-6226
International: (301) 519-3153
TTY: (866) 464-3615 (toll-free)
E-mail: info@nccam.nih.gov
www.nccam.nih.gov

Alzheimer’s Disease

Alzheimer’s Association National Office
125 N. Michigan Ave., Fl. 17
Chicago, IL 60601-7663
(800) 272-3900
(312) 335-8700
Fax: (312) 335-1110
E-mail: info@alz.org
www.alz.org

Arthritis

Arthritis Foundation
P.O. Box 7669
Atlanta, GA 30357-0669
(800) 283-7800
(404) 872-7100
(404) 965-7888
www.arthritis.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institutes of Health
1 Ams Circle
Bethesda, MD 20892-3675
(301) 495-4484
(877) 22-NIAMS (226-4267)
E-mail: NIAMSInfo@mail.nih.gov
www.nih.gov/niams

Asthma

Asthma and Allergy Foundation of America
1233 20th St., N.W., Suite 402
Washington, DC 20036
(800) 7-ASTHMA (727-8462)
(202) 466-7643
Fax: (202) 466-8940
E-mail: Info@aafa.org
www.aafa.org

Lung Line
National Jewish Medical Research Center
(information and referral service)
1400 Jackson St.
Denver, CO 80206
(800) 222-LUNG (5864)
(303) 388-4461
www.njc.org

Attention Deficit Disorder

National Attention Deficit Disorder Association (National ADDA)
P.O. Box 543
Pottstown, PA 19464
(484) 945-2101
Fax: (610) 970-7520
www.add.org

Children and Adults with Attention Deficit Disorder (CHADD)
8181 Professional Place, Suite 150
Landover, MD 20785
(800) 233-4050
(301) 306-7070
www.chadd.org

Automobile Safety

American Automobile Association (AAA)
1000 AAA Dr. #28
Heathrow, FL 32746-5080
(407) 444-4240
www.aaa.com
See also white or yellow pages of telephone directory for listing of local chapter

Insurance Institute for Highway Safety
1005 North Glebe Rd., Suite 800
Arlington, VA 22201
(703) 247-1500
www.highwaysafety.org

National Highway Traffic Safety Administration
1200 New Jersey Ave., SW
West Building
Washington, DC 20590
(888) 327-4236
(202) 366-0123
www.nhtsa.dot.gov
Auto Safety Hotline
(for consumer complaints about auto safety and child safety seats, and requests for information on recalls)
(800) 327-4236

Birth Control and Family Planning
Advocates for Youth
(devvelops programs and material to educate youth on sex and sexual responsibility)
2000 M Street N.W., Suite 750
Washington, DC 20036
(202) 419-3420
Fax: (202) 419-1448
E-mail: information@advocatesforyouth.org
www.advocatesforyouth.org

American College of Obstetricians and Gynecologists
(provides literature and contraceptive information)
409 12th Street, S.W.
P.O. Box 96920
Washington, DC 20090-6920
(202) 638-5577
www.acog.com

Engender Health
(provides information and referrals to individuals considering tubal ligation or vasectomy)
40 Ninth Ave.
New York, NY 10001
(212) 561-8000
E-mail: info@engenderhealth.org
www.engenderhealth.org

Planned Parenthood Federation of America (PPFA)
434 West 33rd St.
New York, NY 10001
(212) 541-7800
www.plannedparenthood.org

Birth Defects
Cystic Fibrosis Foundation (CFF)
6931 Arlington Rd.
Bethesda, MD 20814
(800) FIGHT-CF (344-4823)
(301) 951-4422
Fax: (301) 951-6378
E-mail: info@cff.org
www.cff.org

March of Dimes Birth Defects Foundation
1275 Mamaroneck Ave.
White Plains, NY 10605
(888) 663-4637
(914) 428-7100
www.modimes.org

Blindness
American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
(800) AFB-LINE (232-5463)
(212) 502-7600
E-mail: abinfo@afb.net
www.afb.org

National Federation of the Blind
1800 Johnson St.
Baltimore, MD 21230
(800) 638-7518
(410) 659-9314
www.nfb.org

National Library Service for the Blind and Physically Handicapped
Library of Congress
1291 Taylor St., N.W.
Washington, DC 20011
(888) NLS-READ
(202) 707-5100
E-mail: nls@loc.gov
www.loc.gov/nls

Blood Banks
American Red Cross
2025 E Street, N.W.
Washington, DC 20006
(800) HELP-NOW
(202) 303-4498
To make a donation: (800) HELP-NOW
(800-435-7669)
www.redcross.org

See also white or yellow pages of telephone directory for listing of local chapter

Breast Cancer
Reach to Recovery
(support program for women who have undergone mastectomies as a result of breast cancer)
American Cancer Society
2200 Lake Blvd.
Atlanta, GA 30319
(800) 227-2345
(404) 816-7800
www.cancer.org

Cancer
American Cancer Society
3200 Lake Blvd.
Atlanta, GA 30319
(800) 227-2345
(404) 816-7800
www.cancer.org

Cancer Information Service
National Cancer Institute
Suite 3036A
6116 Executive Blvd.
Bethesda, MD 20892
(800) 4-CANCER (422-6237)
(301) 435-3848
www.cancer.gov

Leukemia & Lymphoma Society
1311 Mamaroneck Ave.
White Plains, NY 10605
(914) 949-5213
Fax: (914) 949-6691
www.leukemia.org

National Coalition for Cancer Survivorship
1010 Wayne Ave., Suite 770
Silver Spring, MD 20910-5600
(800) 638-7518
(410) 659-9314
www.nccs.org

R. A. Bloch Cancer Foundation (Cancer Connection)
(support group that matches cancer patients with volunteers who are cured, in remission, or being treated for same type of cancer)
One H and R Block Way
Kansas City, MO 64105
(800) 433-0464
(816) 854-5050
www.blochcancer.org

Child Abuse
National Child Abuse Prevention (provides services to children, adolescents, mentally retarded adults, and elderly)
606 Delsea Drive
Sewell, NJ 08080
(908) 369-8972
E-mail: patstan1@patmedia.net
www.ncap.org
National Child Abuse Hotline
(800) 422-4453

National Committee for the Prevention of Child Abuse
(provides literature on child abuse prevention programs)
200 S. Michigan Ave., 17th Floor
Chicago, IL 60604-2404
(312) 663-3520
E-mail: mailbox@preventchildabuse.org
www.preventchildabuse.org

Parents Anonymous
(self-help group for abusive parents)
75 W. Foothill Blvd., Suite 220
Claremont, CA 91711-3475
(909) 621-6184
Fax: (909) 625-6304
E-mail: Parentsanonymous@parentsanonymous.org
www.parentsanonymous.org

Child Health and Development
National Center for Education in Maternal and Child Health
Georgetown University
Box 571272
Washington, DC 20007-2292
(202) 784-9770
Fax: (202) 784-9777
E-mail: mchlibrary@ncemch.org
www.ncemch.org

National Institute of Child Health & Human Development
Bldg. 31, Rm. 2A32, MSC 2425
31 Center Dr.
Bethesda, MD 20892-2425
(800) 370-2943
E-mail: NICHDInformationResourceCenter@mail.nih.gov
www.nichd.nih.gov

Chiropractic
American Chiropractic Association
1701 Clarendon Blvd.
Arlington, VA 22209
(800) 986-4632
Fax: (703) 243-2593
E-mail: memberinfo@acatoday.org
www.amerchiro.org

Consumer Information
Federal Consumer Information Center
(catalog of publications developed by federal agencies for consumers)
Department WWW
Pueblo, CO 81009
(888) 878-3256
www.pueblo.gsa.gov

U.S. Consumer Product Safety Commission
U.S. Consumer Product Safety Commission
4330 East West Hwy
Bethesda, MD 20814
(800) 638-2772
(301) 504-7923
Fax: (301) 504-0124 and (301) 504-0025
E-mail: info@cpsc.gov
www.cpsc.gov

Dental Health
American Dental Association (ADA)
211 E. Chicago Ave.
Chicago, IL 60611
(312) 440-2500
www.ada.org

Crime Victims
Crisis Prevention Institute, Inc.
(offers programs on nonviolent physical crisis interventions)
3315-K North 124th St.
Brookfield, WI 53005
(800) 358-8976 (U.S. and Canada)
(262) 783-5787
E-mail: info@crisisprevention.com
www.crisisprevention.com

National Center for Victims of Crime
2000 M Street, N.W., Suite 480
Washington, DC 20010
(202) 467-8700
Fax: (202) 467-8701
www.ncvc.org

Death and Grieving
Share
(support group for parents who have lost a newborn)
c/o St. Joseph’s Health Center
300 First Capitol Dr.
St. Charles, MO 63301-2893
(800) 821-6819
(636) 947-6164
E-mail: share@nationalshareoffice.com
www.nationalshareoffice.com

Food and Drug Administration (FDA)
Office of Consumer Affairs
Consumer Inquiries
5600 Fishers Lane
Rockville, MD 20857
(888) INFO-FDA (463-6332)
www.fda.gov

Health and Development

Health Almanac
National Institute of Dental and Craniofacial Research
Public Information & Liaison Branch
45 Center Dr., MSC 6400
Bethesda, MD 20892-6400
(301) 496-4261
E-mail: nidcrinfo@mail.nih.gov
www.nidcr.nih.gov

Depressive Disorders
American Psychiatric Association
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901
(888) 357-7924
(202) 336-5500
E-mail: apa@psych.org
www.psych.org

American Psychological Association
750 First St., N.E.
Washington, DC 20002-4242
(800) 374-2721
(202) 336-5510
TDD/TTY: (202) 336-6123
www.apa.org

Depression & Bipolar Support Alliance
730 N. Franklin, Suite 501
Chicago, IL 60610-7204
(800) 860-8747
(301) 654-3327
E-mail: ndic@info.niddk.nih.gov
www.diabetes.niddk.nih.gov

Digestive Diseases
National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)
Office of Communication & Public Liaison
NIDDK, NIH, Building 31
Room 9A04 Center Dr., MSC 2560
Bethesda, MD 20892-2560
(301) 654-3810
www.niddk.nih.gov

Disabled Services
American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD)
(800) 221-4602
(312) 460-9330
E-mail: info@ndss.org
www.ndss.org

Domestic Violence
National Coalition Against Domestic Violence (NCADV)
1120 Lincoln Street
Suite 1603
Denver, CO 80203
(303) 839-1852
Fax: (303) 831-9251
E-mail: mainoffice@ncadv.org
www.ncadv.org

National Domestic Violence Hotline
(800) 799-SAFE (799-7233)

National Network to End Domestic Violence
660 Pennsylvania, SE, Suite 303
Washington, DC 20003
(202) 543-5566
www.nnedv.org

Down Syndrome
National Down Syndrome Society
666 Broadway, 8th Floor
New York, NY 10012-2317
(800) 221-4602
(212) 460-9330
E-mail: info@ndss.org
www.ndss.org

National Down Syndrome Congress
1370 Center Drive, Suite 102
Atlanta, GA 30338
(800) 232-6372
E-mail: NDSCcenter@aol.com
www.ndss.org

Drinking and Driving Groups
Mothers Against Drunk Driving
511 E. John Carpenter Frwy., Suite 700
Irving, TX 75062
(800) GET-MADD (438-6233)
(214) 744-6233
www.madd.org
See also white or yellow pages of telephone directory for local chapter

Students Against Destructive Decisions (also Students Against Driving Drunk (SADD))
255 Main Street
Marlboro, MA 01752
(877) SADD-INC (723-3462)
(508) 481-3568
Fax: (508) 481-5759
E-mail: info@sadd.org
www.saddonline.com
Drug Abuse
Cocaine Anonymous World Services
P.O. Box 49200
Los Angeles, CA 90049-8000 or
3740 Overland Ave., Ste. C
Los Angeles, CA 90034
(800) 347-8998
(310) 559-5833
E-mail: Cawso@ca.org
www.ca.org

Narcotics Anonymous (NA)
(support group for recovering narcotics addicts)
P.O. Box 9999
Van Nuys, CA 91409
(818) 773-9999
Fax: (818) 700-0700
www.na.org
See also white or yellow pages of telephone directory for local chapter

National Cocaine Hotline
(800) COCAINE (262-2463)
National Institute on Drug Abuse
6001 Executive Blvd., Room 5213
Bethesda, MD 20892-9651
(301) 443-1124
Helpline: (800) 662-4357
E-mail: information@nida.nih.gov
www.nida.nih.gov

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Administration
5600 Fishers Lane
Rockwall 2 Bldg.
Rockville, MD 20857
(301) 443-8956
www.prevention.samhsa.gov

Eating Disorders
National Eating Disorders Association (NEDA)
(self-help groups that provide information and referrals to physicians and therapists)
603 Stewart St., Suite 803
Seattle, WA 98101
(800) 931-2237
(206) 382-3587
E-mail: info@NationalEatingDisorders.org
www.nationaleatingdisorders.org

Anorexia Nervosa and Related Eating Disorders (ANRED)
(provides information and referrals for people with eating disorders)
P.O. Box 5102
Eugene, OR 97405
(541) 344-1144
www.anred.com

Environment
U.S. Environmental Protection Agency (EPA)
Ariel Rios Bldg.
1200 Pennsylvania Ave., N.W.
Washington, DC 20460
(202) 272-0167
www.epa.gov

Greenpeace, USA
702 H St. N.W.
Washington, DC 20001
(800) 326-0959
Fax: (202) 462-1177
E-mail: info@wdc.greenpeace.org
www.greenpeace/usa.org

National Gay and Lesbian Organizations and Services
Human Rights Campaign
1640 Rhode Island Avenue, N.W.
Washington, DC 20036-3278
(202) 628-4160
(800) 777-4723
Fax: (202) 347-5323
E-mail: hrc@hrc.org
www.hrc.org

National Gay and Lesbian Task Force (NGLTF)
1325 Massachusetts Ave., N.W., Suite 600
Washington, DC, 20005
(202) 393-5177
Fax: (202) 393-2241
E-mail: Thetaskforce@thetaskforce.org
www.ngltf.org

Parents, Families, and Friends of Lesbians and Gays (PFLAG)
1726 M St., N.W., Suite 400
Washington, DC 20036
(202) 467-8180
Fax: (202) 467-8194
E-mail: info@pflag.org
www.pflag.org

Genetics
American College of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814-3998
(301) 634-7127
Fax: (301) 571-0677
E-mail: acmg@faseb.org
www.acmg.net

The Human Genome Organization
HUGO Americas
Laboratory of Genetics
National Institute on Aging
NIH/NIA-IRP, GRC, Box 31
5600 Nathan Shock Dr.
Baltimore, MD 21224-6825
(410) 558-8337
Fax: (410) 558-8331
E-mail: schlessingerd@grc.nia.nih.gov
GeneTests—GeneClinics
(a database of information for patients and families with genetic disorders, providing access to support groups)
University of Washington School of Medicine
Seattle, WA
www.genetests.org
**Hazardous Waste**
Environmental Protection Agency (EPA)
Ariel Rios Bldg.
1200 Pennsylvania Ave., N.W.
Washington, DC 20460
(202) 260-2090
www.epa.gov

**Hazardous Waste Hotline Information**
(800) 424-9346

**Health Care**
Association for Applied and Therapeutic Humor (AATH)
(publishes a newsletter and sponsors seminars for people in the helping professions)
65 Enterprise
Aliso Viejo, CA 92656
(888) 747-AATH
Fax: (602) 995-1449
www.aath.org

**American Medical Association**
515 N. State St.
Chicago, IL 60610
(800) 621-8335
www.ama-assn.org

**American Nurses Association**
600 Maryland Ave., S.W.
Suite 100 West
Washington, DC 20024-2571
(800) 274-4ANA (274-4262)
(202) 651-7000
www.ana.org

**Health Education**
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Mail Stop A34
1600 Clifton Rd., N.E.
Atlanta, GA 30333
(800) 621-8335
(800) 274-4ANA (274-4262)
(202) 651-7000
www.ama-assn.org

**Hearing Impairment**
American Society for Deaf Children
(resource group for parents of hard of hearing and deaf children)
3820 Hartzdale
Camp Hill, PA 17011
(717) 334-7922
Fax: (717) 334-8808

(800) 942-ASDC (Parent Hotline)
www.deafchildren.org

**Better Hearing Institute (BHI)**
(provides educational and resource materials on deafness)
Better Hearing Institute
515 King St., Suite 420
Alexandria, VA 22314
(703) 684-3391
E-mail: mail@betterhearing.org
www.betterhearing.org

**Heart Disease**
American Heart Association (AHA)
7272 Greenville Ave.
Dallas, TX 75231
(800) 242-8721
(214) 373-6300
www.americanheart.org

National Heart, Lung, and Blood Institute
(provides information on cardiovascular risk factors and disease)
Bldg. 31, Room 5A52
1 Center Dr., MSC 2486
Bethesda, MD 20892
(800) 575-9355
(301) 592-8573
E-mail: nhlbiinfo@nhlbi.nih.gov
www.nhlbi.nih.gov/index.htm

**Helping Others**
United Way of America
701 N. Fairfax St.
Alexandria, VA 22314-2045
(703) 836-7100
www.unitedway.org

**Hospice**
The National Hospice and Palliative Care Organization
1700 Diagonal Rd., Suite 625
Alexandria, VA 22314
(703) 837-1500
(800) 646-6460
E-mail: info@nhpco.org
www.nhpco.org

**Immunization**
National Immunization Program
Centers for Disease Control
Mail Stop E-05
1600 Clifton Rd., N.E.
Atlanta, GA 30333
(404) 639-3311
(800) 232-2522
www.cdc.gov/nip/diseases/adult-vpd.htm

**Immunization Action Coalition**
(information for children, adolescents, and adults)
1573 Selby Ave., Suite 234
St. Paul, MN 55104
(651) 647-9009
Fax: (651) 647-9131
E-mail: admin@immunize.org
www.immunize.org

**Infant Care**
La Leche League International
(provides information and support to women interested in breast-feeding)
1400 N. Meacham Rd.
Schaumburg, IL 60168-4079
(800) LA-LECHE (525-3243)
(847) 519-7730
www.lalecheleague.org

**Infectious Diseases**
Centers for Disease Control and Prevention
1600 Clifton Rd., N.E.
Atlanta, GA 30333
(800) 311-3435
(404) 639-3534
E-mail: cdcinfo@cdc.gov
www.cdc.gov

**Infertility**
Resolve: The National Infertility Association
(offers counseling, information, and support to people with problems of infertility)
8405 Greensboro Dr., Suite 800
McLean, VA 22102
(703) 556-7172
E-mail: info@resolve.org
www.resolve.org

**Kidney Disease**
American Kidney Fund (AKF)
(provides information on financial aid to patients, organ transplants, and kidney-related diseases)
110 Executive Blvd., Suite 1010
Rockville, MD 20852
(866) 300-2900
(301) 881-3052
E-mail: Helpline@kidneyfund.org
www.akfinc.org

American Association of Kidney Patients (AAKP)
3505 E. Frontage Rd., Suite 315
Tampa, FL 33607
(800) 749-2257
Fax: (813) 636-8122
E-mail: info@aakp.org
www.aakp.org

National Kidney Foundation (NKF)
30 East 33rd St., Suite 1100
New York, NY 10016
(800) 622-9010
(212) 889-2210
Fax: (212) 689-9261
www.kidney.org

Liver Disease
American Liver Foundation (ALF)
75 Maiden, Suite 603
New York, NY 10038
(800) 465-4837
(212) 668-1000
E-mail: info@liverfoundation.org
www.liverfoundation.org

Lung Disease
American Lung Association
61 Broadway, 6th Floor
New York, NY 10006
(800) LUNG-USA
(800) 548-8252
(212) 315-8700
www.lungusa.org

National Heart, Lung, and Blood Institute
(provides information on cardiovascular risk factors and disease)
Bldg. 31, Room 5A52
31 Center Dr., MSC 2486
Bethesda, MD 20892
(800) 575-9355
E-mail: nhlbiinfo@nhlbi.nih.gov
www.nhlbi.nih.gov/index.htm

Lupus Erythematosus
Lupus Foundation of America (LPA)
2000 L Street, N.W., Suite 710
Washington, DC 20006
(800) 569-4270
(202) 349-1155
(202) 349-1156
E-mail: info@lupus.org
www.lupus.org

Marriage and Family
Women Work! The National Network for Women’s Employment
(national advocacy group for women over 35 who have lost their primary means of support through death, divorce, or disabling of spouse)
1625 K St. N.W., Suite 300
Washington, DC 20006
(202) 467-6346
E-mail: Info@womenwork.org
www.womenwork.org

National Alliance for the Mentally Ill (NAMI)
(self-help advocacy organization for persons with schizophrenia and depressive disorders and their families)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
(703) 524-7600
HelpLine: (800) 950-NAMI (950-6264)
www.nami.org

National Institute of Mental Health Information Resources and Inquiries Branch
6001 Executive Blvd., Room 8184
MSC 9663
Bethesda, MD 20892-9663
(301) 443-4513 (local)
866) 615-6464
Fax: (301) 443-4279
TTY: (301) 443-8431
(866) 415-8051 (TTY toll-free)
E-mail: nihinfo@nih.gov
www.nimh.nih.gov

National Mental Health Association (NMHA)
2000 N. Beauregard St., 6th Floor
Alexandria, VA 22311
(800) 969-NMHA (969-6642)
(703) 684-7722
Fax: (703) 684-5968
www.nmha.org

Mental Retardation
The ARC
1010 Wayne Ave., Suite 650
Silver Spring, MD 20910
(301) 565-3842
E-mail: info@thearc.org
www.thearc.org

Missing and Runaway Children
Child Find of America
(800) 1-AM-LOST (426-5678)
Runaway Hotline
(800) 621-4000
www.childfindofamerica.org

National Center for Missing and Exploited Children (NCMEC)
699 Prince St., Suite 550
Alexandria, VA 22314
(703) 274-3900
4-hour Hotline:
(800) THE-LOST (843-5678)
www.missingkids.org
Neurological Disorders
National Institute of Neurological Disorders and Stroke
P.O. Box 5801
Bethesda, MD 20892
(800) 352-9424
(301) 496-5751
Fax: (301) 402-2186
E-mail: braininfo@ninds.nih.gov
www.ninds.nih.gov

Occupational Safety and Health
Occupational Safety and Health Administration (OSHA)
U.S. Dept. of Labor
Office of Public Affairs, Room N3647
200 Constitution Ave.
Washington, DC 20210
(202) 693-1999
(800) 321-OSHA (6742)
TTY: (877) 889-5627
www.osha.gov

Organ Donations
The Living Bank (TLB)
(provides information and acts as registry and referral service for people wanting to donate organs for research or transplantation)
P.O. Box 6725
Houston, TX 77265
(800) 528-2971
E-mail: info@livingbank.org
www.livingbank.org

Osteopathic Medicine
American Osteopathic Association (AOA)
142 East Ontario St.
Chicago, IL 60611
(800) 621-1773
312) 202-8000
Fax: (312) 202-8200
E-mail: info@osteotech.org
www.osteopathic.org

Parent Support Groups
National Organization of Mothers of Twins Clubs (NOMOTC)
P.O. Box 700860
Plymouth, MI 48170-0955
(877) 540-2200
248) 231-4480
E-mail: Info@NOMOTC.ORG
www.nomotc.org

Parents Anonymous
(self-help group for abusive parents)
675 W. Foothill Blvd., Suite 220
Claremont, CA 91711-3475
(909) 621-6184
Fax: (909) 625-6304
E-mail: parentsanonymous@parentsanonymous.org
www.parentsanonymous.org

Parents Without Partners, Inc.
1650 South Dixie Highway, Suite 510
Boca Raton, FL 33432
(561) 391-8833
Fax: (561) 395-8557
E-mail: pwp@jti.net
www.parentswithoutpartners.org

Nutrition
American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
(800) 877-1600
www.eatright.org

American Society for Nutritional Sciences
9650 Rockville Pike, Suite 2000
Bethesda, MD 20857
(301) 530-7050
Fax: (301) 634-7892
E-mail: sec@nutrition.org
www.asnutrition.org

Food and Drug Administration (FDA)
Office of Consumer Affairs
Public Inquiries
5600 Fishers Lane (HFE-88)
Rockville, MD 20857
(888) 463-6332 (INFO-FDA)
www.fda.gov

Food and Nutrition Information Center
U.S. Dept. of Agriculture
National Agricultural Library
10301 Baltimore Ave.
Beltsville, MD 20705-2351
(301) 504-5719
Fax: (301) 504-6409
TTY: (301) 504-6856
E-mail: fnic@nal.usda.gov
www.nal.usda.gov/fnic

Food and Nutrition Information Center
U.S. Dept. of Agriculture
National Agricultural Library
10301 Baltimore Ave.
Beltsville, MD 20705-2351
(301) 504-5719
Fax: (301) 504-6409
TTY: (301) 504-6856
E-mail: fnic@nal.usda.gov
www.nal.usda.gov/fnic

Center for Nutrition in Sport and Human Performance
206A Chenoweth Lab
University of Massachusetts
Amherst, MA 01002
413) 545-1076
Fax: (413) 545-1074
E-mail: volpe@nutrition.umass.edu
www.umass.edu/cns/hp/

National Dairy Council
10255 W. Higgins Rd., Suite 900
Rosemont, IL 60018-5616
(800) 426-8271
E-mail: ndc@dairyinformation.com
www.nationaldairycouncil.org

Organ Donations
The Living Bank (TLB)
(provides information and acts as registry and referral service for people wanting to donate organs for research or transplantation)
P.O. Box 6725
Houston, TX 77265
(800) 528-2971
E-mail: info@livingbank.org
www.livingbank.org

Osteopathic Medicine
American Osteopathic Association (AOA)
142 East Ontario St.
Chicago, IL 60611
(800) 621-1773
312) 202-8000
Fax: (312) 202-8200
E-mail: info@osteotech.org
www.osteopathic.org

Parent Support Groups
National Organization of Mothers of Twins Clubs (NOMOTC)
P.O. Box 700860
Plymouth, MI 48170-0955
(877) 540-2200
248) 231-4480
E-mail: Info@NOMOTC.ORG
www.nomotc.org

Parents Anonymous
(self-help group for abusive parents)
675 W. Foothill Blvd., Suite 220
Claremont, CA 91711-3475
(909) 621-6184
Fax: (909) 625-6304
E-mail: parentsanonymous@parentsanonymous.org
www.parentsanonymous.org

Parents Without Partners, Inc.
1650 South Dixie Highway, Suite 510
Boca Raton, FL 33432
(561) 391-8833
Fax: (561) 395-8557
E-mail: pwp@jti.net
www.parentswithoutpartners.org

Parenting
National Parent Information Network
ERIC Clearinghouse on Elementary and Early Childhood Education
University of Illinois at Urbana-Champaign Children’s Research Center
51 Gerty Dr.
Champaign, IL 61820-7469
(800) 583-4135
(217) 333-1386
Fax: (217) 333-3767
www.npin.org

Phobias
Anxiety Disorders Association of America (ADAA)
(provides information about phobias and referrals to therapists and support groups)
8730 Georgia Ave., Suite 600
Silver Spring, MD 20910
(240) 485-1001
Fax: (240) 485-1035
www.adaa.org

TERRAP Programs
(headquarters for national network of treatment clinics for agoraphobia)
932 Evelyn St.
Menlo Park, CA 94025
(415) 327-1312
(800) 2-PHOBIA (274-6242)
www.terrap.com

TERRAP Programs
(headquarters for national network of treatment clinics for agoraphobia)
932 Evelyn St.
Menlo Park, CA 94025
(415) 327-1312
(800) 2-PHOBIA (274-6242)
www.terrap.com

Physical Fitness
See local yellow and white pages of telephone directory for listing of local health clubs and YMCAs, YWCAs, and Jewish Community Centers

Cooper Institutes for Aerobics Research
12330 Preston Rd.
Dallas, TX 75230
(972) 341-3200
Fax: (972) 341-3227
E-mail: courses@cooperinst.org
www.cooperinst.org

President’s Council on Physical Fitness and Sports
Dept. W 200 Independence Ave., S.W.
Room 738 H
Washington, DC 20201
(202) 690-9000
Fax: (202) 690-5211
www.fitness.gov

American College of Sports Medicine
ACSM National Center
P.O. Box 1440
Indianapolis, IN 46206-1440
(317) 637-9200
www.acsm.org

Center for Nutrition in Sport and Human Performance
206A Chenoweth Lab
University of Massachusetts
Amherst, MA 01002
(413) 545-1076
Fax: (413) 545-1074
E-mail: volpe@nutrition.umass.edu
www.umass.edu/cnshp/

Poisoning
See emergency numbers listed in the front of your local phone directory

National Poison Hotline
(800) 222-1222

Pregnancy
National Institute of Child Health & Human Development
Bldg. 31, Room 2A32, MSC 2425
31 Center Dr.
Bethesda, MD 20892-2425
(800) 370-2943
E-mail: NICHDInformationResourceCenter@mail.nih.gov
www.niehs.nih.gov

Product Safety
U.S. Consumer Product Safety Commission
4330 East West Hwy.
Bethesda, MD 20814
(800) 638-CPS (638-2772)
(301) 504-7923
www.cpsc.gov

Radiation Control and Safety
Center for Devices and Radiological Health
U.S. Food and Drug Administration
Office of Consumer Affairs
1350 Piccard Drive, HFZ-210
Rockville, MD 20850
(800) 638-2041
(301) 827-3990
www.fda.gov/cdrh/

National Institute of Environmental Health Sciences
National Institutes of Health
P.O. Box 12233
Research Triangle Park, NC 27709
(919) 541-3345
www.nih.gov/niehs

Rape, Victimization
See white pages of telephone directory for listing of local rape crisis and counseling centers

National Center for Victims of Crime
2000 M St., N.W., Suite 480
Washington, DC 20010
(202) 467-8700
Fax: (202) 467-8701
www.ncvc.org

National Organization for Victim Assistance (NOVA)
NOVA
510 King Street, Suite 424
Alexandria, VA 22314
(800) TRY-NOVA (879-6682)
(703) 535-5092
Fax: (703) 535-5500
www.trynova.org

National Sexual Violence Resource Center
123 North Enola Dr.
Enola, PA 17025
(877) 739-3895
(717) 909-0710
Fax: (717) 909-0714
TTY: (717) 909-0715
E-mail: resources@nsvr.org
www.nsvrc.org

Rape, Victimization
See white pages of telephone directory for listing of local rape crisis and counseling centers

National Center for Victims of Crime
2000 M St., N.W., Suite 480
Washington, DC 20010
(202) 467-8700
Fax: (202) 467-8701
www.ncvc.org

National Organization for Victim Assistance (NOVA)
NOVA
510 King Street, Suite 424
Alexandria, VA 22314
(800) TRY-NOVA (879-6682)
(703) 535-5092
Fax: (703) 535-5500
www.trynova.org

National Sexual Violence Resource Center
123 North Enola Dr.
Enola, PA 17025
(877) 739-3895
(717) 909-0710
Fax: (717) 909-0714
TTY: (717) 909-0715
E-mail: resources@nsvr.org
www.nsvrc.org

Reye’s Syndrome
National Reye’s Syndrome Foundation
P.O. Box 829
Bryan, OH 43506-0829
(800) 233-7393 (U.S. only)
(419) 636-2679
Fax: (419) 636-9897
E-mail: nrsf@reyessyndrome.org
www.reyessyndrome.org

Self-Care/Self-Help
National Self-Help Clearinghouse (NSHIC)
(provides information about self-help groups)
365 5th Ave., Suite 3300
New York, NY 10016
(212) 817-1822
http://selfhelplweb.org

Sex Education
American Association of Sex Educators, Counselors and Therapists (AASECT)
P.O. Box 1960
Ashland, VA 23005-1960
(804) 752-0026
Fax: (804) 752-0056
E-mail: aasect@aasect.org
www.aasect.org

Advocates for Youth
(develops programs and material to educate youth on sex and sexual responsibility)
2000 M Street N.W., Suite 750
Washington, DC 20005
(202) 419-3420
Fax: (202) 419-1448
E-mail: information@advocatesforyouth.org
www.advocatesforyouth.org

Planned Parenthood Federation of America (PPFA)
434 West 33rd St.
New York, NY 10001
(212) 541-7800
www.plannedparenthood.org

Sexuality Information and Education Council of the U.S. (SIECUS)
(maintains an information clearinghouse on all aspects of human sexuality)
130 West 42nd St., Suite 350
New York, NY 10036-7802
(212) 819-9770
Fax: (212) 819-9776
E-mail: siecus@siecus.org
www.siecus.org
Sexual Abuse and Assault
National Center for Assault Prevention
(provides services to children, adolescents, mentally retarded adults, and elderly)
606 Delsea Dr.
Sewell, NJ 08080
(800) 258-3189
(808) 369-8972
www.ncap.org

Prevent Child Abuse America
500 N. Michigan Ave., Suite 200
Chicago, IL 60611
(312) 663-3520
Fax: (312) 939-8962
E-mail: mailbox@preventchildabuse.org
www.preventchildabuse.org

Sexually Transmitted Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd. N.E.
Atlanta, GA 30333
(800) CDC-INFO
(404) 639-3534
(800) 311-3435
E-mail: cdcinfo@cdc.gov
www.cdc.gov

American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
(919) 361-8400
Fax: (919) 361-8425
E-mail: info@ashastd.org
www.ashastd.org

Skin Diseases
American Academy of Dermatology
P.O. Box 4014
Schaumburg, IL 60168-4014
(888) 503-SKIN (7546)
(847) 330-0230
Fax: (847) 330-0050
www.aad.org

University of Iowa Hospitals and Clinics
Department of Dermatology
200 Hawkins Drive BT 2045-1
Iowa City, IA 52242-1090
(319) 356-SKIN (7546)
(319) 384-6012
Fax: (319) 356-8317
www.tray.dermatology.uiowa.edu

National Psoriasis Foundation
6600 SW 92nd Ave., Suite 300
Portland, OR 97223-7195
(800) 723-9166
(503) 244-7404
Fax: (503) 245-0626
E-mail: getinfo@psoriasis.org
www.psoriasis.org

Sleep and Sleep Disorders
American Sleep Apnea Association
1424 K St., N.W., Suite 302
Washington, DC 20005
(202) 293-3650
Fax: (202) 293-3656
E-mail: asaa@sleeppapnea.org
www.sleeppapnea.org

American Academy of Sleep Medicine
One Westbrook Corporate Center,
Suite 920
West Chester, IL 60154
(708) 492-0930
Fax: (708) 492-0943
www.aasmnet.org

Better Sleep Council
501 Wythe St.
Alexandria, VA 22314
(703) 683-8371
E-mail: spali@sleepproducts.org
www.bettersleep.org

National Sleep Foundation
1522 K St., N.W., Suite 500
Washington, DC 20005
(202) 347-3471
Fax: (202) 347-3472
E-mail: nsf@sleepfoundation.org
www.sleepfoundation.org

Smoking and Tobacco
Action on Smoking and Health (ASH)
(provides information on nonsmokers’ rights and related subjects)
2013 H St., N.W.
Washington, DC 20006
(202) 659-4310
http://ash.org

American Cancer Society
(provides information about quitting smoking and smoking cessation programs)
2200 Lake Blvd.
Atlanta, GA 30319
(800) 227-2345
(404) 816-7800
www.cancer.org

American Heart Association
(provides information about quitting smoking and smoking cessation programs)
7272 Greenville Ave.
Dallas, TX 75231
(800) 242-8721
(214) 373-6300
www.americanheart.org

American Lung Association
(provides information about quitting smoking and smoking cessation programs)
61 Broadway, 6th Floor
New York, NY 10006
HEALTH ALMANAC

(212) 315-8700
To reach your local American Lung Association: (800) LUNG-USA (586-4872)
www.lungusa.org

Americans for Nonsmokers’ Rights
2530 San Pablo Ave., Suite J
Berkeley, CA 94702
(510) 841-3032
Fax: (510) 841-3071
E-mail: anr@no-smoke.org
www.no-smoke.org

Stress Reduction
American Institute of Stress
124 Park Ave.
Yonkers, NY 10703
(914) 963-1200
Fax: (914) 965-6267
E-mail: stress125@optonline.net
www.stress.org

American Psychological Association
750 First St., N.E.
Washington, DC 20002-4242
(800) 374-2721
(202) 336-5500
TDD/TTY: 202-336-6123
www.apa.org

Association for Applied Psychophysiology and Biofeedback
10200 W. 44th Ave., Suite 304
Wheat Ridge, CO 80033
(800) 477-8892
(303) 422-8436
E-mail: aapb@resourcenter.com
www.aapb.org

Stroke
Council on Stroke
American Stroke Association
National Center
7272 Greenville Ave.
Dallas, TX 75231
AHA: (800) AHA-USA-1 (800-242-8721)
ASA: (888) 4-STROKE (888-478-7653)
www.strokeassociation.org

National Institute of Neurological Disorders and Stroke
National Institutes of Health
P.O. Box 5801
Bethesda, MD 20824
(800) 352-9424
(301) 496-5751
www.ninds.nih.gov

Stuttering
National Center for Stuttering
200 East 33rd St.
New York, NY 10016
Hotline: (800) 221-2483
(212) 532-1460
www.stuttering.com

Sudden Infant Death Syndrome (SIDS)
First Candle/SIDS Alliance
(provides information and referrals to families who have lost an infant because of SIDS)
1314 Bedford Ave., Suite 210
Baltimore, MD 21208
(800) 221-7437
410) 653-8226
Fax: (410) 653-8709
E-mail: info@firstcandle.org
www.sidsalliance.org

Suicide Prevention
American Association of Suicidology (AAS)
5221 Wisconsin Avenue, NW
Washington, DC 20015
(202) 237-2280; hotline
(800) 273-TALK (8255)
Fax: (202) 237-2282
E-mail: info@suicidology.org
www.suicidology.org

American Psychoanalytic Foundation
309 East 49th Street
New York, NY 10017
(212) 752-0450
www.cyberpsych.org/apf

Terminal Illness
Make-A-Wish Foundation of America (MAWFA)
(dedicated to granting the special wishes of terminally ill children)
3550 North Central Ave., Suite 300
Phoenix, AZ 85012-2127
(800) 722-WISH (722-9474)
(602) 279-WISH (279-9474)
Fax: (602) 279-0855
E-mail: mawfa@wish.org
www.wish.org

Make Today Count (MTC)
(self-help group for persons with terminal illness)
St. Johns Hospital
1235 E. Cherokee St.
Springfield, MO 65804
(800) 909-8326
(417) 885-3324
Fax: (417) 820-2587
E-mail: Info@stjohns.com
www.stjohns.com

Victimization
National Center for Victims of Crime
2000 M St., N.W., Suite 480
Washington, DC 20036
(202) 467-8700
Fax: (202) 467-8701
www.ncvc.org

National Coalition Against Domestic Violence
1120 Lincoln Street, Suite 1603
Denver, CO 80203
(303) 839-1852
Fax: (303) 831-9251
E-mail: mainoffice@ncadv.org
www.ncadv.org

National Coalition Against Sexual Assault
125 N. Enola Dr.
Enola, PA 17025
(717) 728-9764
Fax: (717) 728-9781
http://dreamingdesigns.com/other/indexncasa.html

National Organization for Victim Assistance (NOVA)
NOVA
510 King Street, Suite 424
Alexandria, VA 22314
(800) Try-NOVA (879-6682)
(703) 535-3500
Fax: (703) 535-5500
www.trynova.org

Weight Control
Overeaters Anonymous (OA)
P.O. Box 44020
Rio Rancho, NM 87174-4020
(505) 891-2664
Fax: (505) 891-4320
E-mail: info@overeatersanonymous.org
www.oa.org
Weight-Control Information
Network (WIN)
National Institute of Diabetes and Digestive and Kidney Diseases
1 WIN Way
Bethesda, MD 20892-3665
(877) 946-4627
(202) 828-1025
Fax: (202) 828-1028
E-mail: win@info.niddk.nih.gov
www.win.niddk.nih.gov

Take Off Pounds Sensibly (TOPS)
P.O. Box 07360
4575 S. Fifth St.
Milwaukee, WI 53207-0360
(800) 932-8677
(414) 482-4620
www.tops.org

Weight Watchers International
175 Crossways Park West
Woodbury, NY 11797
(516) 390-1657
www.weight-watchers.com

Wellness
National Wellness Institute, Inc.
1300 College Court
P.O. Box 827
Stevens Point, WI 54481-0827
(800) 243-8694
(715) 342-2969
Fax: (715) 342-2979
E-mail: nwi@nationalwellness.org
www.nationalwellness.org

Wellness Associates of Chicago
(publishes The Wellness Inventory)
4250 Marine Dr., Suite 200
Chicago, IL 60613
(773) 935-6377
Fax: (773) 929-4446
E-mail: wellness-info@wellnessofchicago.com
www.wellness-associates.com

Women’s Health
National Women’s Health Network (NWHN)
514 10th St., N.W., Suite 400
Washington, DC 20004
(202) 347-1140
Health Info: (202) 628-7814
Fax: (202) 347-1168
E-mail: nwhn@nwhn.org
www.womenshealthnetwork.org

National Women’s Health Information Center
U.S. Public Health Service
on Women’s Health
8270 Willow Oaks Corporate Drive
Fairfax, VA 22031
(800) 994-WOMAN (994-9662)
www.4women.gov

GenneX Healthcare Technologies, Inc.
Estronaut: A Forum for Women’s Health
GenneX Healthcare Technologies, Inc.
207 E. Ohio, 186
Chicago, IL 60611
(312) 335-0995
E-mail: ask@gennexhealth.com
www.estronaut.com

Planned Parenthood
434 West 33rd St.
New York, NY 10001
(212) 541-7800
Fax: (212) 245-1845
www.plannedparenthood.org
See also white or yellow pages of telephone directory for listing of local chapter
EMERGENCY!

By definition, an emergency is a situation in which you have to think and act fast. Start by assessing the circumstances. Shout for help if you’re in a public place. Look for any possible dangers to you or the victim, such as a live electrical wire or a fire. Seek medical assistance as quickly as possible. Dial 911 or a local emergency phone number. Don’t attempt rescue techniques, such as cardiopulmonary resuscitation (CPR), unless you are trained. If you have a car, be sure you know the shortest route from your home to the nearest 24-hour hospital emergency department.

Supplies

Every home should have a kit of basic first aid supplies kept in a convenient location out of the reach of children. Stock it with the following:

- Bandages and sterile gauze pads
- Adhesive tape
- Scissors
- Cotton balls or absorbent cotton
- Cotton swabs
- Thermometer
- Antibiotic ointment
- Sharp needle
- Safety pins
- Calamine lotion

Keep a similar kit in your car or boat. You might want to add some extra items from your home, such as a flashlight, soap, blanket, paper cups, and any special equipment that a family member with a chronic illness may need.

Bleeding

Blood loss is frightening and dangerous. Direct pressure stops external bleeding. Since internal bleeding can also be life-threatening, you must be aware of the warning signs.

For an Open Wound

1. Apply direct pressure over the site of the wound. Cover the entire wound.
2. Use sterile gauze, a sanitary napkin, a clean towel, sheet, or handkerchief or, if necessary, your washed bare hand. Ice or cold water in a pad will help stop bleeding and decrease swelling.
3. Apply firm, steady pressure for five to fifteen minutes. Most wounds stop bleeding within a few minutes.
4. If the wound is on a foot, hand, leg, or arm, use gravity to help slow the flow of blood. Elevate the limb so that it is higher than the victim’s heart.
5. If the bleeding doesn’t stop, press harder.
6. Seek medical attention if the bleeding was caused by a serious injury, if stitches will be needed to keep the wound closed, or if the victim has not had a tetanus booster within the last ten years.

For Internal Bleeding

1. Suspect internal bleeding if a person coughs up blood, vomits red or brown material that looks like coffee grounds, passes blood in urine or stool, or has black, tarlike bowel movements.
2. Do not let the victim take any medication or fluids by mouth until seen by a doctor, because surgery may be necessary.
3. Have the victim lie flat. Cover him or her lightly.
4. Seek immediate medical attention.

Breathing Problems

If a person appears to be unconscious, approach carefully. The victim may be in contact with electrical current. If so, make sure the electricity is shut off before touching the victim. The first function you should check is respiration. Tap or shake the victim’s shoulder gently, shouting, “Are you all right?” Look for any signs of breathing: Can you hear breath sounds? Can you feel breath on your cheek? If the person is breathing, do not perform mouth-to-mouth resuscitation.

If you aren’t certain if the victim is breathing, or if there are no signs of breath, follow these steps:

1. Lay the person on his or her back on the floor or ground. Roll the victim over if necessary, being careful to turn the head with the remainder of the body as a unit to avoid possible neck injury. Loosen any tight clothing around the neck or chest.
2. Check for any foreign material in the mouth or throat and remove it quickly.
3. Open the airway by tilting the head back and lifting the chin up.
4. Pinch the nostrils shut with your thumb and index finger.
5. Take a deep breath, open your mouth wide and place it securely over the victim’s nose. Pinch the nose, because surgery may be necessary.
6. Have the victim sit down, leaning slightly forward so the blood does not run down his or her throat. The person should spit out any blood in his or her mouth.
7. Use the thumb and forefingers to pinch the nose. If the victim can do the pinching, apply a cold compress to the nose and surrounding area.
8. Apply pressure for ten minutes without interruption.
9. If pinching does not work, gently pack the nostril with gauze or a clean strip of cloth. Do not use absorbent cotton, which will stick. Let the ends hang out so you can remove the packing easily later. Pinch the nose, with the packing in place, for five minutes.
10. If a foreign object is in the nose, do not attempt to remove it. Ask the person to blow gently. If that does not work, seek medical attention.
11. The nose should not be blown or irritated for several hours after a nosebleed stops.
6. Repeat once every five seconds (twelve breaths per minute) until professional help takes over, or the victim begins breathing on his or her own. It may take several hours to revive someone. If you stop, the victim may not be able to breathe on his or her own. Once the person does begin to breathe independently, always get professional help.

7. If air doesn’t seem to be entering the chest, or the chest doesn’t fall between breaths, tilt the head further back. If that doesn’t work, follow the directions for choking emergencies later in this section.

8. If the victim is a child, do not pinch the nose shut. Cover both the mouth and nose with your mouth, and place your free hand very lightly on the child’s chest. Use small puffs of air rather than big breaths. Feel the chest inflate as you blow, and listen for exhaled air. Repeat once every three seconds (twenty breaths per minute).

### Broken Bones

If you suspect that a person has broken a leg, do not move him or her unless there is immediate danger.

1. Check for signs of breathing. If there is none or breathing is very weak, administer mouth-to-mouth resuscitation.
2. If the person is bleeding, apply direct pressure on the site of the wound.
3. Try to keep the victim warm and calm.
4. Do not try to push a broken bone back into place if it is sticking out of the skin. You can apply a moist dressing to prevent it from drying out.
5. Do not try to straighten out a fracture.
6. Do not allow the victim to walk.
7. Splint unstable fractures to prevent painful motion.

### Burns

1. If fire caused the burn, cool the affected area with water to stop the burning process.
2. Remove the victim’s garments and jewelry and cover him or her with clean sheets or towels.
3. Call for help immediately.
4. If chemicals caused the burn, wash the affected area with cool water for at least 20 minutes. Chemical burns of the eye require immediate medical attention after flushing with water for 20 minutes.

### Choking

A person with anything stuck in the throat and blocking the airway can stop breathing, lose consciousness, and die within four to six minutes. A universal signal of distress because of choking is clasping the throat with one or both hands. Other signs are an inability to talk and noisy, difficult breathing. You need to take immediate action, but NEVER slap the victim’s back. This could make the obstruction worse.

If the victim can speak, cough, or breathe, do not interfere. Coughing alone may dislodge the foreign object. If the choking continues without lessening, call for medical help.

If the victim cannot speak, cough, or breathe but is conscious, use the Heimlich maneuver, as follows

1. Stand behind the victim (who may be seated or standing) and wrap your arms around his or her waist.
2. Make a fist with one hand and place the thumb side of your fist against the victim’s abdomen, just above the navel. Grasp your fist with your other hand and press into his or her abdomen with a quick, upward thrust. Do not exert any pressure against the rib cage.
3. Repeat this procedure until the victim is no longer choking or loses consciousness.
4. Six to ten abdominal thrusts
5. Probe in mouth
6. Sweep back, and press your upper abdomen against it with a quick, upward thrust. Repeat as needed until you dislodge the object.

### If the Victim Is Unconscious

1. Place him or her on the ground and give mouth-to-mouth resuscitation as described earlier.
2. If the victim does not start breathing and air does not seem to be going into his or her lungs, roll the victim onto his or her back and give one or more manual thrusts: Place one of your hands on top of the other with the heel of the bottom hand in the middle of the abdomen, slightly above the navel and below the rib cage. Press into the abdomen with a quick, upward thrust. Do not push to either side. Repeat six to ten times as needed.
3. Clear the airway. Hold the victim’s mouth open with one hand and use your thumb to depress the tongue. Make a hook with the index finger of your other hand and, using a gentle, sweeping motion, reach into the victim’s throat and feel for a swallowed foreign object in the airway.
4. Repeat the following steps in this sequence:
   - Six to ten abdominal thrusts
   - Probe in mouth
   - Try to inflate lungs
   - Repeat
5. If the victim suddenly seems okay, but no foreign material has been removed, take him or her directly to the hospital. A foreign object, such as a fish or chicken bone or other jagged object, could do internal damage as it passes through the victim’s system.

### If the Victim Is a Child

1. If the child is coughing, do nothing. The coughing alone may dislodge the object.
2. If the airway is blocked and the child is panicky and fighting for breath, do NOT probe the airway with your fingers to clear an unseen foreign object. You might push the material
back into the airway, worsening the obstruction.
3. For an infant younger than a year, hang the child over your arm so that the head is lower than the trunk. Using the heel of your hand, administer four firm blows high on the back between the shoulder blades. For a bigger child, follow the same procedure, but invert the child over your knee rather than your arm.
4. After four back blows, perform four chest thrusts (the Heimlich maneuver as described above).

**Drowning**

A person can die of drowning four to six minutes after breathing stops. Although prevention is the wisest course, follow these steps in case of a drowning emergency:
1. Get the victim out of the water fast. Be extremely cautious, because a drowning person may panic and grasp at a rescuer, endangering that individual as well. If possible, push a branch or pole within the victim’s reach.
2. If the victim is unconscious, use a flotation device if at all possible. Carefully place the person on the device. Once out of the water, place the victim on his or her back.
3. If the victim is not breathing, start mouth-to-mouth resuscitation. Continue until the person can breathe unassisted or help arrives. (Note that it may take an hour or two for a drowning victim to resume independent breathing.) Do not leave the victim alone for any reason.
4. Once the person is breathing without assistance, even if he or she is still coughing, you need only stay nearby until professional help arrives.

**Electrical Shock**

1. If you suspect that an electrical shock has knocked a person unconscious, approach very carefully. Do not touch the victim unless the electricity has been turned off.
2. Shut off the power at the plug, circuit breaker, or fuse box. Simply shutting off an appliance does not remove the shock hazard. Use a dry stick to move a wire or downed power line from the victim. Keep in mind that you also are in danger until the power is off.
3. If the person’s breathing is weak or has stopped, follow the steps for mouth-to-mouth resuscitation.
4. Even if the victim returns to consciousness, call for medical help. While waiting, cover the victim with a blanket or coat to keep him or her warm. Place a blanket underneath the body if the surface is cold. Be sure the person lies flat if conscious, with legs raised. If the victim is unconscious, place him or her on one side, with a pillow supporting the head. Do not give the victim anything to eat or drink.
5. Electrical burns can extend deep into the tissue, even when they appear minor. Do not put butter, household remedies, or sprays on burns without a doctor’s instruction. Do not use ice or cold water on an electrical burn that is more than 2 inches across.

**Poisoning**

Many common household substances, including glue, aspirin, bleaches, and paint, can be poisonous. If you think someone has been poisoned, call the National Poison Control Center: (800) 222-1222. Be prepared to provide the following information:

- The kind of substance swallowed and how much was swallowed
- If a child or adult swallowed the substance
- Symptoms
- Whether or not vomiting has occurred
- Whether you gave the person anything to drink
- How much time it will take to get to an emergency room

The Poison Control Center will tell you whether or not to induce vomiting or neutralize a swallowed poison. Here are some additional guidelines:
1. Always assume the worst if a small child has swallowed or might have swallowed something poisonous. Keep the suspected item or container with you to answer questions.
2. Do not give any medications unless a physician or the Poison Control Center instructs you to do so.
3. Do not follow the directions for neutralizing poisons on the container unless a doctor or the Poison Control Center confirms that they are appropriate measures to take.
4. If the child is conscious, give moderate doses of water to dilute the poison.
5. If a poisoning victim is unconscious, make sure he or she is breathing. If
not, give mouth-to-mouth resuscitation. Do not give anything by mouth or attempt to stimulate the person. Call for emergency help immediately.

6. If the person is vomiting, make sure he or she is in a position in which he or she cannot choke on what is brought up.

7. While vomiting is the fastest way to expel swallowed poisons from the body, never try to induce vomiting if the person has swallowed any acid or alkaline substance, which can cause burns of the face, mouth, and throat (examples include ammonia, bleach, dishwasher detergent, drain and toilet cleaners, lye, oven cleaners, or rust removers), or petroleum-like products, which produce dangerous fumes that can be inhaled during vomiting (examples include floor polish, furniture wax, gasoline, kerosene, lighter fluid, turpentine, and paint thinner).
A CONSUMER’S GUIDE TO MEDICAL TESTS

✓ What They Tell the Doctor
✓ How Often You Need Them
✓ What to Do About Abnormal Results

Do you wonder what the doctor sees when he looks into your eyes with that little light or what it means when your blood or urine test is normal? In this section we cover some of the most common tests your doctor does, what they tell, and how often they should be done.

General Information
- Always ask your doctor what tests are being done, why they are being ordered, what they involve, and what the results mean.
- No test is foolproof. If a result is unexpected, whether normal or abnormal, your doctor should repeat the test before making any decisions.
- Modern X-ray machines expose you to a minuscule amount of radiation. Nevertheless, be sure to tell the physician or X-ray technician if there is even a chance you may be pregnant.
- Often a doctor orders a test because that is the only way to prove you do not have a disease.

Allergy Skin Testing
- Skin testing is still the most reliable method.
- The physician either pricks your skin 20 to 40 or more times to introduce a tiny bit of potentially allergic material or injects a small amount.
- Children who are frightened by multiple needle sticks and are unlikely to sit still for as long as necessary may have blood (RAST) tests instead.

What the results mean. If you develop redness or a hivelike bump around an area, you are probably allergic to the injected substance. Sometimes you can avoid the offending material, but things like pollen and dust are everywhere. Your allergist may recommend desensitizing shots to reduce your reaction. The results of skin tests won’t be reliable if you take antihistamines within 48 hours of the test.

How often to be tested. Skin tests are necessary only if you cannot get allergy relief from other measures such as over-the-counter medications, reducing mold and dust in the house, and staying away from animals.

Blood Pressure Reading
- High blood pressure, a major cause of stroke and heart attacks, usually causes no symptoms.
- The upper number in a reading—the systolic—refers to peak amount of pressure generated when your heart pumps blood, the lower number—the diastolic—measures the least amount of pressure.

What the results mean. Most doctors today think the lower the pressure the better, which means a reading of 120/80 or less. Because the mere anxiety of having your blood pressure taken can cause a mild elevation, your doctor will want to repeat an abnormal test, ideally on a different day, before diagnosing high blood pressure.

How often to be tested. Everyone—no matter how healthy—should have a blood pressure reading taken at least once a year, more often if you have high blood pressure.

Blood Tests
- Blood may be taken from either a finger prick or, more commonly, a vein in your arm.
- See below for information on cholesterol testing, which is also done from a blood sample.

Complete Blood Count (CBC)
This is the most commonly performed of all blood tests.

What the results mean. A low red-cell count, called anemia, can be caused by something as simple as too little iron in your diet, as complex as an abnormality in your digestion, or as serious as a bone marrow problem or silent bleeding. Iron deficiency is the most frequent cause, with women who menstruate and limit their intake of red meat at the greatest risk. If your doctor diagnoses this problem, ask about making dietary changes as well as taking iron supplements.

A high white-cell count, a measure of the body’s defenses against infection, usually indicates some kind of infection. Depending on the type of cell that predominates, your doctor may be able to identify whether you have a bacterial or viral infection.

Platelets, the first participants in blood clotting, may be decreased because of a viral infection, abnormal bleeding, or for no identifiable reason.

Chemistry Panels (Chem 12 or 18, SMA 12 or 24)
Kidney, bone, liver, pancreas, prostate, and some glandular functions are screened by these tests.

What the results mean. An abnormality may signal a problem that needs treatment. Because accuracy decreases when many tests are run together, any specific abnormal test should be repeated, especially if unexpected.

CAT (Computerized Axial Tomography) Scan
- A CAT scan is 100 times more sensitive than an X ray.
- You lie as motionless as possible in a large tube while an X-ray beam travels 360 degrees around you. The test takes about an hour.

What the results mean. The test can help diagnose such conditions as tumors, blood clots, cysts, and bleeding in the brain as well as in various other organs.

Cholesterol Test/ Lipoprotein Profile
- Anyone can have a high cholesterol level, but you are more apt to be at risk if there is a family history of early heart attacks, strokes, or high blood cholesterol.
Heart Tests

- The following tests are listed from the simplest through the most complicated.
- Also see listings for blood pressure readings, cholesterol tests, and pulse.

Electrocardiogram (ECG, EKG)
A machine amplifies the electrical signals from your heart and records them on paper.

What the results mean. An EKG can detect such things as an enlarged heart, abnormal levels of potassium or calcium, disease of the small vessels of the heart, or the source of an abnormal heart rhythm. It is a nonspecific test, however, and more advanced studies should be done if serious disease is suspected.

Echocardiogram
In this painless test sound waves are used to produce a picture of the heart in action on a TV-type screen.

What the results mean. The test investigates the size of the heart chambers, the thickness of the walls, how the four heart valves are working, and the condition of the membrane surrounding the heart. Mitral valve prolapse, a common minor abnormality, often shows up on this test, as well as more serious problems.

Stress Test
Your heart rate, blood pressure, and EKG are constantly monitored as you exercise on a treadmill that goes faster and faster with a steeper and steeper incline. This test—also called an exercise tolerance test or treadmill test—should be performed in the presence of a cardiologist and in or near a hospital in case the strain causes heart problems that need emergency treatment. The test should be stopped immediately if you experience any light-headedness, chest pain, nausea, or palpitations.

What the results mean. The increasing strain on the heart causes changes that can tell your doctor if you are at risk of a heart attack. This is because a blockage in the coronary arteries—the blood vessels that feed your heart muscle—may show up only during exercise.

Angiography
A dye is injected into various arteries, and X rays are taken.

What the results mean. The doctor can detect blockages in the blood vessels that can lead to heart attack or stroke, as well as aneurysms (weakened spots in the blood-vessel walls). The test carries some risk of causing stroke.

Kidney Tests
The two tests listed here involve taking X rays. Ultrasound (similar to an echocardiogram) can also be used to outline the kidneys.

Intravenous Pyelogram (IVP)
After an iodine-containing substance is injected into a vein, X rays are taken at five-minute intervals to show the outlines of the kidney, ureter, and bladder.

What the results mean. Tumors, kidney stones, and swelling of the kidney tissue can be seen, as well as blockage to urine flow or a mass that may be pressing on the kidney. A kidney that is not functioning will not appear on the X ray, and one in an abnormal position can be found.

Voiding Cystourethrogram (VCUG)
A technician will fill your bladder with a dye injected through a catheter and take X rays while you urinate.

What the results mean. If you have recurrent urinary-tract infections, the test will show if there is a significant backup of urine from the bladder into the ureter, in which case daily antibiotics may be needed to prevent infection. Investigating recurrent urinary tract infections is particularly important for children.

Magnetic Resonance Imaging (MRI)
MRI uses no radiation but produces pictures of the brain that are much more detailed than those of a CAT scan.

What the results mean. In addition to locating bleeding or tumors, as a CAT scan does, the test picks up subtle signs such as...
those of Parkinson’s disease and multiple sclerosis in the brain or a herniated disc in the spinal column.

**Mammography**

- Only a small amount of radiation is used to take the mammogram. You usually stand up and put your breast on a photographic plate where it is compressed with a plastic shield or balloon-like device. It shouldn’t hurt. If your breasts are tender at certain times in your menstrual cycle, schedule your mammogram when they are least sensitive.
- Mammograms can detect breast abnormalities at easily treated stages before you can feel them, but they are not foolproof. Examine your breasts monthly.

**What the results mean.** Mammograms can detect cysts, abscesses, and tumors. Whether a mass is benign or malignant is hard to tell in the early stages, so abnormalities usually need to be biopsied or removed totally to determine treatment.

**How often to be tested.** Although there is controversy over the benefits of mammography for women under 50, many experts still recommend having a first mammogram between ages 35 and 40, followed by one every two years between 40 and 50, and yearly thereafter. If your mother or sister has had breast cancer, consult your doctor for an appropriate schedule. And if you have a lump, pain, or nipple discharge, you should have a mammogram right away, no matter what your age.

You also should have a breast examination by a doctor at least every three years between ages 20 and 40, and every year after 40.

**Pap Smear**

- A routine part of every gynecological examination.
- Your doctor takes a painless swab from the cervix and vaginal walls and sends it to a lab for analysis.

**What the results mean.** Pap smears can detect not only cervical cancer but also inflammation and many infections, minor and more serious; they also provide important information about the state of your female hormones. A normal test is termed class I, and abnormal results are graded by degree into four classifications, with only the most severe—a class V test—signifying outright cancer. Treatment depends on the diagnosis and may range from doing nothing for a minor inflammation to, in rare cases, a hysterectomy for cancer. Because the error rate of Pap smears is high, the doctor should always repeat an abnormal test.

**How often to be tested.** Women who are on birth control pills and are sexually active should have a Pap smear every six months; other women should be checked every year.

**Physical Examination**

The routine physical exam generally includes a pulse and blood-pressure reading, measure of height and weight, blood tests (including a lipoprotein profile), fundoscopy, and sometimes other tests as well, such as a fecal occult blood test.

**What the results mean.** A physical exam serves as a general measure of health and sometimes picks up early signs of disease.

**How often to have a physical exam.** Most doctors no longer recommend yearly physicals for everybody. A good schedule to follow instead is to have a complete checkup every four or five years under age 40, every three years between 40 and 50, every two years between 50 and 60, and every year after that. At any age, you should have more frequent examinations if you have chronic medical problems such as diabetes or high blood pressure, are obese, or smoke cigarettes.

**Pulse**

To take your own pulse, press two fingertips over the artery in your wrist, just below the base of the thumb. Count the beats in 20 seconds, then multiply by 3.

**What the results mean.** The normal pulse rate—the speed at which your heart pumps blood—is 60–80 beats a minute; it should be regular, without skipped or extra beats. Abnormal rates can be due to thyroid problems (too high causes a fast rate, too low a slow one), heart problems, anxiety (even the stress of a physical exam), or weakness from an illness such as the flu or other problems.

The character of your pulse is also important. A discrepancy between the strength of the pulse on one side of the neck and the other may mean you are in danger of a stroke. A pulse that is abnormally strong and bounding can signal a problem with a heart valve. If the pulse is weak, you may have blockages in your blood vessels from diabetes, atherosclerosis (hardening of the arteries), or a variety of other disorders.

**Stomach and Intestinal Tests**

Though most of these tests are uncomfortable, they generally are not painful.

**Barium Enema**

Barium, a radioactive material, is instilled in your large intestine through a tube inserted into your anus. Because barium is constipating, drink fluids afterward. Don’t be alarmed if you have white stools for a day or two.

**What the results mean.** The doctor will be able to see tumors or polyps, any obstructions, and other abnormalities.

**Colonoscopy and Sigmoidoscopy**

In colonoscopy, for which you will be sedated, the doctor looks into the colon with a flexible tube inserted into your anus. The procedure is essentially the same for sigmoidoscopy, except that the doctor looks only into the lower third of the intestine.

**What the results mean.** Your doctor can see where bleeding comes from, remove a polyp, or biopsy a mass.

**Upper GI Series**

You will be asked to drink a drink of barium so that X rays can be taken of the esophagus, stomach, duodenum, and sometimes the small intestine.

**What the results mean.** Your doctor can diagnose swallowing disorders, hiatus hernias, ulcers, tumors, and some inflammations of the stomach and small bowel.
Fecal Occult Blood Test (FOBT)
A small sample of stool that remains on the doctor’s glove after a rectal exam or that is collected by you at home is tested for blood that is invisible to the eye.

What the results mean. This test is done routinely as part of a regular checkup to detect the earliest sign of cancer of the colon. It is also part of an investigation of anemia or abdominal pain. If your test is positive, tell your doctor if you recently ate radishes, turnips, or red meat, took large doses of vitamin C or iron pills, or had a nosebleed. All of these things can produce misleading results.

Urinalysis
Urine can tell about the health not only of the kidneys but also of other organ systems.

What the results mean. Specific gravity is the degree to which your urine is concentrated or diluted. If it is persistently too dilute, your doctor may ask for a first morning sample to see how well your kidneys concentrate your urine overnight. Urine that is too concentrated may indicate poor fluid intake, decreased kidney function, or dehydration from vomiting and diarrhea.

Acidity or alkalinity (pH) is useful information when there is a history or possibility of kidney stones, urinary tract infection, or kidney disease.

Glucose or sugar in the urine may mean you have diabetes. You will need a blood test to confirm the diagnosis, as some families filter sugar easily through their kidneys but do not have any disease. Inflammation of the pancreas and thyroid problems also may cause sugar in the urine.

Blood in the urine may mean infection, a stone, or an inflammation of the kidney. Excessive exertion such as running sometimes causes some blood to leak into the urine; this usually disappears after resting.

X Ray
The simple X ray is a nonspecific test that is being replaced more and more by CAT scans, magnetic resonance imaging, and other tests.

What the results mean. An X ray can detect such things as an enlarged heart, a broken bone, a sinus infection, or pneumonia.

Protein molecules are large and under normal conditions should not filter into the urine. However, they may appear in small amounts in the urine after strenuous exercise or an illness, especially one with a fever. In large amounts, protein in the urine warrants a search for an underlying kidney problem.

Nitrites, substances produced when bacteria multiply, may be the earliest or only sign of an infection.

White blood cells may be present because of a urinary tract or vaginal infection.