

Comparing and Developing Tools to Measure the Readability of Domain-Specific Texts

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Published at EMNLP 2019

Comprehension Questions

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Q663 Timing

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Q46

Apollo 1. Apollo 1 is the official name that was retroactively assigned to the never-flown, first manned Apollo program mission, officially designated as AS-204 (Apollo-Saturn), to be launched from Pad 34 (Launch Complex 34, Cape Canaveral, then known as Cape Kennedy) atop a Saturn 1B rocket, on February 21, 1967. The selected crew were: Command Pilot Virgil I. "Gus" Grissom, Senior Pilot Ed White and Pilot Roger B. Chaffee. However, during a preliminary test and launch rehearsal on January 27, 1967, a fire broke out in the cabin which killed all three and destroyed the Command Module (CM-012). This was the world's first crew fatality associated with a manned space flight. An Apollo 204 Review Board was quickly launched to determine the cause of the accident. Although the ignition source of the fire was never conclusively identified, the astronauts' deaths were attributed to a wide range of lethal design hazards in the early Apollo Command Module. The manned phase of Apollo was delayed for twenty months while these problems were fixed. The Saturn 1B launch vehicle SA-204 (Saturn/Apollo) was re-used for the first unmanned Lunar Module test flight, Apollo 5. Mission background. AS-204 was to be the first manned flight of a command and service module (CSM) to Earth orbit, launched on a Saturn 1B. CM-012, the Apollo 1 command module, was a Block I design built for spaceflight but never intended for a trip to the moon since it lacked the needed docking equipment. The AS-204 mission was scheduled for February 21, 1967, having already missed a target date for the last quarter of 1966. The flight was to test "launch operations, ground tracking and control facilities and the performance of the Apollo-Saturn launch assembly" and would have lasted up to two weeks, depending on how the spacecraft performed. Grissom resolved to keep AS-204 in orbit for a full 14 days if there was any way to do so. Apollo 1 was intended to be followed by two more Apollo flights in the summer and late

autumn of 1967. The first of these would have launched a Block II Apollo CSM on a Saturn 1B along with an unmanned LM on a second Saturn 1B, both ascending to low earth orbit for a CSM-LM rendezvous and docking. The second flight would have launched the CSM and LM together on a Saturn V to high earth orbit. Both of these missions were canceled immediately following the fire. As it turned out, those planned dates proved to be completely unrealistic, since the Saturn V was not ready for its first "unmanned" test flight until November 9, 1967, and the LM was not similarly ready until January 22, 1968. The low earth orbit docking was finally achieved using a Saturn V on Apollo 9, launched on March 3, 1969. The high earth orbit mission was deemed unnecessary and cancelled to keep the program on track to a 1969 first lunar landing.

Command module design worries. The Apollo Command Module was much bigger and far more complex than any previously implemented spacecraft design. It was built by North American Aviation, which had originally suggested the hatch open outward and carry explosive bolts in case of emergency. NASA didn't agree, arguing the hatch could be accidentally opened (which led to Grissom's "Liberty Bell 7" spacecraft sinking during splashdown recovery operations). Before the fire, astronauts successfully lobbied for an outward-opening hatch on future command modules, but NASA subsequently claimed the astronauts were thinking about ease of exit and entry for spacewalks (along with getting out of the CM after splashdown) rather than safety. North American Aviation also suggested the cabin atmosphere be an oxygen/nitrogen mixture as on the Earth's surface. NASA objected, citing heightened risks such as catastrophic decompression sickness and mismanagement of nitrogen levels, which could cause the astronauts to pass out and die. NASA officials asserted a pure oxygen atmosphere had been used without incident in the Mercury and Gemini programs so it would be safe for use on Apollo. Also, a pure oxygen design saved weight. CM-012 was delivered to NASA with 113 significant incomplete planned engineering changes. An additional 623 Engineering Orders were generated subsequent to delivery. The crew expressed serious concerns about fire hazards and other problems (Grissom even famously took a lemon from a tree by his house, telling his wife Betty, "I'm going to hang it on that spacecraft").

The January 27, 1967 launch simulation, officially considered not hazardous because the Saturn 1B was not loaded with fuel, was a "plugs-out" test to determine whether the spacecraft would operate nominally on internal power while detached from all cables and umbilicals. There was hope that if the spacecraft passed this and subsequent tests, it would be ready to fly on February 21, 1967. In a BBC documentary "NASA: Triumph and Tragedy", Jim McDivitt said that NASA had no idea how 100% oxygen atmosphere would influence burning. Similar remarks by other astronauts were expressed in a documentary "In the Shadow of the Moon."

Plugs-out test. At 1:00 PM (1800 GMT) on January 27 Grissom, White and Chaffee entered the command module fully suited, were strapped into their seats and hooked up to the spacecraft's systems in preparation for the plugs-out test. There were immediate problems. A sour "buttermilk" smell in the air circulating through Grissom's suit delayed the launch simulation until 2:42 PM. Three minutes later the hatch was sealed and high-pressure pure oxygen began replacing the air in the cabin. Further problems included episodes of high oxygen flow apparently linked to movements by the astronauts in their flightsuits. There were also faulty communications between the crew, the control room, the operations and checkout building and the complex 34 blockhouse. "How are we going to get to the moon if we can't talk between three buildings?" Grissom complained in frustration over the communication loop. This put the launch simulation on hold again at 5:40.

Most countdown functions had been successfully completed by 6:20 but the countdown was still holding at T minus 10 minutes at 6:30 with all cables and umbilicals still attached to the command module while attempts were made to fix the communication problem. Fire. The crew members were reclining in their horizontal couches, running through a checklist when a voltage transient was recorded at 6:30:54 (23:30:54 GMT). Ten seconds later (at 6:31:04) Chaffee said, "Hey..." Scuffling sounds followed for three seconds before Grissom shouted "Fire!" Chaffee then reported, "We've got a fire in the cockpit," and White said "Fire in the cockpit!" After nearly ten seconds of frenetic movement noises Chaffee yelled, "We've got a bad fire! Let's get out! We're burning up! We're on fire! Get us out of here!" Some witnesses said they saw Ed White on the television monitors, reaching for the hatch release handle as flames in the cabin spread from left to right and licked the window. Only 17 seconds after the first indication by crew of any fire, the transmission ended abruptly at 6:31:21 with a scream of pain as the cabin ruptured after rapidly expanding gases from the fire overpressurized the CM to 29 psi (200 kPa). Intense heat, dense toxic smoke, malfunctioning gas masks and shock waves and explosions from the cabin hampered the ground crew's rescue efforts. There were fears the fire might ignite the solid fuel rockets in the launch escape tower above the command module, likely killing nearby ground personnel. It took five minutes to open the inner and outer hatches, a set of three with many ratchets. By this time the fire in the command module had gone out. Although the cabin lights remained lit the ground crew was at first unable to find the astronauts. As the smoke cleared they found the bodies but were not able to remove them. The fire had partly melted the astronauts' nylon space suits and the hoses connecting them to the life support system. Grissom's body was found lying mostly on the deck. His and White's suits were fused together. The body of Ed White (whom mission protocol had tasked with opening the hatch) was lying back in his center couch. White would not have been able to open the inward-opening hatch against the internal pressure. Chaffee's job was to shut down the spacecraft systems and maintain communications with ground control. His body was still strapped into the right-hand seat. Aftermath. According to the Apollo 204 Review Board, Grissom suffered severe third degree burns on over a third of his body and his spacesuit was mostly destroyed. White suffered third degree burns on almost half of his body and a quarter of his spacesuit had melted away. Chaffee suffered third degree burns over almost a quarter of his body and a small portion of his spacesuit was damaged. It was later confirmed the crew had died of smoke inhalation with burns contributing. In later lawsuits brought by Gus Grissom's widow Betty Grissom there were claims the astronauts had lived longer than NASA claimed publicly. The review board found the documentation for CM-012 so lacking that they were at times unable to determine what had been installed in the spacecraft or what was in it at the time of the accident. Cause. Since the CM was designed to endure outward pressure in the vacuum of space, the plugs-out test had been run with the cabin pressure at over 16 psi, almost 2 psi above the ambient sea level pressure at Launch Complex 34 and near the upper limits of measuring devices in the spacecraft. This represented over 5 times the oxygen density carried within the Mercury and Gemini spacecraft while in spaceflight (which was only 3 psi but equal to the partial pressure of oxygen at sea level and thus very breathable). Following a worldwide survey of artificial oxygen-rich environments, it was found that rarely if ever had a 100% oxygen environment been created and maintained at such a high pressure, in which a bar of aluminum can burn like wood. The investigation also found much substandard wiring and plumbing in the

craft along with a misplaced socket wrench. (which was ruled out as a cause). Hence, the fire was at first believed to have been caused by a spark somewhere in the over of wiring threaded throughout the command module. The review board noted a silver-plated copper wire running through an environmental control unit near the command module pilot's couch had become stripped of its Teflon insulation and abraded by repeated opening and closing of a small access door. This weak point in the wiring also ran near a junction in an ethylene glycol/water cooling line which was known to be prone to leaks. The electrolysis of ethylene glycol solution with the silver anode was a notable hazard which could cause a violent exothermic reaction, igniting the ethylene glycol mixture in the CM's corrosive test atmosphere of pure, high-pressure oxygen. The panel cited how the NASA crew systems department had installed of fuzzy Velcro throughout the spacecraft, almost like carpeting. This velcro was found to be explosive in a high-pressure 100% oxygen environment. Up to 70 pounds of other non-metallic flammable materials had crept into the design. Buzz Aldrin in "Men From Earth" states that the three astronauts complained that they wanted the flammable material removed, and that there was to be no flammable material in the spacecraft; the flammable material was removed, but was replaced prior to delivery to Cape Kennedy. In 1968 a team of MIT physicists went to Cape Kennedy and performed a static discharge test in the CM-103 command module while it was being prepared for the launch of Apollo 8. With an electroscope, they measured the approximate energy of static discharges caused by a test crew dressed in nylon flight pressure suits and reclining on the nylon flight seats. The MIT investigators found sufficient energy for ignition discharged repeatedly when crew-members shifted in their seats and then touched the spacecraft's aluminum panels. However, the ignition source for the Apollo 1 fire was never officially determined. Command module redesign. Thorough protocols were implemented for documenting spacecraft construction and maintenance. By all accounts the design changes were successful and justified the 21-month delay of the first manned mission, Apollo 7. 1961 Soviet oxygen fire. In March 1961 Soviet cosmonaut Valentin Bondarenko died after a fire that started in a high-oxygen isolation chamber. The USSR concealed the tragedy for over 20 years, which subsequently caused some speculation as to whether or not the "Apollo 1" disaster might have been averted had NASA been aware of the incident. However, the fire hazards of a 100%-oxygen sea-level pressure environment had been well described by 1967 and many deaths from flash fires had been publicly reported during the 1950s and 1960s. A 1966 editorial in the journal "Space/Aeronautics" asserted "The odds are that the first spaceflight casualty due to environmental exposure will occur not in space, but on the ground", and further noted that safety protocols for the Apollo project were thoroughly lacking. Scapegoats. In May 1967, some U.S. Congressmen questioned NASA's selection of North American Aviation as the prime contractor for Apollo. On May 11, NASA Administrator James E. Webb issued a statement defending the selection. On June 9, Deputy Director Robert C. Seamans, Jr. filed a seven-page memorandum documenting the process that led to North American's selection in November 1961. Internally, some acrimony developed between NASA and North American over assignment of blame. North American argued unsuccessfully that it was not responsible for the fatal error in spacecraft atmosphere design. Finally, Webb contacted North American president Lee Atwood, and demanded that either he or Chief Engineer Harrison "Stormy" Storms resign. Atwood elected to fire Storms. On the NASA side, Joe Shea, manager of the Apollo Spacecraft Program Office, became unfit for duty in the aftermath and was removed from his position,

although not fired. Mission insignia. The "Apollo 1" insignia has a center showing a command service module flying over the southeastern United States with Florida (the launch point) prominent. The moon is seen in the distance, symbolic of the eventual program goal. A yellow border carries the mission and astronaut names with another border set with stars and stripes, trimmed in gold. The insignia was designed by the crew, with the artwork done by Allen Stevens of Rockwell International. Memorials. Gus Grissom and Roger Chaffee were buried at Arlington National Cemetery. Ed White was buried at the cemetery of the United States Military Academy in West Point, New York. Their names are also enshrined on the Space Mirror Memorial at the Kennedy Space Center Visitor Complex in Merritt Island, Florida. An Apollo 1 mission patch was left on the moon's surface during the first manned lunar landing by Apollo 11. Launch Complex 34. Launch Complex 34 was subsequently used only for the launch of Apollo 7 and later dismantled but the launch platform remains at the site () along with a few other concrete and steel-reinforced structures. The launch platform bears two plaques noting the tragedy. One reads: "LAUNCH COMPLEX 34, Friday, 27 January 1967, 1831 Hours. Dedicated to the living memory of the crew of the Apollo 1: USAF. Lt. Colonel Virgil I. Grissom, USAF. Lt. Colonel Edward H. White, II, U.S.N. Lt. Commander Roger B. Chaffee. They gave their lives in service to their country in the ongoing exploration of humankind's final frontier. Remember them not for how they died but for those ideals for which they lived." The other reads: "In memory of those who made the ultimate sacrifice so others could reach for the stars; Ad astra per aspera (a rough road leads to the stars); God speed to the crew of Apollo 1" In January 2005 three granite benches built by a college classmate of one of the astronauts, one for each member of the crew, were installed at the site. Each year the families of the Apollo 1 crew are invited to the site for a memorial, and the Kennedy Space Center Visitor Center offers a visit to the site for those who choose to take a special tour to the older launch sites on Cape Canaveral. Naming of Apollo 1. When North American Aviation shipped spacecraft CM-012 to Kennedy Space Center it bore a banner proclaiming it as "Apollo One". Grissom's crew had received approval for an "Apollo 1" patch in June 1966 but NASA was planning to call the mission "AS-204." After the fire, the astronauts' widows asked that "Apollo 1" be reserved for the flight their husbands never made. Apollo 1's (AS-204) Saturn IB rocket was taken down from Launch Complex 34, later reassembled at Launch Complex 37B and used to launch the "Apollo 5" LM-1 into earth orbit for the first Lunar Module test mission. Effect on early Apollo mission names. For a time mission planners called the next scheduled launch "Apollo 2". There were also suggestions the first Apollo CSM flights be named wholly out of chronological sequence as "Apollo 1" (AS-204), "Apollo 1A" (AS-201), "Apollo 2" (AS-202) and "Apollo 3" (AS-203) but the NASA project designation committee decided on "Apollo 4" for the first (unmanned) Apollo-Saturn V mission (AS-501), with no retroactive renaming of earlier missions. Hence, AS-203 is now sometimes informally (and chronologically) referred to as "Apollo 2" and likewise, AS-202 as "Apollo 3". Remains of CM-012. The "Apollo 1" command module has never been on public display. After the accident the burned-out spacecraft was removed and taken to Kennedy Space Center to be studied for any information that might prevent a recurrence of the tragedy. It was then moved to the NASA Langley Research Center in Hampton, Virginia and placed in a secured storage warehouse. On February 17, 2007 the wreckage of CM-012 was moved approximately to a newer, environmentally-controlled warehouse. Only a few weeks earlier Gus Grissom's brother Lowell publicly suggested CM-012 be permanently entombed in the concrete remains of Launch

Complex 34.

Q47 True/False: There were no casualties in the Apollo 1 mission.

- ☐ True (1)
- ☐ False (2)

Q48 How long was Apollo's manned phase paused after the preliminary test?

- ☐ 6 months (1)
- ☐ 6 weeks (2)
- ☐ 20 months (3)
- ☐ 20 weeks (4)

Q49 Who was part of the American space program? Select all that apply.

- ☐ Roger B. Chaffee (1)
- ☐ Valentin F. Bondarenko (2)
- ☐ James E. Webb (3)
- ☐ Pedro Y. Duque (4)

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Q6

Abano Terme. Abano Terme (known as "Abano Bagni" until 1930) is a town and "comune" in the province of Padua, in the Veneto region, Italy, on the eastern slope of the Colli Euganei; it is 10 kilometers southwest by rail from Padua. Abano Terme's population is 19,062 (2001) (in 1901 it was only 4,556). History. The baths were known to the Romans as "Aponi fons" or "Aquae Patavinae". A description of them is given in a letter of Theodoric, the king of the Ostrogoths. Some remains of the ancient baths have been discovered (S. Mandruzzato, "Trattato dei Bagni d'Abano," Padua, 1789). An oracle of Geryon lay near, and the so-called "sortes Praenestinae" (C.I.L. i., Berlin, 1863; 1438-1454), small bronze cylinders inscribed, and used as oracles, were perhaps found here in the 16th century. The baths were destroyed by the Lombards in the 6th century, but they were rebuilt and enlarged when Abano became an autonomous comune in the 12th century and, again, in the late 14th century. The city was under the Republic of Venice from 1405 to 1797. Main sights.

Q7 True/False: Abano Terme is an Italian town.

- ☐ True (1)
- ☐ False (2)
-

Q8 What did the Romans call the baths of Abano Terme?

- ☐ Aponi fons (1)
 - ☐ Geryons (2)
 - ☐ Carpe noctem (3)
 - ☐ Ostrogoths (4)
-

Q9 Which of the following has interacted with Abano Terme? Select all that apply.

- ☐ Romans (1)
- ☐ Germanic tribes (2)
- ☐ Republic of Venice (3)
- ☐ Ostrogoths (4)

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Q665 Timing

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Q50

Bank of China Tower, Hong Kong. The Bank of China Tower (abbreviated BOC Tower) is one of the most recognisable skyscrapers in Central, Hong Kong. It houses the headquarters for the Bank of China (Hong Kong) Limited. The building is located at 1 Garden Road, in Central and Western District on Hong Kong Island. Designed by I. M. Pei, the building is high with two masts reaching high. It was the tallest building in Hong Kong and Asia from 1989 to 1992, and it was

the first building outside the United States to break the 305 m (1,000 ft) mark. It is now the third tallest skyscraper in Hong Kong, after Two International Finance Centre and Central Plaza. Plot history. The building was initially built by the Hong Kong Branch of the Bank of China; its Garden Road entrance continues to display the name "Bank of China", rather than BOCHK. The top four and the bottom 19 stories are used by the Bank, while the other floors are leased out. Ownership has since been transferred to BOCHK, although the Bank of China has leased back several floors for use by its own operations in Hong Kong. Favouritism controversy. The Government had apparently given preferential treatment to Chinese companies, and was again criticised for the apparent preferential treatment to the BOCHK. Design and feng shui. Designed by Pritzker Prize-winning architect I. M. Pei, the building is 305.0 metres (1,000.7 ft) high with two masts reaching 367.4 metres (1,205.4 ft) high. The 72 story building is located near Central MTR station. This was the tallest building in Hong Kong and Asia from 1989 to 1992, the first building outside the United States to break the 305 m (1,000 ft) mark, and the first composite space frame high-rise building. That also means it was the tallest outside America from its completion year, 1990. It is now the third tallest skyscraper in Hong Kong, after Two International Finance Center and Central Plaza. A small observation deck on the 43rd floor of the building is open to the public. The structural expressionism adopted in the design of this building resembles growing bamboo shoots, symbolising livelihood and prosperity. The whole structure is supported by the five steel columns at the corners of the building, with the triangular frameworks transferring the weight of the structure onto these five columns. It is covered with glass curtain walls. While its distinctive look makes it one of Hong Kong's most identifiable landmarks today, it was the source of some controversy at one time, as the bank is the only major building in Hong Kong to have bypassed the convention of consulting with feng shui masters on matters of design prior to construction. The building has been criticised by some practitioners of Feng Shui for its sharp edges and its negative symbolism by the numerous 'X' shapes in its original design, though Pei modified the design to some degree before construction following this feedback. The building's profile from some angles resembles that of a meat cleaver. In Feng Shui, this is described as a "cleaver building" and it is not difficult to observe that it is facing the HSBC Hong Kong headquarters building in this guise. Cultural references. The BOC Tower's bold futuristic design has made it into popular culture. It is the only Hong Kong landmark included in the city-building/simulation computer games "SimCity 3000" and "SimCity 4". The digitally modified facade of the building is featured in the science fiction television series ' as the Starfleet "Communications Research Center". The building features alongside the Emirates Towers in the racing game 'Burnout Paradise' In the film , the tower is destroyed by a tornado.

Q51 True/False: The designer of the Bank of China Tower received a Pritzker Prize.

- ☐ True (1)
- ☐ False (2)
-

Q52 As of today, the Bank of China Tower is the _____ skyscraper in Hong Kong.

- ☐ Tallest (1)
- ☐ Second tallest (2)
- ☐ Third tallest (3)
- ☐ Fourth tallest (4)
-

Q53 Where can the Bank of China Tower be found in popular culture? Select all that apply.

- ☐ SimCity 3000 (1)
- ☐ Disney World: Paris (2)
- ☐ Star Communications Research Center (3)
- ☐ Burnout Paradise (4)
-

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Q666 Timing
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Burwash Hall. Burwash Hall is the second oldest of the residence buildings at Toronto's Victoria College. Construction began in 1911 and was completed in 1913. It was named after Nathanael Burwash, a former president of Victoria. The building is an extravagant Neo-Gothic work with turrets, gargoyles, and battlements. The architect was Henry Sproatt. The building is divided between the large dining hall in the northwest and the student residence proper. The residence area is divided into two sections. The Upper Houses, built in 1913, consist of four houses: North House, Middle House, Gate House, and South House. The Lower Houses were built in 1931 and were originally intended to house theology students at Emmanuel College, whose current building was opened the same year. Ryerson House, Nelles House, Caven House, Bowles-Gandier House are now mostly home to undergraduate arts and science students. The latter two are mostly reserved for students in the new Vic One Programme. Famous residents of Burwash include Vincent Massey, Lester B. Pearson, Don Harron, and Donald Sutherland. The upper houses were gutted and renovated in 1995. The lower houses have only been partially upgraded. Before the renovations the entire building was all male, but now every house is co-ed. Each Upper House consists of three floors. The lower floor contains a common room equipped with kitchen facilities, couches and a television. The upper floors each have their own kitchen and dining area. All except North House have a very high bathroom ratio, with Gate House being the best with nine washrooms for its twenty-eight residents. Upper Houses are divided between double rooms and singles, with about sixty percent of the population being in doubles. The Lower Houses each have four floors, but are much narrower with each level having only four rooms. Each level also has its own kitchen, but these are much smaller than in the Upper Houses. The Lower Houses do have far larger and better fitted common rooms that are similar to the one's the Upper Houses had before the renovations. The rooms in the Lower Houses are also considered more luxurious with hardwood floors and large sizes. Rooms in the Lower Houses are more expensive, however. Until 2003 the Lower Houses were restricted to upper year students but with the double cohort of graduates from Ontario schools many of the rooms were transformed into doubles and now hold first years. To the west the Upper Houses look out on the Vic Quad and the main Victoria College building across it. West of the Lower Houses is the new Lester B. Pearson Garden of Peace and International Understanding and the E.J. Pratt Library beyond it. From the eastern side of the building, the Upper Houses look out at Rowell Jackman Hall and the Lower Houses see the St. Michael's College residence of Elmsley. The only exception is the view from Gate House's tower that looks down St. Mary's Street. The dining hall is perhaps the best known part of the building to outsiders. It is the University of Toronto's largest holding some 250 students and sixteen large tables. Hanging on the western wall is Queen Victoria's burial flag, given to the college soon after her death. Under the flag is the high table where the professors and college administration lunch. Historically, the Upper Houses each had their own table. Gate sat in the southwest corner, Middle sat in the far northeast, South sat in the table to the west of Middle, while North sat to the west of the southeast corner. The only lower house to have had a designated table was Caven, in the northwest corner beside the Alumni table. (Note that prior to the 1995 renovations, some of these houses, particularly North and Caven, 'traditionally' sat elsewhere)

Q55 True/False: Burwash Hall is Victoria College's oldest resident building.

- ☐ True (1)
- ☐ False (2)
-

Q56 Which of the following is not part of the Upper Houses?

- ☐ North House (1)
- ☐ Gate House (2)
- ☐ Middle House (3)
- ☐ West House (4)
-

Q57 Who lived in Burwash Hall? Select all that apply.

- ☐ Nathaniel Burwash (1)
- ☐ Vincent Massey (2)
- ☐ Donald Sutherland (3)
- ☐ Henry Sproatt (4)

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Q667 Timing
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Q213

Charles Edward Jones. Biography. Jones was born in Clinton, Indiana. He graduated from Wichita High School East in 1970 and earned a bachelor of science in astronautical engineering from the United States Air Force Academy in 1974. He entered the USAF Manned Spaceflight Engineer program in 1982, and was scheduled to fly on mission STS-71-B in December 1986, but the mission was cancelled after the "Challenger" Disaster in January 1986. He left the Manned Spaceflight Engineer program in 1987. He was killed at the age of 48 in the attacks of September 11, 2001, aboard American Airlines Flight 11. He had been living as a retired US Air Force Colonel in Bedford, Massachusetts, at the time of his death. He was survived by his wife Jeanette.

Q214 Which of the following institutions was Jones a part of? Select all that apply.

- ☐ Western Lane High School (1)
 - ☐ Space Engineer Internship (2)
 - ☐ Wichita High School East (3)
 - ☐ United States Air Force Academy (4)
-

Q215 Jones died at the age of 48 as a result of:

- ☐ Attacks of September 11, 2001 (1)
 - ☐ Technical issues during a space flight (2)
 - ☐ Terminal illness (3)
 - ☐ Loss of Blood (4)
-

Q216 True/False: Jones has been living as an active US Air Force Colonel at the time of his death.

- ☐ True (1)
- ☐ False (2)

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Q668 Timing
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Q58

Foreign relations of Cameroon. Cameroon's noncontentious, low-profile approach to foreign relations puts it squarely in the middle of other African and developing country states on major issues. It supports the principles of noninterference in the affairs of third world countries and increased assistance to underdeveloped countries. Cameroon is an active participant in the United Nations, where its voting record demonstrates its commitment to causes that include international peacekeeping, the rule of law, environmental protection, and Third World economic development. In the UN and other human rights fora, Cameroon's non-confrontational approach has generally led it to avoid criticizing other countries. Cameroon enjoys good relations with the United States and other developed countries. Cameroon enjoys generally good relations with its

African neighbors. It supports UN peacekeeping activities in Central Africa. International Disputes. Delimitation of international boundaries in the vicinity of Lake Chad, the lack of which led to border incidents in the past, is complete and awaits ratification by Cameroon, Chad, Niger, and Nigeria; dispute with Nigeria over land and maritime boundaries around the Bakasi Peninsula and Lake Chad is currently before the ICJ, as is a dispute with Equatorial Guinea over the exclusive maritime economic zone. Cameroon also faces a complaint filed with the African Commission on Human Rights by the Southern Cameroons National Council (SCNC) and the Southern Cameroons Peoples Organisation (SCAPO) against the Government of the Republic of Cameroon, in which the complainants allege that the Republic of Cameroon is illegally occupying the territory of Southern Cameroons. The SCNC and SCAPO ultimately seek the independence of the territory of Southern Cameroons.. As of 2008, both parties have submitted briefs and responded to the Human Rights Commissions' inquiries. A ruling by the African Commission on Human Rights is awaited. Bilateral relationships. Cameroon maintains significant bilateral relations with several countries. People's Republic of China. The People's Republic of China has a number of health and infrastructure projects underway in Cameroon. In January 2007, China signed a series of economic agreements with Cameroon, giving more than \$54 million in loans. Equatorial Guinea. Cameroon has a dispute with Equatorial Guinea over the exclusive maritime economic zone, which is currently before the ICJ. They also have a dispute over an island at the mouth of the Ntem River. France. Cameroon has particularly close ties with France, with whom it has numerous military, economic, and cultural agreements. Nigeria. Cameroon is engaged in a sporadic armed conflict with Nigeria in the oil-rich Bakassi Peninsula. Cameroon has repeatedly demonstrated its preference for resolving this conflict through peaceful legal means and has submitted its case to the International Court of Justice. The two countries agree on maritime delimitation. Russia. United States. The bilateral U.S. Agency for International Development (USAID) program in Cameroon closed for budgetary reasons in 1994. Canada. Cameroon and Canada have established diplomatic ties since 1962 with three agreements and four protocols signed in 1965. Both countries share the use of English and French as the two official languages as well as memberships in the Francophonie and the Commonwealth. Multilateral Relations. Apart from the United Nations, Cameroon is very active in other multilateral organisations or global institutions such as the Francophonie, the Commonwealth, the Organisation of Islamic Conference, The Group of 77, the Non-Aligned Movement, the African Union and the Economic Community of Central African States. Refugees and internally displaced persons. Refugees (country of origin): 20,000-30,000 (Chad); 3,000 (Nigeria); 24,000 (Central African Republic) (2007)

Q59 True/False: Cameroon has a good relationship with many developed countries.

- ☐ True (1)
- ☐ False (2)
-

Q60 What continent is Cameroon located in?

- ☐ Asia (1)
- ☐ North America (United States) (2)
- ☐ Africa (3)
- ☐ Europe (4)
-

Q61 What is the official language of Cameroon? Select all that apply.

- ☐ French (1)
- ☐ English (2)
- ☐ Chinese (3)
- ☐ Spanish (4)
-

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Q669 Timing

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Q1

Cajun cuisine. Acadian refugees, who largely came from what is now modern-day New Brunswick and Nova Scotia adapted their French rustic cuisine to local ingredients such as rice, crawfish, sugar cane, and sassafras. Cajun cuisine heavily relied on game meats supplemented with rice or corn. Other than African cuisine, French, Spanish and Native American culinary influences can also be detected in Cajun food. Another feature of the cuisine was the frequent use of smoked meats. Smoked meats are a common aspect of many Cajun dishes. Deep-frying of turkeys or oven-roasted turduckens entered southern Louisiana cuisine more recently. Also, blackening of fish or chicken and barbecuing of shrimp in the shell are excluded because they were not prepared in traditional Cajun cuisine. Cajun ingredients. The following is a partial list of ingredients used in Cajun cuisine and some of the staple ingredients of the Acadian food culture. Meat and seafood. Cajun folkways include many ways of preserving meat, some of which are waning due to the availability of refrigeration and mass-produced meat at the grocer. Smoking of meats remains a fairly common practice, but once-common preparations such as turkey or duck confit (preserved in poultry fat, with spices) are now seen even by Acadians as quaint rarities. Game (and hunting) are still uniformly popular in Acadiana. The recent increase of catfish farming in the Mississippi Delta has brought about an increase in its usage in Cajun cuisine in the place of the more traditional wild-caught trout (the saltwater species) and redfish. Also included in the seafood mix are some so-called "trash fish" that would not sell at market because of their high bone to meat ratio or required complicated cooking methods. These were brought home by fishermen to feed the family. Examples are garfish, black drum also called gaspergou or just "goo", croaker, and bream. Though parts of Acadiana are well suited to cattle or dairy farming, beef is not often used in a pre-processed or uniquely Cajun form. It is usually prepared fairly simply as chops, stews, or steaks, taking a cue from Texas to the west. Ground beef is used as is traditional throughout the southern US, although seasoned differently. Dairy farming is not as prevalent as in the past, but there are still some farms in the business. There are no unique dairy items prepared in Cajun cuisine. Traditional southern US and New Orleans influenced desserts are common. Cajun dishes. Primary favorites. Boudin (sometimes spelled "boudain" in Texas) is a type of sausage made from pork, pork liver, rice, garlic and green onion, and other spices. It is widely available by the link or pound from butcher shops. Boudin is usually made daily as it does not keep well for very long, even frozen. Boudin is typically stuffed in a natural casing and has a softer consistency than other, better-known sausage varieties. It is usually served with side dishes such as rice dressing, maque choux, or bread. High on the list of favorites of Cajun cooking are the soups called gumbos. Gumbo exemplifies the influence of African and Native American food cultures on Cajun cuisine. The word originally meant "okra", which is a word brought to the region from western Africa. Okra, which is a principal ingredient of many gumbo recipes, is used as a thickening agent and for its distinct vegetable flavor. Another classic Cajun dish is jambalaya. The only certain thing that can be said about a jambalaya is that it contains rice and almost anything else. Usually, however, one will find green peppers, onions, celery and hot chile peppers. Anything else is optional. Food as an event. The crawfish boil is a celebratory event where Cajuns boil crawfish, potatoes, onions and corn over large propane cookers. Lemons and small muslin bags containing a mixture of bay leaves, mustard seeds, cayenne pepper and

other spices, commonly known as "crab boil" or "crawfish boil" are added to the water for seasoning. The results are then dumped onto large, newspaper-draped tables and in some areas covered in spice blends, such as Zatarain's, Louisiana Fish Fry or Tony Chachere's. Also, Cocktail sauce, mayonnaise and hot sauce sometimes used. The seafood is scooped onto large trays or plates and eaten by hand. During times when crawfish are not abundant, shrimp and crabs are prepared and served in the same manner. Attendees are encouraged to "suck the head" of a crawfish by separating the abdomen of the crustacean and sucking out the abdominal fat/juices. The practice is known by the common phrase is "Pinch the tail, suck the head." Other popular practices include kissing the tail section of a soon-to-be-cooked crawfish, leading to the vulgar phrase: "Kiss my ass, suck my head, eat me." The phrase has been printed on shirts and posters in years past. Often, newcomers to the crawfish boil or those unfamiliar with the traditions are jokingly warned "not to eat the dead ones." When live crawfish are boiled, their tails curl beneath themselves. When dead crawfish are boiled, their tails are straight and limp. Seafood boils with crabs and shrimp are also popular. The traditional pig-slaughtering party, or, where Cajuns would gather to socialize, play music, dance, and preserve meat does still occur in some rural communities, especially St. Martinville, but the use of every last bit of meat, including organs and variety cuts in sausages such as 'boudin' (sometimes spelled boudain) and the inaccessible bits in the head as head cheese is no longer a necessity.

Q2 True/False: Cajun cuisine is influenced by French cuisine.

- ☐ True (1)
 - ☐ False (2)
-

Q4 What is boudin/boudain?

- ☐ Ground beef (1)
 - ☐ Fish (2)
 - ☐ Sausage (3)
 - ☐ Chicken (4)
-

Q5 What ingredients can be found in jambalaya? Select all that apply.

- ☐ Rice (1)
- ☐ Ground beef (2)
- ☐ Steak (3)
- ☐ Celery (4)

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Q670 Timing
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Q62

Charles Edward Jones.Biography.Jones was born in Clinton, Indiana. He graduated from Wichita High School East in 1970 and earned a bachelor of science in astronautical engineering from the United States Air Force Academy in 1974. He entered the USAF Manned Spaceflight Engineer program in 1982, and was scheduled to fly on mission STS-71-B in December 1986, but the mission was cancelled after the "Challenger" Disaster in January 1986. He left the Manned Spaceflight Engineer program in 1987.He was killed at the age of 48 in the attacks of September 11, 2001, aboard American Airlines Flight 11. He had been living as a retired US Air Force Colonel in Bedford, Massachusetts, at the time of his death. He was survived by his wife Jeanette.

Q63 True/False: Charles Edward Jones graduated from Wichita High School West in 1970.

- ☐ True (1)
- ☐ False (2)
-

Q64 What did Charles Edward Jones receive a degree in?

- ☐ Electrical engineering (1)
- ☐ Astronautical engineering (2)
- ☐ Material sciences (3)
- ☐ Computer science (4)
-

Q65 Which of the following happened in Charles Edward Jones's life? Select all that apply.

- ☐ Jones flew on mission STS-71-B. (1)
- ☐ Jones temporarily was part of the Manned Spaceflight Engineer program. (2)
- ☐ Jones was on American Airlines Flight 11 on September 11, 2001. (3)
- ☐ Jones decided not to marry. (4)

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Q671 Timing
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Q66

Ciconiiformes. Traditionally, the order Ciconiiformes has included a variety of large, long-legged wading birds with large bills: storks, herons, egrets, ibises, spoonbills, and several others. Ciconiiformes are known from the Late Eocene. At present the only family retained in the order is the storks, Ciconiidae. Taxonomic issues with Ciconiiformes. Following the development of research techniques in molecular biology in the late 20th century, in particular methods for studying DNA-DNA hybridisation, a great deal of new information has surfaced, much of it suggesting that many birds, although looking very different from one another, are in fact more closely related than was previously thought. Accordingly, the radical and influential Sibley-Ahlquist taxonomy greatly enlarged the Ciconiiformes, adding many more families, including most of those usually regarded as belonging to the Sphenisciformes (penguins), Gaviiformes (divers), Podicipediformes (grebes), Procellariiformes (tubenosed seabirds), Charadriiformes, (waders, gulls, terns and auks), Pelecaniformes (pelicans, cormorants, gannets and allies), and the Falconiformes (diurnal birds of prey). The flamingo family, Phoenicopteridae, is related, and is sometimes classed as part of the Ciconiiformes. However, morphological evidence suggests that the traditional Ciconiiformes should be split between two lineages, rather than expanded, although some non-traditional Ciconiiformes may be included in these two lineages. The exact taxonomic placement of New World Vultures remains unclear. Though both are similar in appearance and have similar ecological roles, the New World and Old World Vultures evolved from different ancestors in different parts of the world and are not closely related. Just how different the two families are is currently under debate, with some earlier authorities suggesting that the New World vultures belong in Ciconiiformes. More recent authorities maintain their overall position in the order Falconiformes along with the Old World Vultures or place them in their own order, Cathartiformes. The South American Classification Committee has removed the New World Vultures from Ciconiiformes and instead placed them in "Incertae sedis", but notes that a move to Falconiformes or Cathartiformes is possible. Some official bodies have adopted the proposed Sibley-Ahlquist taxonomy almost entirely, however a more common approach worldwide has been to retain the traditional groupings, and modify rather than replace them in the light of new evidence as it comes to hand. The family listing here follows this more conservative practice. Bird taxonomy has been in a state of flux for some years, and it is reasonable to expect that the large differences between different classification schemes will continue to gradually resolve themselves as more evidence becomes available.

Q67 True/False: Grebes belong to the Phoenicopteridae order.

- ☐ True (1)
- ☐ False (2)
-

Q68 Which of the following doesn't belong in the Ciconiiformes order?

- ☐ Heron (1)
- ☐ Lynx (2)
- ☐ Stork (3)
- ☐ Ibis (4)
-

Q69 Which belongs to the Pelecaniformes order? Select all that apply.

- ☐ Gannets (1)
- ☐ Waders (2)
- ☐ Vultures (3)
- ☐ Auks (4)

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Q70

Common Gateway Interface. The Common Gateway Interface (CGI) is a standard protocol that defines how webserver software can delegate the generation of webpages to a console application. Such applications are known as "CGI scripts"; they can be written in any programming language, although scripting languages are often used. Purpose. The task of a webserver is to respond to requests for webpages issued by clients (usually web browsers) by analyzing the content of the request (which is mostly in its URL), determining an appropriate document to send in response, and returning it to the client. If the request identifies a file on disk, the server can just return the file's contents. Alternatively, the document's content can be composed on the fly. One way of doing this is to let a console application compute the document's contents, and tell the web server to use that console application. CGI specifies which information is communicated between the webserver and such a console application, and how. The webserver software will invoke the console application as a command. CGI defines how information about the request (such as the URL) is passed to the command in the form of arguments and environment variables. The application is supposed to write the output document to standard output; CGI defines how it can pass back extra information about the output (such as the MIME type, which defines the type of document being returned) by prepending it with headers. History. The NCSA team wrote the specification, and NCSA still hosts it at its original location. The other webserver developers adopted it, and it has been a standard for web servers ever since. Example. An example of a CGI program is one implementing a wiki. The user agent requests the name of an entry; the server will retrieve the source of that entry's page (if one exists), transform it into HTML, and send the result. More details. From the Web server's point of view, certain locators, e.g. `http://www.example.com/wiki.cgi`, are defined as corresponding to a program to execute via CGI. When a request for the URL is received, the corresponding program is executed. Data is passed into the program using environment variables. This is in contrast to typical execution, where Command-line arguments are used. In the case of HTTP PUT or POSTs, the user-submitted data is provided to the program via the standard input. Web servers often have a `cgi-bin/` directory at the base of their directory tree to hold executable files called with CGI. The program returns the result to the web server in the

form of standard output, prefixed by a header and a blank line. Header format. The header is encoded in the same way as an HTTP header and must include the MIME type of the document returned. The headers are generally forwarded with the response back to the user, supplemented by the web server. Drawbacks. Calling a command generally means the invocation of a newly created process. Starting up the process can take up much more time and memory than the actual work of generating the output, especially when the program still needs to be interpreted or compiled. If the command is called often, the resulting workload can quickly overwhelm the web server. The overhead involved in interpretation may be reduced by using compiled CGI programs, such as those in C/C++, rather than using Perl or other scripting languages. The overhead involved in process creation can be reduced by solutions such as FastCGI, or by running the application code entirely within the webserver using special extension modules. Alternatives. The optimal configuration for any web application depends on application-specific details, amount of traffic, and complexity of the transaction; these tradeoffs need to be analyzed to determine the best implementation for a given task and time budget.

Q71 True/False: Request content can be found in the URL.

- ☐ True (1)
- ☐ False (2)

Q72 CGI controls the information that is passed between _____ and _____.

- ☐ Webserver, user (1)
- ☐ Webserver, console application (2)
- ☐ Client, console application (3)
- ☐ Client, user (4)

Q73 Which are categories of HTTP? Select all that apply.

- ☐ TAKE (1)
- ☐ SEND (2)
- ☐ POST (3)
- ☐ PUT (4)

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Q673 Timing

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Q10

Cluny. The town grew up around the Benedictine Cluny Abbey, founded by Duke William I of Aquitaine in A.D. 910. The height of Cluniac influence was from the second half of the 10th century through the early 12th. The abbey was sacked by the Huguenots in 1562 and many of the valuable manuscripts were destroyed or removed. Geography. The river Grosne flows northward through the commune and crosses the town.

Q11 True/False: Throughout history, Cluny preserved its manuscripts and other artifacts from being taken.

- ☐ True (1)
- ☐ False (2)
-

Q12 In which year was the Cluny town founded?

- ☐ 710 (1)
- ☐ 810 (2)
- ☐ 910 (3)
- ☐ 1010 (4)
-

Q13 Which of the following is true regarding Cluny? Select all that apply.

- ☐ Duke William I founded Cluny. (1)
- ☐ The Hugenots failed to intercept the manuscripts in Cluny during their attack. (2)
- ☐ The Grosne river flows eastward through the commune. (3)
- ☐ Between the 10th and 12th century, Cluny was at its peak. (4)

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Q674 Timing
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Q122

Critical psychology. Critical psychology is a branch of psychology that takes a critical theory based perspective. Critical psychology is aimed at critiquing mainstream psychology and which attempts to apply psychology in more progressive ways, often looking towards social change as a means of preventing and treating psychopathology. One of Critical Psychology's main criticisms of conventional psychology is how it fails to consider or deliberately ignores the way power differences between social classes and groups can impact the mental and physical well-being of individuals or groups of people. Origins. Klaus Holzkamp. One of the most important and sophisticated books in the field is the "Grundlegung der Psychologie" ("Foundations of Psychology") by Klaus Holzkamp, who might be considered the theoretical founder of critical psychology. Holzkamp, who had written 2 books on theory of science and one on sensory perception before publishing the "Grundlegung der Psychologie" in 1983, thought this major work provided a solid paradigm for psychological research, as he viewed psychology as a pre-paradigmatic scientific discipline (T.S. Kuhn had used the term "pre-paradigmatic" for social science). One core result of Holzkamp's historical and comparative analysis of human reproductive action, perception and cognition is a very specific concept of meaning that identifies symbolical meaning as historically and culturally constructed, purposeful conceptual structures that humans create in close relationship to material culture and within the context of historically specific formations of social reproduction. Coming from this phenomenological perspective on culturally mediated and socially situated action, Holzkamp launched a devastating and original methodological attack on behaviorism (which he termed S-R (stimulus-response) psychology) based on linguistic analysis, showing in minute detail the rhetorical patterns by which this approach to psychology creates the illusion of "scientific objectivity" while at the same time losing relevance for understanding culturally situated, intentional human actions. Against this approach, he developed his own approach to generalization and objectivity, drawing on ideas from Kurt Lewin in Chapter 9 of "Grundlegung der Psychologie". His last major publication before his death in 1995 was about learning. It appeared in 1993 and contained a phenomenological theory of learning from the standpoint of the subject. One important concept Holzkamp developed was "reinterpretation" of theories developed by conventional psychology. This meant to look at these concepts from the standpoint of the paradigm of critical psychology, thereby integrating their useful insights into critical psychology while at the same time identifying and criticizing their limiting implications while (which in the case of S-R-psychology were the rhetorical elimination of the subject and intentional action, and in the case of cognitive psychology which did take into account subjective motives and intentional actions, methodological individualism). The first part of the book thus contains an extensive look at the history of psychological theories of learning and a minute re-interpretation of those concepts

from the perspective of the paradigm of critical psychology, which focuses on intentional action situated in specific socio-historical/cultural contexts. The conceptions of learning he found most useful in his own detailed analysis of "classroom learning" came from cognitive anthropologists Jean Lave (situated learning) and Edwin Hutchins (distributed cognition). The book's second part contained an extensive analysis on the modern state's institutionalized forms of "classroom learning" as the cultural-historical context that shapes much of modern learning and socialization. In this analysis, he heavily drew upon Michel Foucault's "Discipline and Punish". Holzkamp felt that classroom learning as the historically specific form of learning does not make full use of student's potentials, but rather limits her or his learning potentials by a number of "teaching strategies." Part of his motivation for the book was to look for alternative forms of learning that made use of the enormous potential of the human psyche in more fruitful ways. Consequently, in the last section of the book, Holzkamp discusses forms of "expansive learning" that seem to avoid the limitations of classroom learning, such as apprenticeship and learning in contexts other than classrooms. This search culminated in plans to write a major work on life leadership in the specific historical context of modern (capitalist) society. Due to his death in 1995, this work never got past the stage of early (and premature) conceptualizations, some of which were published in the journals "Forum Kritische Psychologie" and "Argument". 1960 through 1970. In the 1960s and 1970s the term "radical psychology" was used by psychologists to denote a branch of the field which rejected conventional psychology's focus on the individual as the basic unit of analysis and sole source of psychopathology. Instead, radical psychologists examined the role of society in causing and treating problems and looked towards social change as an alternative to therapy to treat mental illness and as a means of preventing psychopathology. Within psychiatry the term "anti-psychiatry" was often used and now British activists prefer the term "critical psychiatry". "Critical Psychology" is currently the preferred term for the discipline of psychology keen to find alternatives to the way the discipline of psychology reduces human experience to the level of the individual and thereby strips away possibilities for radical social change. In the 1990s. Starting in the 1990s a new wave of books started to appear on critical psychology, the most influential being the edited book "Critical Psychology" by Dennis Fox and Isaac Prilleltensky. Various introductory texts to critical psychology written in the United Kingdom have tended to focus on discourse, but this has been seen by some proponents of critical psychology as a reduction of human experience to language which is as politically dangerous as the way mainstream psychology reduces experience to the individual mind. Critical Psychology today. There are a few international journals devoted to critical psychology, including the International Journal of Critical Psychology (no longer published) and the Annual Review of Critical Psychology. The journals still tend to be directed to an academic audience, though the Annual Review of Critical Psychology runs as an open-access online journal. There are close links between critical psychologists and critical psychiatrists in Britain through the. Critical psychology courses and research concentrations are available at, the, the and the and the University of Auckland. Criticisms of conventional psychology. One of the criticisms of conventional psychology raised by critical psychology is the inattention to power differentials between different groups - examples include between psychiatrists and patients, psychologists and clients, wealthy groups and the less financially well-off, or industrial lobbyists and the general public. This inattention to power has resulted in conventional psychology tending to assume that how things are is how they should be, that the current state of affairs is

the natural state of things. As a result, conventional psychology has a tendency to uphold the status quo, blame the victim, and situate problems within individuals rather than the social context they are embedded in. Extensions. Like many critical applications, critical psychology has expanded beyond Marxist roots to benefit from other critical approaches. Consider ecopsychology and transpersonal psychology. Critical psychology and related work has also sometimes been labelled radical psychology and liberation psychology. In the field of developmental psychology, the work of Erica Burman has been influential. Various sub-disciplines within psychology have begun to establish their own critical orientations. Perhaps the most extensive are Critical Health Psychology and Community Psychology. Germany. At FU-Berlin, critical psychology was not really seen as a division of psychology and followed its own methodology, trying to reformulate traditional psychology on an unorthodox Marxist base and drawing from Soviet ideas of cultural-historical psychology, particularly Aleksey Leontyev. Some years ago the department of critical psychology at the FU-Berlin was merged into the traditional psychology department. An (edited by Desmond Painter, Athanasios Marvakis, and Leendert Mos) is devoted to an examination of German Critical Psychology. South Africa. The University of KwaZulu-Natal in Durban, South Africa, is one of few worldwide to offer a. For an overview of critical psychology in South Africa, see Desmond Painter and Martin Terre Blanche's article on. They have also now started a. United States and Canada. Critical psychology in the United States and Canada has, for the most part, focused on critiques of mainstream psychology's support for an unjust "status quo". No departments of critical psychology exist, though critical perspectives are sometimes encountered in traditional universities, perhaps especially within. North American efforts include the 1993 founding of RadPsyNet, the 1997 publication of (edited by Dennis Fox and Isaac Prilleltensky), and the action-focused (Psychologists Acting with Conscience Together).

Q123 True/False: Proponents of critical psychology also support conventional psychology for connecting power differences to well-being.

- ☐ True (1)
- ☐ False (2)
-

Q124 Which critical psychologist wrote the book "Foundations of Psychology?"

- ☐ Kurt Lewin (1)
 - ☐ Klaus Holzkamp (2)
 - ☐ Isaac Prilleltensky (3)
 - ☐ Dennis Fox (4)
-

Q125 According to Critical Psychologist, what are some critiques of Conventional Psychology?
Select all that apply.

- ☐ Too focused on the individual as basic unit of analysis (1)
- ☐ Too focused on the group as the basic unit of analysis (2)
- ☐ Tendency to blame the victim (3)
- ☐ Tendency to ignore the social context of a situation (4)

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Q675 Timing
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Q74

Dino Zoff. Dino Zoff (born February 28, 1942 in Mariano del Friuli) is an Italian former football goalkeeper and is the oldest winner ever of the World Cup, which he earned as captain of the Italian team in the 1982 tournament in Spain, at the age of 40. After retiring as a footballer, Zoff went on to become coach for the Italian national team and several other Italian clubs.

Playing career. Dino Zoff was born in Mariano del Friuli, Friuli-Venezia Giulia (Italy), and was elected in a poll by the IFFHS as the third best goalkeeper of the 20th Century - after Lev Yashin (1st) and Gordon Banks (2nd). Zoff's career got off to an inauspicious start, when at the age of fourteen he had trials with Inter Milan and Juventus F.C., but was rejected due to a lack of height. Five years later, having grown by 33 centimetres, he made his Serie A debut with Udinese, though Zoff made only four appearances for Udinese before moving to Mantova in 1963. In 1968, Zoff was transferred to Napoli. In the same year he made his debut for Italy, playing against Bulgaria in the quarter final of the 1968 European Championships. Italy proceeded to win the tournament, Zoff taking home a winners' medal after only his fourth international appearance.

Coaching career. After his retirement as a player, Zoff went into coaching, joining the technical staff at Juventus, where he was head coach from 1988 to 1990. In 1990 he was sacked, despite winning the UEFA Cup. He then joined Lazio, where he became president in 1994. In 1998 Zoff was appointed coach of the Italian national team. Using a more open and attacking style than usually used by Italian sides, he coached Italy to a second-place finish in Euro 2000, suffering a cruel extra-time defeat at the hands of France in the final, when in the 90th minute of the game, Italy were 1-0 up and less than sixty seconds from winning the tournament before France scored to equalise and go to extra time. A few days later Zoff resigned, following strong criticism from A.C. Milan president and politician Silvio Berlusconi.

Q75 True/False: According to an IFFHS poll, Dino Zoff was the best goalkeeper in the 20th century.

- ☐ True (1)
- ☐ False (2)
-

Q76 What year did Dino Zoff win the World Cup?

- ☐ 1930 (1)
 - ☐ 1942 (2)
 - ☐ 1950 (3)
 - ☐ 1972 (4)
-

Q77 What happened during Dino Zoff's career as a coach? Select all that apply.

- ☐ He coached the Italian national team starting at 1998. (1)
- ☐ He beat the French team in Euro 2000. (2)
- ☐ He eventually resigned after being rebuked by Silvio Berlusconi. (3)
- ☐ He won the UEFA Cup at least once. (4)

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Q676 Timing

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Q126

Divergence. In vector calculus, divergence is an operator that measures the magnitude of a vector field's source or sink at a given point, in terms of a signed scalar. More technically, the divergence represents the volume density of the outward flux of a vector field from an infinitesimal volume around a given point. For example, consider air as it is heated or cooled. The relevant vector field for this example is the velocity of the moving air at a point. If air is

heated in a region it will expand in all directions such that the velocity field points outward from that region. Therefore the divergence of the velocity field in that region would have a positive value, as the region is a source. If the air cools and contracts, the divergence is negative and the region is called a sink.

Definition of divergence. More rigorously, the divergence is defined as the derivative of the net flow of the vector field across the surface of a small region relative to the volume of that region. where V is the volume of an arbitrary shaped region in R^3 that includes the point p , $S(V)$ is the surface of that volume, and the integral is a surface integral with n being the outward normal to that surface. The result, $\text{div } F$, is a function of the location p . From this definition it also becomes explicitly visible that $\text{div } F$ can be seen as the "source density" of the flux of F . The intuition that the sum of all sources minus the sum of all sinks should give the net flow outwards of a region is made precise by the divergence theorem.

Application in Cartesian coordinates. Although expressed in terms of coordinates, the result is invariant under orthogonal transformations, as the physical interpretation suggests.

Decomposition theorem. For the irrotational part one has This "decomposition theorem" is in fact a by-product of the stationary case of electrodynamics. It is a special case of the more general Helmholtz decomposition which works in dimensions greater than three as well.

Properties. The following properties can all be derived from the ordinary differentiation rules of calculus. Most importantly, the divergence is a linear operator, i.e. for all vector fields F and G and all real numbers a and b . There is a product rule of the following type: if f is a scalar valued function and F is a vector field, then

The Laplacian of a scalar field is the divergence of the field's gradient. (where the first map is the gradient, the second is the curl, the third is the divergence) serves as a nice quantification of the complicatedness of the underlying region U . These are the beginnings and main motivations of de Rham cohomology.

Relation with the exterior derivative. One can establish a parallel between the divergence and a particular case of the exterior derivative, when it takes a 2-form to a 3-form in R^3 . its exterior derivative d is given by

Generalizations. The divergence of a vector field can be defined in any number of dimensions. If in a Euclidean coordinate system where ∂_i and ϵ_{ijk} , define

The appropriate expression is more complicated in curvilinear coordinates. For any n , the divergence is a linear operator, and it satisfies the "product rule" for any scalar-valued function f . The divergence can be defined on any manifold of dimension n with a volume form (or density) ω e.g. a Riemannian or Lorentzian manifold. Generalising the construction of a two form for a vectorfield on T^*M , on such a manifold a vectorfield X defines a $(n-1)$ form $i_X \omega$ obtained by contracting X with ω . The divergence is then the function defined by

Standard formulas for the Lie derivative allow us to reformulate this as This means that the divergence measures the rate of expansion of a volume element as we let it

On a Riemannian or Lorentzian manifold the divergence with respect to the metric volume form can be computed in terms of the Levi Civita connection ∇ where the second expression is the contraction of the vectorfield valued 1-form $\nabla \cdot X$ with itself and the last expression is the traditional coordinate expression used by physicists. Divergence can also be generalised to tensors. In Einstein notation, the divergence of a contravariant vector V^μ is given by

where ∇_μ is the covariant derivative.

Q127 True/False: If region has cooling air, it is known as a sink and will have a negative divergence.

- ☐ True (1)
- ☐ False (2)
-

Q128 Which mathematical field does the concept of divergence belong to?

- ☐ Linear algebra (1)
- ☐ Geometry (2)
- ☐ Vector calculus (3)
- ☐ Multivariate calculus (4)
-

Q129 Regarding the Lapacian of a scalar field, which are maps? Select all that apply.

- ☐ Curl (1)
- ☐ Gradient (2)
- ☐ Divergence (3)
- ☐ Velocity (4)

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Q130

Database normalization. Edgar F. Codd, the inventor of the relational model, introduced the concept of normalization and what we now know as the First Normal Form (1NF) in 1970. Codd went on to define the Second Normal Form (2NF) and Third Normal Form (3NF) in 1971, and Codd and Raymond F. Boyce defined the Boyce-Codd Normal Form (BCNF) in 1974. Higher normal forms were defined by other theorists in subsequent years, the most recent being the Sixth normal form (6NF) introduced by Chris Date, Hugh Darwen, and Nikos Lorentzos in 2002. Informally, a relational database table (the computerized representation of a relation) is often described as "normalized" if it is in the Third Normal Form. Most 3NF tables are free of insertion, update, and deletion anomalies, i.e. in most cases 3NF tables adhere to BCNF, 4NF, and 5NF (but typically not 6NF). A standard piece of database design guidance is that the designer should create a fully normalized design; selective denormalization can subsequently be performed for performance reasons. However, some modeling disciplines, such as the dimensional modeling approach to data warehouse design, explicitly recommend non-normalized designs, i.e. designs that in large part do not adhere to 3NF. Objectives of normalization. For example, in order to find out the monetary sum of all transactions that occurred in October 2003 for all customers, the system would have to know that it must first unpack the "Transactions" group of each customer, then sum the "Amounts" of all transactions thus obtained where the "Date" of the transaction falls in October 2003. Now each row represents an individual credit card transaction, and the DBMS can obtain the answer of interest, simply by finding all rows with a Date falling in October, and summing their Amounts. All of the values in the data structure are on an equal footing: they are all exposed to the DBMS directly, and can directly participate in queries, whereas in the previous situation some values were embedded in lower-level structures that had to be handled specially. Accordingly, the normalized design lends itself to general-purpose query processing, whereas the unnormalized design does not. The sections below give details of each of these objectives. Minimize redesign when extending the database structure. When a fully normalized database structure is extended to allow it to accommodate new types of data, the pre-existing aspects of the database structure can remain largely or entirely unchanged. As a result, applications interacting with the database are minimally affected. Make the data model more informative to users. Normalized tables, and the relationship between one normalized table and another, mirror real-world concepts and their interrelationships. Avoid bias towards any particular pattern of querying. Normalized tables are suitable for general-purpose querying. This means any queries against these tables, including future queries whose details cannot be anticipated, are supported. In contrast, tables that are

not normalized lend themselves to some types of queries, but not others. Background to normalization: definitions. Normal forms. The normal forms (abbrev. NF) of relational database theory provide criteria for determining a table's degree of vulnerability to logical inconsistencies and anomalies. The higher the normal form applicable to a table, the less vulnerable it is to inconsistencies and anomalies. Each table has a "highest normal form" (HNF): by definition, a table always meets the requirements of its HNF and of all normal forms lower than its HNF; also by definition, a table fails to meet the requirements of any normal form higher than its HNF. The normal forms are applicable to individual tables; to say that an entire database is in normal form "n" is to say that all of its tables are in normal form "n". Newcomers to database design sometimes suppose that normalization proceeds in an iterative fashion, i.e. a 1NF design is first normalized to 2NF, then to 3NF, and so on. This is not an accurate description of how normalization typically works. A sensibly designed table is likely to be in 3NF on the first attempt; furthermore, if it is 3NF, it is overwhelmingly likely to have an HNF of 5NF. Achieving the "higher" normal forms (above 3NF) does not usually require an extra expenditure of effort on the part of the designer, because 3NF tables usually need no modification to meet the requirements of these higher normal forms. The main normal forms are summarized below.

Denormalization. Databases intended for online transaction processing (OLTP) are typically more normalized than databases intended for online analytical processing (OLAP). OLTP applications are characterized by a high volume of small transactions such as updating a sales record at a supermarket checkout counter. The expectation is that each transaction will leave the database in a consistent state. By contrast, databases intended for OLAP operations are primarily "read mostly" databases. OLAP applications tend to extract historical data that has accumulated over a long period of time. For such databases, redundant or "denormalized" data may facilitate business intelligence applications. Specifically, dimensional tables in a star schema often contain denormalized data. The denormalized or redundant data must be carefully controlled during extract, transform, load (ETL) processing, and users should not be permitted to see the data until it is in a consistent state. The normalized alternative to the star schema is the snowflake schema. In many cases, the need for denormalization has waned as computers and RDBMS software have become more powerful, but since data volumes have generally increased along with hardware and software performance, OLAP databases often still use denormalized schemas. Denormalization is also used to improve performance on smaller computers as in computerized cash-registers and mobile devices, since these may use the data for look-up only (e.g. price lookups). Denormalization may also be used when no RDBMS exists for a platform (such as Palm), or no changes are to be made to the data and a swift response is crucial. In recognition that denormalization can be deliberate and useful, the non-first normal form is a definition of database designs which do not conform to first normal form, by allowing "sets and sets of sets to be attribute domains" (Schek 1982). The languages used to query and manipulate data in the model must be extended accordingly to support such values. One way of looking at this is to consider such structured values as being specialized types of values (domains), with their own domain-specific languages. However, what is usually meant by non-1NF models is the approach in which the relational model and the languages used to query it are extended with a general mechanism for such structure; for instance, the nested relational model supports the use of relations as domain values, by adding two additional operators ("nest" and "unnest") to the relational algebra that can create and flatten nested relations,

respectively. Although "unnest" is the mathematical inverse to "nest", the operator "nest" is not always the mathematical inverse of "unnest". Another constraint required is for the operators to be bijective, which is covered by the Partitioned Normal Form (PNF).

Q131 True/False: Third normal form tables (3NF) usually stick to sixth normal form tables (6NF).

- ☐ True (1)
- ☐ False (2)
-

Q132 Tables of which normal form do not have update anomalies?

- ☐ First Normal Form (1)
- ☐ Second Normal Form (2)
- ☐ Boyce-Codd Normal Form (3)
- ☐ Third Normal Form (4)
-

Q133 Which normal forms were introduced by Edgar Todd? Select all that apply.

- ☐ First Normal Form (1)
- ☐ Third Normal Form (2)
- ☐ Sixth Normal Form (3)
- ☐ Boyce-Codd Normal Form (4)
-

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Q78

French materialism. French materialism is the name given to a handful of French 18th century philosophers during the Age of Enlightenment, many of them clustered around the salon of Baron d'Holbach. Although there are important differences between them, all of them were materialists who believed that the world was made up of a single substance, matter, the motions and properties of which could be used to explain all phenomena.

Q79 True/False: French materialism was coined during the 17th century.

☐ True (1)

☐ False (2)

Q80 True/False: A salon was a common area for the French materialists.

☐ True (1)

☐ False (2)

Q81 Which statements are true about French materialists? Select all that apply.

- ☐ They believed the world consisted of numerous substances. (1)
- ☐ They believed that they could eventually explain all phenomena. (2)
- ☐ Despite their shared belief, they had distinct differences. (3)
- ☐ They came to be before the Age of Enlightenment. (4)

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Q679 Timing

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Q14

German language literature. German literature comprises those literary texts written in the German language. This includes literature written in Germany itself as well as German-language Swiss and Austrian literature, and to a lesser extent works of the German diaspora. German literature of the modern period is mostly in Standard German, but there are some currents of literature influenced to a greater or lesser degree by dialects (e.g. Alemannic). An early flowering of German literature is the Middle High German period of the High Middle Ages. Modern literature in German begins with the authors of the Enlightenment (such as Herder) and reaches its "classical" form at the turn of the 18th century with Weimar Classicism (Goethe and Schiller). Periodization. Periodization is not an exact science but the following list contains movements or time periods typically used in discussing German literature. It seems worth noting that the periods of medieval German literature span two or three centuries, those of early modern German literature span one century, and those of modern German literature each span one or two decades. The closer one nears the present, the more debated the periodizations become. graph of works listed in Frenzel, "Daten deutscher Dichtung" (1952). Visible is medieval literature overlapping with Renaissance up to the 1540s, modern literature beginning 1720, and the baroque period separating the two, from 1550 to 1700. Middle Ages. Medieval German literature refers to literature written in Germany, stretching from the Carolingian dynasty; various

dates have been given for the end of the German literary Middle Ages, the Reformation (1517) being the last possible cut-off point. Old High German. The Old High German period is reckoned to run until about the mid-11th century, though the boundary to Early Middle High German (second half of the 11th century) is not clear-cut. The most famous work in OHG is the "Hildebrandslied", a short piece of Germanic alliterative heroic verse which besides the "Muspilli" is the sole survivor of what must have been a vast oral tradition. Another important work, in the northern dialect of Old Saxon, is a life of Christ in the style of a heroic epic known as the "Heliand". Middle High German. Baroque period. Sensibility. "Sturm und Drang". "Sturm und Drang" (the conventional translation is "Storm and Stress"; a more literal translation, however, might be "storm and urge", "storm and longing", or "storm and impulse") is the name of a movement in German literature and music taking place from the late 1760s through the early 1780s in which individual subjectivity and, in particular, extremes of emotion were given free expression in response to the confines of rationalism imposed by the Enlightenment and associated aesthetic movements. The philosopher Johann Georg Hamann is considered to be the ideologue of Sturm und Drang, and Johann Wolfgang von Goethe was a notable proponent of the movement, though he and Friedrich Schiller ended their period of association with it, initiating what would become Weimar Classicism. German Classicism. Romanticism. German Romanticism was the dominant movement of the late 18th and early 19th centuries. German Romanticism developed relatively late compared to its English counterpart, coinciding in its early years with the movement known as German Classicism or Weimar Classicism, which it opposed. In contrast to the seriousness of English Romanticism, the German variety is notable for valuing humor and wit as well as beauty. The early German romantics tried to create a new synthesis of art, philosophy, and science, looking to the Middle Ages as a simpler, more integrated period. As time went on, however, they became increasingly aware of the tenuousness of the unity they were seeking. Later German Romanticism emphasized the tension between the everyday world and the seemingly irrational and supernatural projections of creative genius. Heinrich Heine in particular criticized the tendency of the early romantics to look to the medieval past for a model of unity in art and society. Nazi Germany. Under the Nazi regime, some authors went into exile ("Exilliteratur") and others submitted to censorship ("internal emigration", "Innere Emigration"). Nobel Prize laureates. The Nobel Prize in Literature has been awarded to German language authors thirteen times (as of 2009), or the third most often after English and French language authors (with 27 and 14 laureates, respectively).

Q15 True/False: Heinrich Heine fully agreed with early romanticism.

- ☐ True (1)
- ☐ False (2)
-

Q16 In which century did German literature become "classical?"

- ☐ 13th century (1)
- ☐ 15th century (2)
- ☐ 16th century (3)
- ☐ 18th century (4)
-

Q17 Which of the following are examples of Old High German literature? Select all that apply.

- ☐ Sturm und Drang (1)
- ☐ Hildebrandslied (2)
- ☐ Heliand (3)
- ☐ Exilliteratur (4)

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Q680 Timing

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Great Rift Valley. The Great Rift Valley is a name given in the late 19th century by British explorer John Walter Gregory to the continuous geographic trench, approximately in length, that runs from northern Syria in Southwest Asia to central Mozambique in East Africa. The name continues in some usages, although it is today considered geologically imprecise as it combines features that are today regarded as separate, although related, rift and fault systems. Today, the term is most often used to refer to the valley of the East African Rift, the divergent plate boundary which extends from the Afar Triple Junction southward across eastern Africa, and is in the process of splitting the African Plate into two new separate plates. Geologists generally refer to these incipient plates as the Nubian Plate and the Somali Plate.

Geography. The Great Rift Valley as originally described extends from Lebanon in the north to Mozambique in the south, and constitutes one of two distinct physiographic provinces of the East African mountains physiographic division.

Sinai peninsula. The northernmost part of the Rift, today called the Dead Sea Transform or Rift, forms the Beqaa Valley in Lebanon separating the Lebanon Mountains and Anti-Lebanon Mountains. Further south it is known as the Hula Valley separating the Galilee mountains and the Golan Heights. The River Jordan begins here and flows southward through Lake Hula into the Sea of Galilee in Israel, then continues south through the Jordan Rift Valley into the Dead Sea on the Israeli-Jordanian border. From the Dead Sea southwards, the Rift is occupied by the Wadi Arabah, then the Gulf of Aqaba, and then the Red Sea. Off the southern tip of Sinai in the Red Sea, the Dead Sea Transform meets the Red Sea Rift which runs the length of the Red Sea. The Red Sea Rift comes ashore to meet the East African Rift and the Aden Ridge in the Afar Depression of East Africa. The junction of these three rifts is called the Afar Triple Junction.

Africa. In eastern Africa, the valley divides into two, the Northern Rift Valley and the Southern Rift Valley. The Western Rift, also called the Albertine Rift, is edged by some of the highest mountains in Africa, including the Virunga Mountains, Mitumba Mountains, and Ruwenzori Range. It contains the Rift Valley lakes, which include some of the deepest lakes in the world (up to 1,470 metres deep at Lake Tanganyika). Much of this area lies within the boundaries of national parks such as Virunga National Park in the Democratic Republic of Congo, Rwenzori National Park and Queen Elizabeth National Park in Uganda, and Volcanoes National Park in Rwanda. Lake Victoria, the second largest area freshwater lake in the world, is considered part of the Rift Valley system although it actually lies between the two branches. All of the African Great Lakes were formed as the result of the rift, and most lie within its rift valley.

In Kenya, the valley is deepest to the north of Nairobi. As the lakes in the Eastern Rift have no outlet to the sea and tend to be shallow, they have a high mineral content as the evaporation of water leaves the salts behind. For example, Lake Magadi has high concentrations of soda (sodium carbonate) and Lake Elmenteita, Lake Bogoria, and Lake Nakuru are all strongly alkaline, while the freshwater springs supplying Lake Naivasha are essential to support its current biological variety.

Discoveries in human evolution. The Rift Valley in East Africa has been a rich source of fossils that allow study of human evolution, especially in an area known as the Rift Valley Floor. Because the rapidly eroding highlands have filled the valley with

sediments, a favorable environment for the preservation of remains has been created. The bones of several hominid ancestors of modern humans have been found there, including those of "Lucy", a partial, yet eye-opening australopithecine skeleton, which was discovered by anthropologist Donald Johanson dating back over 3 million years. Richard and Mary Leakey have also done significant work in this region. More recently, two other hominid ancestors have been discovered there: a 10 million year-old ape called "Chororapithecus abyssinicus", found in the Afar rift, in eastern Ethiopia, and the "Nakalipithecus nakayamai", which is also 10 million years old.

Q135 True/False: The Nubian and Somali Plates are the two split plates of the African Plate.

- ☐ True (1)
 - ☐ False (2)
-

Q136 When was the Great Rift Valley named?

- ☐ 17th century (1)
 - ☐ 18th century (2)
 - ☐ 19th century (3)
 - ☐ 20th century (4)
-

Q137 Which lakes are filled with alkaline? Select all that apply.

- ☐ Lake Bogoria (1)
- ☐ Lake Magadi (2)
- ☐ Lake Naivasha (3)
- ☐ Lake Nakuru (4)

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Q681 Timing
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Q18

In 983, when Henry II, Duke of Bavaria rebelled against the then child Otto III, Holy Roman Emperor, the Magyars occupied Melk. However, Melk was reoccupied, already in 985, by Leopold I, Margrave of Austria. When Henry II lead his armies to the Vienna Basin in 991, the Magyars were obliged to evacuate the territories West of the Leitha (Hungarian: Lajta) River.Marriage and children.He married his brother's widow Adelajda sister of Prince Mieszko I of Poland c. 985. He repudiated his first wife Sarolta shortly after 975.

Q19 True/False: In 991, the Magyars stood their ground against Henry II's armies.

- ☐ True (1)
- ☐ False (2)
-

Q20 Who controlled Melk in 983?

- ☐ Austrians (1)
- ☐ Magyars (2)
- ☐ Bavarians (3)
- ☐ Hungarians (4)
-

Q21 In what year did Leopold I take control of Melk?

- ☐ 975 (1)
- ☐ 983 (2)
- ☐ 985 (3)
- ☐ 991 (4)

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Q682 Timing
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Q138

Habitus (sociology). Habitus is a complex concept, but in its simplest usage could be understood as a structure of the mind characterized by a set of acquired schemata, sensibilities, dispositions and taste. The particular contents of the habitus are the result of the objectification of social structure at the level of individual subjectivity. Hence, the habitus is, by definition, isomorphic with the structural conditions in which it emerged. The concept of habitus has been used as early as Aristotle but in contemporary usage was introduced by Marcel Mauss and later re-elaborated by Pierre Bourdieu. Origin of concept. Mauss defined habitus as those aspects of culture that are anchored in the body or daily practices of individuals, groups, societies, and nations. It includes the totality of learned habits, bodily skills, styles, tastes, and other non-discursive knowledges that might be said to "go without saying" for a specific group -- in that way it can be said to operate beneath the level of rational ideology. Habitus in Bourdieu's social theory. Bourdieu re-elaborated the concept of habitus from Marcel Mauss and extended the scope of the term to include a person's beliefs and dispositions. He used it, in a more or less systematic way, in an attempt to resolve a prominent antinomy of the human sciences: objectivism and subjectivism. The habitus provides the practical skills and dispositions necessary to navigate within different fields (such as sports, professional life, art) and guides the choices of the individual without ever being strictly reducible to prescribed, formal rules. At the same time, the habitus is constantly remade by these navigations and choices (including the success or failure of previous actions). Defenders of Bourdieu argue that such critics have misunderstood and exaggerated the conservative extent of "habitus" in Bourdieu. Bourdieu allows agency its location within the bounded structures of society and self. And, Bourdieu advocates a method for researchers to include diverse cultural voices in their work. Body Habitus. Body habitus is the medical term for physique, and is defined as either endomorphic (overweight), ectomorphic (underweight) or mesomorphic (normal weight). In this sense, habitus can be understood as the physical and constitutional characteristics of an individual, especially as related to the tendency to develop a certain disease.

Q139 True/False: Habitus has been the result of social structure being objectified.

- ☐ True (1)
- ☐ False (2)
-

Q140 Who first used habitus in a contemporary level?

- ☐ Aristotle (1)
 - ☐ Socrates (2)
 - ☐ Marcel Mauss (3)
 - ☐ Pierre Bourdieu (4)
-

Q141 Body habitus can be defined as what? Select all that apply.

- ☐ Ectomorphic (1)
- ☐ Endomorphic (2)
- ☐ Isomorphic (3)
- ☐ Mesomorphic (4)

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Q683 Timing
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Q142

List of historical drama films. The historical drama is a film genre in which stories are based upon historical events and famous persons. Some historical dramas attempt to accurately portray a historical event or biography, to the degree that the available historical research will allow. Other historical dramas are fictionalized tales that are based on an actual person and their deeds, such as "Braveheart", which is loosely based on the 13th century knight William Wallace's fight for Scotland's independence, and "Saving Private Ryan", a heavily fictionalised version of a search for a paratrooper of the US 101st Airborne Division during World War II.

Q143 True/False: Historical drama films are based on famous characters in literature.

- ☐ True (1)
 - ☐ False (2)
-

Q144 Some historical dramas do their best to successfully portray a historical _____ or _____.

- ☐ Event, biography (1)
 - ☐ Event, artifact (2)
 - ☐ Biography, artifact (3)
 - ☐ Biography, country (4)
-

Q145 Which are examples of historical drama films? Select all that apply.

- ☐ Saving Private Ryan (1)
- ☐ The Wizard of Oz (2)
- ☐ Braveheart (3)
- ☐ Independence Day (4)

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Q146

Hedonism. Hedonism is a school of ethics which argues that pleasure is the only intrinsic good. Etymology. Basic concepts. The basic idea behind hedonistic thought is that pleasure is the only thing that has intrinsic value. This is often used as a justification for evaluating actions in terms of how much "pleasure" and how little "pain" (i.e. suffering) they produce. In very simple terms, a hedonist strives to maximize this net pleasure (pleasure minus pain). Classic schools of antiquity. Democritus seems to be the earliest philosopher on record to have categorically embraced a hedonistic philosophy; he called the supreme goal of life "contentment" or "cheerfulness", claiming that "joy and sorrow are the distinguishing mark of things beneficial and harmful" (DK 68 B 188). The Cyrenaic school. The Cyrenaics were an ultra-hedonist Greek school of philosophy founded in the 4th century BC, supposedly by Aristippus of Cyrene, although many of the principles of the school are believed to have been formalized by his grandson of the same name, Aristippus the Younger. The school was so called after Cyrene, the birthplace of Aristippus. It was one of the earliest Socratic schools. The Cyrenaics taught

that the only intrinsic good is pleasure, which meant not just the absence of pain, but positively enjoyable sensations. Of these, momentary pleasures, especially physical ones, are stronger than those of anticipation or memory. They did, however, recognize the value of social obligation, and that pleasure could be gained from altruism. The school died out within a century, and was replaced by the more sophisticated philosophy of Epicureanism. Epicureanism. In the Epicurean view, the highest pleasure (tranquility and freedom from fear) was obtained by knowledge, friendship and living a virtuous and temperate life. He lauded the enjoyment of simple pleasures, by which he meant abstaining from bodily desires, such as sex and appetites, verging on asceticism. He argued that when eating, one should not eat too richly, for it could lead to dissatisfaction later, such as the grim realization that one could not afford such delicacies in the future. Likewise, sex could lead to increased lust and dissatisfaction with the sexual partner. Epicurus did not articulate a broad system of social ethics that has survived. Epicureanism was originally a challenge to Platonism, though later it became the main opponent of Stoicism. Epicurus and his followers shunned politics. After the death of Epicurus, his school was headed by Hermarchus; later many Epicurean societies flourished in the Late Hellenistic era and during the Roman era (such as those in Antiochia, Alexandria, Rhodes and Ercolano). The poet Lucretius is its most known Roman proponent. By the end of the Roman Empire, having undergone Christian attack and repression, Epicureanism had all but died out, and would be resurrected in the 17th century by the atomist Pierre Gassendi, who adapted it to the Christian doctrine. Some writings by Epicurus have survived. Some scholars consider the epic poem *On the Nature of Things* by Lucretius to present in one unified work the core arguments and theories of Epicureanism. Many of the papyrus scrolls unearthed at the Villa of the Papyri at Herculaneum are Epicurean texts. At least some are thought to have belonged to the Epicurean Philodemus. Christian. Christian hedonism is a controversial Christian doctrine current in some evangelical circles, particularly those of the Reformed tradition. The term was coined by Reformed Baptist pastor John Piper in his 1986 book *"Desiring God"*. Piper summarizes this philosophy of the Christian life as "God is most glorified in us when we are most satisfied in Him." Christian Hedonism may anachronistically describe the theology of Jonathan Edwards. In the 17th century the atomist Pierre Gassendi, adapted Epicureanism to the Christian doctrine. Mohism. Mohism was a philosophical school of thought founded by Mozi in the 5th century BCE. It paralleled the utilitarianism later developed by English thinkers. As Confucianism became the preferred philosophy of later Chinese dynasties, Mohism and other non-Confucian philosophical schools of thought were suppressed. Modern utilitarianism. Critics of the quantitative approach assert that, generally, "pleasures" do not necessarily share common traits besides the fact that they can be seen as "pleasurable." Critics of the qualitative approach argue that whether one pleasure is higher than another depends on factors other than how pleasurable it is. For example, some people may see the pleasure of satanism as a more base pleasure because it is morally unpalatable to them, and not because it is lacking in pleasure. Egoism. Hedonism can be conjoined with psychological egoism - the theory that humans are motivated only by their self interest - to make psychological hedonism: a purely descriptive claim which states that agents naturally seek pleasure. Hedonism can also be combined with ethical egoism - the claim that individuals should seek their own good - to make ethical hedonism the claim that we "should" act so as to produce our own pleasure. However, hedonism is not necessarily related to egoism. The

utilitarianism of John Stuart Mill is sometimes classified as a type of hedonism, as it judges the morality of actions by their consequent contributions to the greater good and happiness of all. This is altruistic hedonism. Whereas some hedonistic doctrines propose doing whatever makes an individual happiest (over the long run), Mill promotes actions which make "everyone" happy. Compare individualism and collectivism. It is true that Epicurus recommends for us to pursue our own pleasure, but he never suggests we should live a selfish life which impedes others from getting to that same objective. Some of Sigmund Freud's theories of human motivation have been called psychological hedonism; his "life instinct" is essentially the observation that people will pursue pleasure. However, he introduces extra complexities with various other mechanisms, such as the "death instinct". The death instinct, Thanatos, can be equated to the desire for silence and peace, for calm and darkness, which causes them another form of happiness. It is also a death instinct, thus it can also be the desire for death. Psychoanalysis has developed greatly since Freud but his ideas remain influential and contentious. Contemporary approaches. Michel Onfray. A dedicated contemporary hedonist philosopher and on the history of hedonistic thought is the French Michel Onfray. He defines hedonism "as an introspective attitude to life based on taking pleasure yourself and pleasuring others, without harming yourself or anyone else." "Onfray's philosophical project is to define an ethical hedonism, a joyous utilitarianism, and a generalized aesthetic of sensual materialism that explores how to use the brain's and the body's capacities to their fullest extent -- while restoring philosophy to a useful role in art, politics, and everyday life and decisions." For this he has "written books on each of these facets of the same world view." His philosophy aims "for "micro-revolutions, " or revolutions of the individual and small groups of like-minded people who live by his hedonistic, libertarian values." Abolitionism. One modern group that is hedonistic is the Abolitionist Society. They are also a part of the transhumanistic movement. They propose that all suffering should be abolished, and the prospects for happiness be increased, through biotechnology at a major scale. Criticism. Hedonism has been criticized by a number of modern philosophers. Robert Nozick argued that we do not only want the pleasure from our activities, but actually want to do them for their own sake as well. G.E. Moore argued that hedonists commit the naturalistic fallacy. To take "whatever makes one happy" as a guide to action means: to be guided by nothing but one's emotional whims. Emotions are not tools of cognition.... "This" is the fallacy inherent in "hedonism"--in any variant of ethical hedonism, personal or social, individual or collective. "Happiness" can properly be the "purpose" of ethics, but "not" the "standard". The task of ethics is to define man's proper code of values and thus to give him the means of achieving happiness. To declare, as the ethical hedonists do, that "the proper value is whatever gives you pleasure" is to declare that "the proper value is whatever you happen to value"--which is an act of intellectual and philosophical abdication, an act which merely proclaims the futility of ethics and invites all men to play it deuces wild.

Q147 True/False: The Cyrenaics were a philosophical school that condemned Hedonism.

- ☐ True (1)
- ☐ False (2)
-

Q148 What is the main focus of Hedonism?

- ☐ Sin (1)
- ☐ Pleasure (2)
- ☐ Motivation (3)
- ☐ Selflessness (4)
-

Q149 Which philosophers are related to Hedonism? Select all that apply.

- ☐ Sigmund Freud (1)
- ☐ Aristippus the Younger (2)
- ☐ Epicurus (3)
- ☐ Plato (4)

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Interdisciplinarity. An interdisciplinary field is a field of study that crosses traditional boundaries between academic disciplines or schools of thought, as new needs and professions have emerged. Originally the term interdisciplinary is applied within education and training pedagogies to describe studies that use methods and insights of several established disciplines or traditional fields of study. Interdisciplinarity involves researchers, students, and teachers in the goals of connecting and integrating several academic schools of thought, professions, or technologies -- along with their specific perspectives -- in the pursuit of a common task. The epidemiology of AIDS or global warming require understanding of diverse disciplines to solve neglected problems. "Interdisciplinary" may be applied where the subject is felt to have been neglected or even misrepresented in the traditional disciplinary structure of research institutions, for example, women's studies or ethnic area studies. The adjective interdisciplinary is most often used in educational circles when researchers from two or more disciplines pool their approaches and modify them so that they are better suited to the problem at hand, including the case of the team-taught course where students are required to understand a given subject in terms of multiple traditional disciplines. For example, the subject of land use may appear differently when examined by different disciplines, for instance, biology, chemistry, economics, geography, and politics. Development. Interdisciplinary programs sometimes arise from a shared conviction that the traditional disciplines are unable or unwilling to address an important problem. For example, social science disciplines such as anthropology and sociology paid little attention to the social analysis of technology throughout most of the twentieth century. As a result, many social scientists with interests in technology have joined science and technology studies programs, which are typically staffed by scholars drawn from numerous disciplines. They may also arise from new research developments, such as nanotechnology, which cannot be addressed without combining the approaches of two or more disciplines. Examples include quantum information processing, an amalgamation of quantum physics and computer science, and bioinformatics, combining molecular biology with computer science. Some institutions of higher education offer accredited degree programs in Interdisciplinary Studies. Norfolk State University, a historically black institution located in Norfolk, VA, is one such example of this. Barriers. Because most participants in interdisciplinary ventures were trained in traditional disciplines, they must learn to appreciate differing perspectives and methods. For example, a discipline that places more emphasis on quantitative "rigor" may produce practitioners who think of themselves (and their discipline) as "more scientific" than others; in turn, colleagues in "softer" disciplines may associate quantitative approaches with an inability to grasp the broader dimensions of a problem. An interdisciplinary program may not succeed if its members remain stuck in their disciplines (and in disciplinary attitudes). From the disciplinary perspective, much

interdisciplinary work may be seen as "soft," lacking in rigor, or ideologically motivated; these beliefs place barriers in the career paths of those who choose interdisciplinary work. For example, interdisciplinary grant applications are often refereed by peer reviewers drawn from established disciplines; not surprisingly, interdisciplinary researchers may experience difficulty getting funding for their research. In addition, untenured researchers know that, when they seek promotion and tenure, it is likely that some of the evaluators will lack commitment to interdisciplinarity. They may fear that making a commitment to interdisciplinary research will increase the risk of being denied tenure. Interdisciplinary programs may fail if they are not given sufficient autonomy. For example, interdisciplinary faculty are usually recruited to a joint appointment, with responsibilities in both an interdisciplinary program (such as women's studies) and a traditional discipline (such as history). If the traditional discipline makes the tenure decisions, new interdisciplinary faculty will be hesitant to commit themselves fully to interdisciplinary work. Other barriers include the generally disciplinary orientation of most scholarly journals, leading to the perception, if not the fact, that interdisciplinary research is hard to publish. In addition, since traditional budgetary practices at most universities channel resources through the disciplines, it becomes difficult to account for a given scholar or teacher's salary and time. During periods of budgetary retraction, the natural tendency to serve the primary constituency (i.e., students majoring in the traditional discipline) makes resources scarce for teaching and research comparatively far from the center of the discipline as traditionally understood. For these same reasons, the introduction of new interdisciplinary programs is often perceived as a competition for diminishing funds, and may for this reason meet resistance. Due to these and other barriers, interdisciplinary research areas are strongly motivated to become disciplines themselves. If they succeed, they can establish their own research funding programs and make their own tenure and promotion decisions. In so doing, they lower the risk of entry. Examples of former interdisciplinary research areas that have become disciplines include neuroscience, cybernetics, biochemistry and biomedical engineering. These new fields are occasionally referred to as "interdisciplines." Interdisciplinary studies. "Interdisciplinary studies" is an academic program or process seeking to synthesize broad perspectives, knowledge, skills, interconnections, and epistemology in an educational setting. Interdisciplinary programs may be founded in order to facilitate the study of subjects which have some coherence, but which cannot be adequately understood from a single disciplinary perspective (for example, women's studies or medieval studies). More rarely, and at a more advanced level, interdisciplinarity may itself become the focus of study, in a critique of institutionalized disciplines' ways of segmenting knowledge. Since 1998 there has been an ascendancy in the value of the concept and practice of interdisciplinary research and teaching and a growth in the number of bachelors degrees awarded at U.S. universities classified as multi- or interdisciplinary studies. The number of interdisciplinary bachelors degrees awarded annually rose from 7,000 in 1973 to 30,000 a year by 2005 according to data from the National Center of Educational Statistics (NECS). In addition, educational leaders from the Boyer Commission to Carnegie's President Vartan Gregorian to Alan Leshner, CEO of the American Association for the Advancement of Science have advocated for interdisciplinary rather than disciplinary approaches to problem solving in the 21st Century. This has been echoed by federal funding agencies, particularly the NIH under the Direction of Elias Zerhouni, who have advocated that grant proposals be framed more as interdisciplinary collaborative projects than

single researcher, single discipline ones. At the same time, longstanding bachelors in interdisciplinary studies programs many existing and thriving for 30 or more years, have been closed down, in spite of healthy enrollment. Examples include Arizona International (formerly part of the University of Arizona), The School of Interdisciplinary Studies at Miami University, and the Department of Interdisciplinary Studies at Wayne State University; others such as the Department of Interdisciplinary Studies at Appalachian State University, and George Mason University's New Century College, have been cut back. Stuart Henry has seen this trend as part of the hegemony of the disciplines in their attempt to recolonize the experimental knowledge production of otherwise marginalized fields of inquiry. This is due to threat perceptions seemingly based on the ascendancy of interdisciplinary studies against traditional academia. Historical examples. There are many examples of when a particular idea, almost on the same period, arises in different disciplines. One case is the shift from the approach of focusing on "specialized segments of attention" (adopting one particular perspective), to the idea of "instant sensory awareness of the whole", an attention to the "total field", a "sense of the whole pattern, of form and function as a unity", an "integral idea of structure and configuration". This has happened in painting (with cubism), physics, poetry, communication and educational theory. According to Marshall McLuhan, this paradigm shift was due to the passage from an era shaped by mechanization, which brought sequentiality, to the era shaped by the instant speed of electricity, which brought simultaneity.

Q151 True/False: The goal of interdisciplinarity is to merge numerous perspectives to gain a common ground.

- ☐ True (1)
- ☐ False (2)
-

Q152 The number of interdisciplinary bachelor's degrees rose to _____ annually by 2005.

- ☐ 10,000 (1)
- ☐ 20,000 (2)
- ☐ 30,000 (3)
- ☐ 40,000 (4)

Q153 Which fields have been affected by the paradigm shift? Select all that apply.

- ☐ Communication/educational theory (1)
- ☐ Physics (2)
- ☐ Poetry (3)
- ☐ Cubist painting (4)

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Q233

Ion channel. Ion channels are pore-forming proteins that help establish and control the small voltage gradient across the plasma membrane of all living cells (see cell potential) by allowing the flow of ions down their electrochemical gradient. They are present in the membranes that surround all biological cells. The study of ion channels involves many scientific techniques such as voltage clamp electrophysiology (in particular patch clamp), immunohistochemistry, and RT-PCR. Basic features. Biological role. Because "voltage-activated" channels underlie the nerve impulse and because "transmitter-activated" channels mediate conduction across the synapses, channels are especially prominent components of the nervous system. Indeed, most of the offensive and defensive toxins that organisms have evolved for shutting down the nervous systems of predators and prey (e.g., the venoms produced by spiders, scorpions, snakes, fish, bees, sea snails and others) work by modulating ion channel conductance and/or kinetics. In addition, ion channels are key components in a wide variety of biological processes that involve rapid changes in cells, such as cardiac, skeletal, and smooth muscle contraction, epithelial transport of nutrients and ions, T-cell activation and pancreatic beta-cell insulin release. In the search for new drugs, ion channels are a frequent target. Diversity. Ion channels may be classified by the nature of their gating, the species of ions passing through those gates, and the number of gates (pores). By gating. Ion channels may be classified by gating, i.e. what opens

and closes the channels. Voltage-gated ion channels open or close depending on the voltage gradient across the plasma membrane, while ligand-gated ion channels open or close depending on binding of ligands to the channel. Voltage-gated. Voltage-gated ion channels open and close in response to membrane potential. Ligand-gated. Ion channels activated by second messengers may also be categorized in this group, although ligands and second messengers are otherwise distinguished from each other. Other gating. Other gating include activation/inactivation by e.g. second messengers from the inside of the cell membrane, rather as from outside, as in the case for ligands. Ions may count to such second messengers, and then causes direct activation, rather than indirect, as in the case where the electric potential of ions cause activation/inactivation of voltage-gated ion channels. Other classifications. There are other types of ion channel classifications that are based on less normal characteristics, e.g. multiple pores and transient potentials. Detailed structure. Because of their small size and the difficulty of crystallizing integral membrane proteins for X-ray analysis, it is only very recently that scientists have been able to directly examine what channels "look like." Particularly in cases where the crystallography required removing channels from their membranes with detergent, many researchers regard images that have been obtained as tentative. An example is the long-awaited crystal structure of a voltage-gated potassium channel, which was reported in May 2003. The detailed 3D structure of the magnesium channel from bacteria can be seen. One inevitable ambiguity about these structures relates to the strong evidence that channels change conformation as they operate (they open and close, for example), such that the structure in the crystal could represent any one of these operational states. Most of what researchers have deduced about channel operation so far they have established through electrophysiology, biochemistry, gene sequence comparison and mutagenesis. Diseases of ion channels. There are a number of chemicals and genetic disorders which disrupt normal functioning of ion channels and have disastrous consequences for the organism. Genetic disorders of ion channels and their modifiers are known as Channelopathies. See for a full list. History. The fundamental properties of currents mediated by ion channels were analyzed by the British biophysicists Alan Hodgkin and Andrew Huxley as part of their Nobel Prize-winning research on the action potential, published in 1952. They built on the work of other physiologists, such as Cole and Baker's research into voltage-gated membrane pores from 1941. The existence of ion channels was confirmed in the 1970s by Bernard Katz and Ricardo Miledi using noise analysis. It was then shown more directly with an electrical recording technique known as the "patch clamp," which led to a Nobel Prize to Erwin Neher and Bert Sakmann, the technique's inventors. Hundreds if not thousands of researchers continue to pursue a more detailed understanding of how these proteins work. In recent years the development of automated patch clamp devices helped to increase significantly the throughput in ion channel screening. The Nobel Prize in Chemistry for 2003 was awarded to two American scientists: Roderick MacKinnon for his studies on the physico-chemical properties of ion channel structure and function, including x-ray crystallographic structure studies, and Peter Agre for his similar work on aquaporins. The ion channel in fine art. Roderick MacKinnon commissioned "Birth of an Idea", a 5' (1.50 m) tall sculpture based on the KcsA potassium channel. The artwork contains a wire object representing the pore liner with a blown glass object representing the main cavity of the channel structure.

Q234 Ion channels are key components that involve rapid changes in cells in which biological processes? Select all that apply.

- ☐ Hair and nail growth (1)
- ☐ Metabolism (2)
- ☐ T-cell activation (3)
- ☐ Skeletal (4)

Q235 Ions are classified by:

- ☐ Size and length of membrane (1)
- ☐ Transient and electric potential of ions (2)
- ☐ What opens and closes the channels (3)
- ☐ Number of pores and detailed structure (4)

Q236 True/False: Bernard Katz and Alan Hodgkins confirmed the existence of ion channels in the 1970s.

- ☐ True (1)
- ☐ False (2)

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Q687 Timing
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Q237

Interstitial cystitis. Interstitial cystitis or Bladder pain syndrome/interstitial cystitis (commonly abbreviated to "BPS/IC") is a urinary bladder disease of unknown cause characterised by pain associated with urination (dysuria), urinary frequency (as often as every 10 minutes), urgency, and pressure in the bladder and/or pelvis. Pain that worsened with a certain food or drink and/or worsened with bladder filling and/or improved with urination was reported by 97% of patients. Patients may also experience nocturia, pelvic floor dysfunction and tension (thus making it difficult to start their urine stream), pain with sexual intercourse, and discomfort and difficulty driving, traveling or working. Research has claimed that the quality of life of some IC patients is equivalent to those with end stage renal failure. It is not unusual for patients to have been misdiagnosed with a variety of other conditions, including: overactive bladder, urethritis, urethral syndrome, trigonitis, prostatitis and other generic terms used to describe frequency/urgency symptoms in the urinary tract. BPS/IC affects men and women of all cultures, socioeconomic backgrounds, and ages. Although the disease previously was believed to be a condition of menopausal women, growing numbers of men and women are being diagnosed in their twenties and younger. BPS/IC is not a rare condition, however BPS/IC is more common in females than in men. Early research suggested that BPS/IC prevalence ranged from 1 in 100,000 to 5.1 in 1,000 of the general population. Up to 12% of women may have early symptoms of BPS/IC.

Nomenclature. Originally called "interstitial cystitis", the name for this disorder changed to "Bladder pain syndrome/interstitial cystitis" in the period 2002-2010. In 2007, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) began using the umbrella term Urologic Chronic Pelvic Pain Syndromes (UCPPS) to refer to pain syndromes associated with the bladder (i.e. Bladder pain syndrome/interstitial cystitis, BPS/IC) and the prostate gland (i.e. CPPS). In 2008, terms currently in use in addition to BPS/IC include "painful bladder syndrome", "bladder pain syndrome" and "hypersensitive bladder syndrome", alone and in a variety of combinations. These different terms are being used in different parts of the world. The term "interstitial cystitis" is the primary term used in ICD-10 and MeSH.

Causes. The cause of BPS/IC is unknown, though several theories have been put forward (these include autoimmune, neurologic, allergic and genetic). Regardless of the origin, it is clear that the majority of BPS/IC patients struggle with a damaged urothelium, or bladder lining. When the surface glycosaminoglycan (GAG) layer is damaged (via a urinary tract infection (UTI), excessive consumption of coffee or sodas, traumatic injury, etc.), urinary chemicals can "leak" into surrounding tissues, causing pain, inflammation, and urinary symptoms. Oral medications like Elmiron and medications that are placed directly into the bladder via a catheter work to repair and rebuild this damaged/wounded lining, allowing for a reduction in symptoms. Recent work at

the University of Maryland, Baltimore indicates that genetics may be a factor in a small subset of patients. Two genes, FZD8 and PAND, are associated with the syndrome. Symptoms. The symptoms of BPS/IC are often misdiagnosed as a "common" bladder infection (cystitis) or a UTI. However BPS/IC has not been shown to be caused by a bacterial infection, and the mis-prescribed treatment of antibiotics is ineffective. The symptoms of BPS/IC may also initially be attributed to prostatitis and epididymitis (in men) and endometriosis and uterine fibroids (in women). The most common symptom of BPS/IC is pain, which is found in 100% of patients, frequency (82% of patients) and nocturia (62%). During cystoscopy, 5 to 10% of patients are found to have Hunner's ulcers. Far more patients may experience a very mild form of BPS/IC, in which they have no visible wounds in their bladder, yet struggle with symptoms of pain, frequency and/or urgency. Still other patients may have discomfort only in their urethra, while others struggle with pain in the entire pelvis. Diagnosis. Diagnosis has been greatly simplified in recent years with the development of two new methodologies. The "Pelvic Pain Urgency/Frequency (PUF) Patient Survey", created by C. Lowell Parsons, is a short questionnaire that will help doctors identify if pelvic pain could be coming from the bladder. The "KCl test", also known as the "potassium sensitivity test", uses a mild potassium solution to test the integrity of the bladder wall. Though the latter is not specific for BPS/IC, it has been determined to be helpful in predicting the use of compounds, such as pentosan polysulphate, which are designed to help repair the GAG layer. The previous gold standard test for BPS/IC was the use of hydrodistention with cystoscopy. Researchers, however, determined that this visual examination of the bladder wall after stretching the bladder was not specific for BPS/IC and that the test, itself, can contribute to the development of small glomerulations (that is, petechial hemorrhages) often found in BPS/IC. Thus, a diagnosis of BPS/IC is one of exclusion, as well as a review of clinical symptoms. In 2006, the ESSIC society proposed more rigorous and demanding diagnostic methods with specific classification criteria so that it cannot be confused with other, similar conditions. Specifically, they require that a patient must have pain associated with the bladder, accompanied by one other urinary symptom. Thus, a patient with just frequency or urgency would be excluded from a diagnosis. Secondly, they strongly encourage the exclusion of confusable diseases through an extensive and expensive series of tests including (A) a medical history and physical exam, (B) a dipstick urinalysis, various urine cultures, and a serum PSA in men over 40, (C) flowmetry and post-void residual urine volume by ultrasound scanning and (D) cystoscopy. A diagnosis of BPS/IC would be confirmed with a hydrodistention during cystoscopy with biopsy. They also propose a ranking system based upon the physical findings in the bladder. Patients would receive a numeric and letter based score based upon the severity of their disease as found during the hydrodistention. A score of 1-3 would relate to the severity of the disease and a rating of A-C represents biopsy findings. Thus, a patient with 1A would have very mild symptoms and disease while a patient with 3C would have the worst available symptoms. In 2009, Japanese researchers identified a urinary marker called phenylacetylglutamine that could be used for early diagnosis. Pelvic floor treatments. Work by Wise and Anderson (see details) has shown that urologic pelvic pain syndromes, such as BPS/IC and CP/CPPS, may have no initial trigger other than anxiety, often with an element of Obsessive Compulsive Disorder or other anxiety-spectrum problem. This is theorized to leave the pelvic area in a sensitized condition resulting in a loop of muscle tension and heightened neurological feedback (neural wind-up). This is a form of myofascial pain syndrome. Current

protocols largely focus on stretches to release overtensed muscles in the pelvic or anal area (commonly referred to as trigger points), physical therapy to the area, and progressive relaxation therapy to reduce causative stress. Pelvic floor dysfunction is a fairly new area of specialty for physical therapists world wide. The goal of therapy is to relax and lengthen the pelvic floor muscles, rather than to tighten and/or strengthen them as is the goal of therapy for patients with incontinence. Thus, traditional exercises such as Kegels, can be helpful as they strengthen the muscles, however they can provoke pain and additional muscle tension. A specially trained physical therapist can provide direct, hands on, evaluation of the muscles, both externally and internally. While weekly therapy is certainly valuable, most providers also suggest an aggressive self-care regimen at home to help combat muscle tension, such as daily muscle relaxation audiotapes, stress reduction and anxiety management on a daily basis. Anxiety is often found in patients with painful conditions and can subconsciously trigger muscle tension.

Thiele massage. Transvaginal manual therapy of the pelvic floor musculature (Thiele massage) has shown promise in relieving the pain associated with Interstitial cystitis in at least one open, clinical pilot study.

Medication. As recently as a decade ago, treatments available were limited to the use of astringent instillations, such as chlorpactin (oxychlorosene) or silver nitrate, designed to kill "infection" and/or strip off the bladder lining. In 2005, our understanding of BPS/IC has improved dramatically and these therapies are now no longer done. Rather, BPS/IC therapy is typically multi-modal, including the use of a bladder coating, an antihistamine to help control mast cell activity and a low dose antidepressant to fight neurogenic inflammation.

Pentosan polysulfate. Oral pentosan polysulfate (Elmiron) is believed to provide a protective coating in the bladder, but studies show it is not statistically significant compared to placebo. However, some studies have found that a minority of patients do respond to pentosan polysulfate.

Amitriptyline. Amitriptyline can reduce symptoms in patients with BPS/IC. Patient overall satisfaction with the therapeutic result of amitriptyline was excellent or good in 46%.

Bladder instillations. DMSO, a wood pulp extract, is the only approved bladder instillation for BPS/IC yet it is much less frequently used in urology clinics. Research studies presented at recent conferences of the American Urological Association by C. Subah Packer have demonstrated that the FDA approved dosage of a 50% solution of DMSO had the potential of creating irreversible muscle contraction. However, a lesser solution of 25% was found to be reversible. Long term use is questionable, at best, particularly given the fact that the method of action of DMSO is not fully understood.

Rescue instillations. More recently, the use of a "rescue instillation" composed of Elmiron or heparin, Cystistat, lidocaine and sodium bicarbonate, has generated considerable excitement in the BPS/IC community because it is the first therapeutic intervention that can be used to reduce a flare of symptoms. Published studies report a 90% effectiveness in reducing symptoms.

Bladder coatings.

Diet. The foundation of therapy is a modification of diet to help patients avoid those foods which can further irritate the damaged bladder wall. Common offenders are highly spiced or acidic foods and include alcohol, coffees, teas, herbal teas, green teas, all sodas (particularly diet), concentrated fruit juices, tomatoes, citrus fruit, cranberries, the B vitamins, vitamin C, monosodium glutamate, chocolate, and potassium-rich foods such as bananas. Most BPS/IC support groups and many urology clinics have diet lists available. The problem with diet triggers is that they vary from person to person: the best way for a person to discover his or her own triggers is to use an elimination diet. Anecdotal evidence has linked gluten intolerance to UCPPS symptoms. Studies are lacking

in this area. **Bladder distension.** Bladder distension (a procedure which stretches the bladder capacity, done under general anaesthesia) has shown some success in reducing urinary frequency and giving pain relief to patients. However, many experts still cannot understand precisely "how" this can cause pain relief. Recent studies showing that pressure on pelvic trigger points can relieve symptoms may be connected. Unfortunately, the relief achieved by bladder distensions is only temporary (weeks or months) and consequently, it is not really viable as a long-term treatment for BPS/IC. **Surgery.** Surgical interventions are rarely used for BPS/IC. Surgical intervention is very unpredictable for BPS/IC, and is considered a treatment of last resort when all other treatment modalities have failed and pain is severe. Some patients who opt for surgical intervention continue to experience pain after surgery. Surgical interventions for BPS/IC include transurethral fulguration and resection of ulcers, using electricity/laser; bladder denervation, where some of the nerves to the bladder are cut (Modified Ingelman-Sundberg Procedure); bladder augmentation; bladder removal (cystectomy); electrical nerve stimulation, similar to TENS, where an electrical unit is implanted in the body and provides continuous or intermittent electrical pulses to the affected areas (Interstim); spinal cord stimulation (SCS), where an electrical unit is implanted that provides electrical stimulation to the spinal cord, interfering with pain reception to the brain (ANS/ Advanced Neuromodulation Systems spinal Cord Stimulator); and the implantation of the intrathecal pain pump, where very small amounts of medication, like morphine sulfate, dilaudid, or baclophen are released into the cerebrospinal fluid via a catheter stemming from the small electrical pump, requiring only about 1/100 to 1/300 the amount of medication needed orally for the same therapeutic benefit, but with much fewer side effects. **Pain control.** Pain control is usually necessary in the BPS/IC treatment plan. The pain of BPS/IC has been rated equivalent to cancer pain and may lead to central sensitization if untreated. **Medication.** The use of a variety of traditional pain medications, including opiates and synthetic opioids like tramadol, is often necessary to treat the varying degrees of pain. Even children with BPS/IC should be appropriately addressed regarding pelvic pain, and receive necessary treatment to manage it. **Neuromodulation.** Neuromodulation can be successful in treating BPS/IC symptoms, including pain. Electronic pain-killing options include TENS. PTNS stimulators have also been used, with varying degrees of success. Percutaneous sacral nerve root stimulation (PNS) was able to produce statistically significant improvements in several parameters, including pain. **Acupuncture.** A 2002 review study reported that acupuncture alleviates pain associated with BPS/IC as part of multimodal treatment. While a 1987 study showed that 11 of 14 (78%) patients had a >50% reduction in pain, another study (published in 1993) found no beneficial effect. A 2008 review found that although there are hardly any controlled studies on alternative medicine and BPS/IC, "rather good results have been obtained" when acupuncture is combined with other treatments. **Biofeedback.** Biofeedback, a relaxation technique aimed at helping people control functions of the autonomous nervous system, has shown some benefit in controlling pain associated with BPS/IC as part of a multimodal approach that may also include medication or hydrodistention of the bladder. **Links to other conditions.** It is important to note that some people with BPS/IC suffer from anxiety disorder, and other conditions that may have the same etiology as BPS/IC. These include: irritable bowel syndrome (IBS), fibromyalgia, chronic fatigue syndrome, endometriosis, vulvodynia, and chemical sensitivities. Men with BPS/IC are frequently diagnosed as having chronic nonbacterial prostatitis, and there is an extensive overlap of symptoms and treatment between the two

conditions, leading researchers to posit that the conditions share the same etiology and pathology.

Q238 Patients with interstitial cystitis may also experience which of the following? Select all that apply.

- ☐ Pelvic floor dysfunction (1)
 - ☐ Difficulty driving (2)
 - ☐ Pain in the lower back (3)
 - ☐ Pressure in the chest (4)
-

Q239 Therapy and solutions for pelvic floor dysfunction can include which type of exercise?

- ☐ Yoga (1)
 - ☐ Kegels (2)
 - ☐ Abdominal (3)
 - ☐ Aerobic (4)
-

Q240 True/False: Bladder distension can provide temporary pain relief, however, it is not a long term treatment for BPS/IC.

- ☐ True (1)
- ☐ False (2)

Q688 Timing
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Q22

Jeffrey Archer. Jeffrey Howard Archer, Baron Archer of Weston-super-Mare (born 15 April 1940) is an English author, actor, playwright and former politician. He was a Member of Parliament and deputy chairman of the Conservative Party, and became a life peer in 1992. His political career, having suffered several controversies, ended after a conviction for perverting the course of justice and his subsequent imprisonment. He is married to Mary Archer, a scientist specialising in solar power.

Early life and background. Jeffrey Howard Archer was born in the City of London Maternity Hospital. He was two weeks old when his family moved to the seaside town of Weston-super-Mare, Somerset, where he spent most of his early life. His father, William, was sixty-four when Archer was born. He died when Archer was fifteen. In 1951, he won a scholarship to Wellington School, in Somerset (not to be confused with the public school Wellington College, which is possible from the ambiguous biography in Archer's earlier books). At this time his mother, Lola, contributed a column "Over the teacups" to the local press in Weston-super-Mare and wrote about the adventures of her son 'Tuppence'; this caused Archer to be the victim of bullying while at Wellington School. After Archer left school passing O-levels in English Literature, Art, and History, he worked in a number of jobs, including training with the army and for the police. This lasted only for a few months, but he fared better as a Physical Education teacher; first at Vicar's Hill School in Hampshire, and later at the more prestigious Dover College in Kent. As a teacher he was popular with pupils and reported by some to have had good motivational skills.

Oxford. He gained a place at Brasenose College, Oxford to study for a one-year diploma in education, though he stayed for three years, gaining an academic qualification in teaching awarded by the Oxford Department for Education. There have been claims that Archer provided false evidence of his academic qualifications, for instance the apparent citing of an American institution which was actually a bodybuilding club, in gaining admission to Oxford University. His website includes references to his Oxford 'Principal', yet omits that he was not a full undergraduate at Oxford. It was during this period that he met his wife, Mary. They married in July 1966.

Early career. One organisation Archer worked for, the United Nations Association, alleged discrepancies in his claims for expenses, and details appeared in the press in a scrambled form. Archer brought a defamation action against the former Conservative member of parliament Humphry Berkeley, chairman of the UNA, as the source of the allegations. The case was settled out of court after three years. Berkeley tried to

persuade Conservative Central Office that Archer was unsuitable as a parliamentary candidate, but a selection meeting at Louth disregarded any doubts. Archer set up his own fund-raising company, Arrow Enterprises, in 1969. That same year he opened an art gallery, the Archer Gallery, in Mayfair. The gallery specialised in modern art, including pieces by the acclaimed sculptor and painter Leon Underwood. The gallery ultimately lost money, however, and Archer sold it two years later. Member of Parliament. At 29, he was elected as Member of Parliament (MP) for the Lincolnshire constituency of Louth, holding the seat for the Conservative Party in a by-election on 4 December 1969. Archer beat Ian Gow to the selection after winning over a substantial proportion of younger members at the selection meeting. Archer's campaign colour was a dayglo orange/pink with a blue arrow; the political parties in Lincolnshire had not yet abandoned local colours, which were different from the party national colours. Louth constituency had three key areas: Louth, Cleethorpes, and Immingham. During his time as a Member of Parliament, Archer was a regular at the Immingham Conservative Club in the most working-class part of the constituency. In Parliament, Archer was on the left of the Conservative Party, rebelling against some of his party's policies. He urged free TV licences for the elderly and was against museum charges. Archer voted against restoring capital punishment, saying it was barbaric and obscene. In 1971, he employed David Mellor, then needing money for his bar finals, to deal with his correspondence. He tipped Mellor to reach the cabinet. In an interview Archer said "I hope we don't return to extremes. I'm what you might call centre-right but I've always disliked the right wing as much as I've disliked the left wing." In 1974, he was a casualty of a fraudulent investment scheme involving Aquablast, a Canadian company, a debacle which lost Archer his first fortune. Fearing imminent bankruptcy, he stood down as an MP at the October 1974 general election. By this time the Archers were living in a large five-bedroom house in The Boltons, an exclusive street in South Kensington. As a result of the Aquablast affair, they were forced to sell the house and move into more modest accommodation for a while. Archer remained president of Immingham Conservative Party until he withdrew from the 2000 election for Mayor of London in 1999. Archer is considered a local celebrity by people of Immingham who were around when he was their Member of Parliament (although Archer has no family or business connection with the area). His rare visits to northern Lincolnshire attract considerable local public interest. Politics and writing. His first book, "Not a Penny More, Not a Penny Less", was picked up by the literary agent Deborah Owen and published first in the US, then eventually in Britain in the Autumn of 1976. The book was an instant success and Archer avoided bankruptcy, never being legally declared bankrupt. A BBC Television adaptation of the book was broadcast in 1990, and a radio adaptation was aired on BBC Radio 4 in the early 1980s. While he was a witness in the Aquablast case in Toronto in 1977, Archer was accused of taking three suits from a department store, an accusation he denied for many years. However, in the late 1990s, Archer finally acknowledged that he had indeed taken the suits, although he claimed that at the time he hadn't realised he had left the shop. No charges were brought. "Kane and Abel" proved to be his best-selling work, reaching number one on the "New York Times" bestsellers list. It was made into a television mini-series by CBS in 1985, starring Peter Strauss and Sam Neill. The following year, Granada TV screened a ten-part adaptation of another Archer bestseller, "First Among Equals", which told the story of three men and their quest to become Prime Minister. Archer claims to spend considerable time writing and re-writing each book. He goes abroad to write the first draft, working in blocks of two-hours at a time, then

writes anything up to seventeen further drafts. It has been suggested that his books require extensive editing by others to make them readable. In 1979, Archer purchased the Old Vicarage, Grantchester, a house associated with the poet Rupert Brooke. He also began to hold shepherd's pie and Krug parties for prominent people at his London apartment, which overlooks the Houses of Parliament. Archer's political career revived once he became known for his novels and as a popular speaker among the Conservative grassroots. He was made deputy chairman of the Conservative Party by Margaret Thatcher in September 1985. Norman Tebbit, party chairman, had misgivings over the appointment, as did other prominent members of the party, including William Whitelaw and Ted Heath. During his tenure as deputy chairman, Archer was responsible for a number of embarrassing gaffes, including his claim, made during a live radio interview, that many young, unemployed people were simply unwilling to find work. At the time of Archer's comment, unemployment in the UK stood at a record 3.4 million. Archer was later forced to apologise for the remark, suggesting that his words had been "taken out of context". Peerage. In 1992, after having been previously rejected, Archer was made a life peer as Baron Archer of Weston-super-Mare, of Mark in the County of Somerset by the Queen on the advice of the prime minister John Major. In a speech at the 1993 Conservative conference, Archer urged the Home Secretary Michael Howard, to "Stand and deliver" saying: "Michael, I am sick and tired of being told by old people that they are frightened to open the door, they're frightened to go out at night, frightened to use the parks and byways where their parents and grandparents walked with freedom... We say to you: stand and deliver!". He then attacked violent films and urged tougher prison conditions to prevent criminals from re-offending. He criticised the role of "do-gooders" and finished off the speech by denouncing the opposition party's Law and Order policies.. On "Question Time" in February 1994, Archer stated that 18 should be the age of consent for homosexuality, as opposed to 21, which it was at the time. Archer has also consistently been an opponent of a return to capital punishment. "Daily Star" libel case. There was astonishment at the description the judge (Mr Justice Caulfield) gave of Mrs Archer in his jury instructions: "Remember Mary Archer in the witness-box. Your vision of her probably will never disappear. Has she elegance? Has she fragrance? Would she have, without the strain of this trial, radiance? How would she appeal? Has she had a happy married life? Has she been able to enjoy, rather than endure, her husband Jeffrey?" The judge then went on to say of Jeffrey Archer, "Is he in need of cold, unloving, rubber-insulated sex in a seedy hotel round about quarter to one on a Tuesday morning after an evening at the Caprice?" By this time, according to the journalist Adam Raphael, Jeffrey and Mary Archer were, in fact, living largely separate lives. The editor of the "Daily Star", Lloyd Turner, was sacked six weeks after the trial by the paper's owner Lord Stevens of Ludgate. Share dealings. An inquiry was launched by the Stock Exchange into possible insider trading. The Department of Trade and Industry, headed by Michael Heseltine, announced that Archer would not be prosecuted. Archer later claimed that he had been "exonerated", but the DTI inquiry had merely stated that there was insufficient evidence to bring a prosecution. Missing Kurdish aid. In July 2001, Scotland Yard began investigating allegations that millions of pounds had disappeared from "Simple Truth", a fundraising campaign run by Archer. He set up a charity with the Red Cross. He employed two Kurdish aides, Broosk Saib and Nadhim Zahawi, whom he nicknamed "Lemon Kurd and Bean Kurd." Perjury and downfall. Archer had been selected by the Conservative Party as candidate for the London mayoral election of 2000. He was forced to withdraw when it was revealed that

he was facing a charge of perjury. In November 1999, Ted Francis, a friend (who claimed Archer owed him money) and Archer's former personal assistant Angela Peppiatt claimed he had fabricated an alibi in the 1987 trial. They were concerned that Archer was standing as Mayor of London and doubted that he was suitable. Peppiatt had kept a diary of Archer's movements, which contradicted evidence given during the 1987 trial. This formed the basis of the case against Archer. The "News of the World" published the allegations on 21 November 1999 and Archer withdrew his candidacy the following day. Conservative leader William Hague said "This is the end of politics for Jeffrey Archer. I will not tolerate such behaviour in my party". On 8 October, he had described Archer as a candidate of "probity and integrity. I'm going to back him all the way" at the Conservative party conference. On 4 February 2000, Archer was expelled from the Conservative Party for five years. On 26 September 2000, he was charged with perjury and perverting the course of justice during the 1987 libel trial. A few months before the beginning of the perjury trial, Archer began in the star role in a courtroom play (which he also wrote) called "The Accused". The play was staged at London's Theatre Royal Haymarket and concerned the court trial of an alleged murderer from beginning to end. The play used the technique of assigning the role of jury in the trial to the audience, theatre-goers voting on whether Archer's character was guilty at the end of each performance. Archer would attend his real trial during the day and be judged in his fictional trial in the evening. The real trial began on 30 May 2001, a month after Monica Coghlan's death. On 19 July 2001, Archer was found guilty of perjury and perverting the course of justice at the 1987 trial. He was sentenced to four years' imprisonment by Mr Justice Potts. Archer never spoke during the trial, though his wife Mary again gave evidence as she had done during the 1987 trial. Ted Francis was found not guilty of perverting the course of justice. Archer's mother died on 11 July 2001 aged 87, and he was released for the day on 21 July to attend the funeral. Archer was sent to Belmarsh Prison, but was moved to the category "C" Wayland Prison in Norfolk on 9 August 2001. Despite automatically qualifying as a category "D" prisoner given it was a first conviction and he did not pose serious risk of harm to the public, his status as such was suspended pending a police investigation into Baroness Emma Nicholson's allegations that he had kept funds meant for the "Simple Truth" campaign. He was finally transferred to HMP North Sea Camp, an open prison in October 2001. From there he was let out to work at the Theatre Royal in Lincoln, England, and was allowed occasional home visits. Reports in the media claimed he had been abusing this privilege by attending lunches with friends, including former Education Secretary Gillian Shephard and in September 2002 he was transferred to Lincoln Prison for a month. While in prison, he wrote the three-volume memoir "A Prison Diary". During his time in prison, he was visited by a number of high-profile friends, including the actor Donald Sinden and the performer Barry Humphries. On 21 July 2003, he was released on licence, after serving half of his sentence, from HMP Hollesley Bay, Suffolk. Many of Archer's friends remained loyal. He and Lady Archer were guests at the memorial service for Norris McWhirter at Saint Martin-in-the-Fields on Thursday 7 October 2004 where they sat in the same pew as former head of the Conservative Monday Club, Gregory Lauder-Frost, and in front of Lady Thatcher, who embraced Lady Archer. On 26 February 2006, on Andrew Marr's "Sunday AM" programme, Archer said he had no interest in returning to front-line politics: he would pursue his writing instead. He has confirmed this when speaking at the Emmanuel College Politics Society and the Christ's Politics Society at the University of Cambridge. Archer in fiction. In "There's No Place Like a Home", a comedy play by

Paul Elliot, the residents of a retirement home for actors and actresses, trying to prevent its closure, kidnap Archer to use the ransom money to keep their home open. The satirical magazine Private Eye refers to Archer as 'Jeffrey Archole' or 'Lord Archole' and characterises him as a liar and fantasist. On occasion it has published spoofs of Archer's fiction, describing a thinly-veiled heroic version of himself called 'Jeremy Bowman'. Archer portrayed himself in a brief portion of "Bridget Jones's Diary". The joke was that Bridget always says the wrong thing and was introducing "The greatest book of our time" and then spots several famous (and better according to the joke) authors in the crowd, one of which is Lord Archer. In an episode of "Cluedo", Reverend Green compares himself to Jeffery Archer in his murder confession.

Q23 True/False: Jeffrey Archer was scrutinized for his academic qualifications when applying to Oxford University.

- ☐ True (1)
 - ☐ False (2)
-

Q24 Which TV station televised Archer's mini-series about striving to be Prime Minister?

- ☐ BBC Television (1)
 - ☐ Granada TV (2)
 - ☐ CNN (3)
 - ☐ NBC (4)
-

Q25 Which of the following professions did Jeffrey Archer work as? Select all that apply.

- ☐ Author (1)
- ☐ Playwright (2)
- ☐ Artist (3)
- ☐ Politician (4)

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Q689 Timing

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Q241

Jerome K. Jerome. Jerome was born in Caldmore, Walsall, England, where he is honoured in a display at Walsall Museum, and was brought up in poverty in London. Other works include the essay collections "Idle Thoughts of an Idle Fellow" and "Second Thoughts of an Idle Fellow"; "Three Men on the Bummel", a sequel to "Three Men in a Boat"; and several other novels. Early life. The young Jerome wished to go into politics or be a man of letters, but the death of both his parents in 1872, when he was 13 years old, forced him to quit his studies and find work to support himself. He was employed at the London and North Western Railway, initially collecting coal that fell along the railway, and remained there for four years. Acting career and early literary works. "Three Men in a Boat" and later career. Jerome sat down to write "Three Men in a Boat" as soon as the couple returned from their honeymoon. In the novel, his wife was replaced by his longtime friends George Wingrave (George) and Carl Hentschel (Harris). This allowed him to create comic (and non-sentimental) situations which were nonetheless intertwined with the history of the Thames region. The book, published in 1889, became an instant success and is still in print. Its popularity was such that the number of registered Thames boats went up fifty percent in the year following its publication, and it contributed significantly to the Thames becoming a tourist attraction. In its first twenty years alone, the book sold over a million copies worldwide. It has been adapted to movies, TV and radio shows, stage plays, and even a musical. Its writing style influenced many humorists and satirists in England and elsewhere. Its endurance can probably be attributed to the style and choice of a relatively unchanged location,

which ensures that the basic setting remains relevant, even as other things change. With the financial security the sales of the book provided, Jerome was able to dedicate all of his time to writing. He wrote a number of plays, essays and novels, but was never able to recapture the success of "Three Men in a Boat". In 1892 he was chosen by Robert Barr to edit "The Idler" (over Rudyard Kipling). The magazine was an illustrated satirical monthly catering to gentlemen (who, following the theme of the publication, appreciated idleness). In 1893 he founded "To-Day", but had to withdraw from both publications because of financial difficulties and a libel suit. In 1898, a short stay in Germany inspired "Three Men on the Bummel", the sequel to "Three Men in a Boat". While reintroducing the same characters in the setting of a foreign bicycle tour, the book was nonetheless unable to capture the life-force and historic roots of its predecessor, and it enjoyed only a mild success. In 1902 he published the novel "Paul Kever", which is widely regarded as autobiographical. His 1908 play "The Passing of the Third Floor Back" introduced a more sombre and religious Jerome. This was a tremendous commercial success but was condemned by critics - Max Beerbohm described it as "vilely stupid" and as written by a "tenth-rate writer". World War I and last years. Jerome volunteered to serve his country at the outbreak of the war, but, being 56 years old, was rejected by the British Army. Eager to serve in some capacity, he volunteered as an ambulance driver for the French Army. The war experience was said to have dampened his spirit, as did the death in 1921 of his stepdaughter, Elsie. In 1926, Jerome published his autobiography, "My Life and Times". Shortly afterwards, the Borough of Walsall conferred on him the title Freeman of the Borough. During these last years, Jerome spent more time at his farmhouse in Ewelme near Wallingford. In June 1927, on a motoring tour from Devon to London via Cheltenham and Northampton, Jerome suffered a paralytic stroke and a cerebral haemorrhage. He lay in Northampton General Hospital for two weeks before succumbing on 14 June. He was cremated at Golders Green and his ashes buried at St Mary's Church, Ewelme, Oxfordshire. Elsie, Ettie, and his sister Blandina are buried beside him. A museum dedicated to his life and works now exists at his birth home in Walsall.

Q242 What is true of Jerome's work of "Three Men in a Boat?" Select all that apply.

- ☐ It was a slow success and is no longer in print (1)
 - ☐ Thames' boats went up fifty percent within the first year of publication (2)
 - ☐ The book sold over a million copies worldwide (3)
 - ☐ It has been adapted to only movies, radio shows, and stage plays (4)
-

Q243 Jerome volunteered to serve his country during World War I as a:

- ☐ Soldier in the British Army (1)
 - ☐ Ambulance driver (2)
 - ☐ Fighter pilot (3)
 - ☐ Army medic (4)
-

Q244 True/False: Jerome was cremated at St. Mary's Church and his ashes were buried at Golders Green.

- ☐ True (1)
- ☐ False (2)

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Q690 Timing
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Q197

John Walker Lindh. John Phillip Walker Lindh (born February 9, 1981) is an American citizen who was captured as an enemy combatant during the United States' 2001 invasion of Afghanistan. He is now serving a 20-year prison sentence in connection with his participation in Afghanistan's Taliban army. He was captured during the Battle of Qala-i-Jangi, a violent Taliban prison uprising where American CIA officer Johnny "Mike" Spann was killed. Lindh received training at Al-Farouq, an alleged Al-Qaeda training camp located in Afghanistan. There, he attended a lecture by Osama bin Laden before the September 11, 2001 attacks. Lindh had previously received training with Harkat-ul-Mujahideen, an internationally designated terrorist organization based in Pakistan. Lindh went by Sulayman al-Faris during his time in Afghanistan, but prefers the name Hamza Walker Lindh today. In early reports following his capture, he was occasionally referred to by the news media as just "John Walker". Youth, conversion and travels. Lindh was born in Washington, D.C., to parents Marilyn Walker and Frank Lindh. He was baptized but not raised Roman Catholic, and grew up in Silver Spring, Maryland. When he was 10 years old, his family moved to San Anselmo, California. Lindh suffered from an intestinal disorder as a child. At age 14, Lindh's health improved and he enrolled at Redwood High School as a freshman. He then transferred to Tamiscal High School in the Tamalpais Union High School District, an alternative school offering self-directed, individualized study programs. While there, he studied world culture, including Islam and the Middle East. Lindh subsequently left the school and eventually earned a GED at age 16. As an adolescent, Lindh participated in IRC chat rooms. He became a devoted fan of hip-hop music, and engaged in extensive discussions on Usenet newsgroups, sometimes pretending to be an African American rapper who would criticize others for "acting black". The Spike Lee film "Malcolm X" impressed him deeply and sparked his interest in Islam. Although his parents did not officially divorce until 1999, their marriage was in serious trouble throughout Walker's adolescence, due to the fact that his father was homosexual and would often leave their Marin residence for extended periods to live in San Francisco with another man. Frank Lindh stated that they had been effectively separated since 1993. He recently remarried to his male partner of 10 years; the ceremony was performed on election day just before the passage of Proposition 8, which banned gay marriage in California. In 1997, John Lindh officially converted to Islam and began regularly attending mosques in Mill Valley and later San Francisco. In 1998 Lindh traveled to Yemen, and stayed for about 10 months to learn Arabic so that he would be able to read the Qur'an in its original language. He returned to the United States in 1999, living with his family for about eight months before returning to Yemen in February 2000, whence he left for Pakistan to study at a madrassa. While abroad, Lindh sent numerous emails to his family. In one, his father told him about the USS Cole bombing, to which Lindh replied that since the American destroyer was in the Yemen harbor, it was an act of war against Islam and therefore justified. "This raised my concerns", his father told Newsweek, "but my days of molding him were over." Lindh had just turned 20. Lindh decided to travel to Afghanistan to fight for the Afghani Taliban government forces against the Afghan Northern Alliance fighters. His parents state that he was motivated by stories of atrocities perpetrated by Afghan Northern Alliance army against civilians. He traveled to Afghanistan in May 2001, contrary to reports after his arrest that implied or stated that he

traveled to Afghanistan to kill Americans after 9/11. American soldiers were not deployed in Afghanistan at the time he joined the Taliban government forces, making his alleged motivation of killing Americans doubtful. However, it should be noted that after the September 11 attacks, he knew the United States was now fighting alongside the Northern Alliance, yet he chose to stay and continue the fight. Though much has been made of the fact that Lindh did meet Osama bin Laden, his association with bin Laden was only a passing encounter and not an affiliation. Capture and interrogation. After the initial uprising Lindh found refuge in a basement bunker after taking a bullet in the right upper thigh, hiding with a group of Saudis, Uzbeks, and Pakistanis. He was found seven days later on December 2, 2001, when Northern Alliance forces diverted an irrigation stream, drowning many, and eventually flushing out Lindh and about 80 survivors from the original 300. The Northern Alliance captors then pinned Lindh's elbows behind his back. When interviewed by Pelton, Lindh initially gave his name as "Abd-al-Hamid" but later gave his birth name. Pelton brought a medic and food for Lindh and interviewed him about how he got there. Repeatedly Pelton asked Lindh if he wanted to call his parents or have Pelton do so, but as Pelton knew, Lindh was receiving his first medical treatment since being shot in the leg and had been given morphine by a medic prior to Pelton's interview. Lindh's parents maintain that Pelton acquired footage that was prejudicial and manipulative, and that Pelton contributed to the poor image of their son by sharing the footage with the world community without context. Lindh said during the interview that he was a member of Ansar (an Arabic word meaning "Supporters" or "Helpers"), a group of Arabic-speaking fighters financed by Osama bin Laden. Lindh said that the prison uprising was sparked by some of the prisoner guards smuggling grenades into the basement, "This is against what we had agreed upon with the Northern Alliance, and this is against Islam. It is a major sin to break a contract, especially in military situations". He was interrogated before the operation on December 14. While on the "Peleliu", he signed confession documents while he was held by the United States Marine Corps and informed his interrogators that he was not merely Taliban but al-Qaeda, though his father later asserted he was not involved in, and unaware of, al-Qaeda. On December 31, 2001, he was transferred to the USS "Bataan", where he was held until January 22, 2002, when he was flown off the "Bataan" to begin the journey back to the United States to face criminal charges. While on the USS "Bataan", Attorney General John Ashcroft, on January 16, 2002, announced that Lindh would be tried in the United States. His attorney claimed to the press that he asked for a lawyer repeatedly before being interviewed but he did not get one, and that "highly coercive" prison conditions forced Lindh to waive his right to remain silent. Although the FBI asked Jesselyn Radack, a Justice Department ethics advisor, whether Lindh could be questioned without a lawyer present, her advice that this should not be done was not followed. Trial. If convicted of these charges, Lindh could have received up to three life sentences and 90 additional years in prison. On February 13, 2002, he pled not guilty to all 10 charges. Lindh accepted this offer. On July 15, 2002, he entered his plea of guilty to the two remaining charges. The judge asked Lindh to say, in his own words, what he was admitting to. Lindh's allocution went as follows: "I plead guilty", he said. "I provided my services as a soldier to the Taliban last year from about August to December. In the course of doing so, I carried a rifle and two grenades. I did so knowingly and willingly knowing that it was illegal." On October 4, 2002, Judge T.S. Ellis, III formally imposed the sentence: 20 years without parole. As another result of Lindh's plea bargain, a Son of Sam law was invoked. Any and all profits made from

book deals or any movies about Lindh's experience will be automatically handed over to the federal government. Lindh, his family, his relatives, his associates and his friends will be unable to profit financially from his crimes and/or experiences. Lindh's attorney, James Brosnahan, said Lindh would be eligible for release in 17 years, with good behavior. This is because, although there is no parole under federal law, his sentence could be reduced by 15 percent, or three years, for good behavior. In addition, Lindh agreed to cooperate "fully, truthfully and completely" with both military intelligence and law enforcement agencies in the terrorism investigation. Imprisonment. In January 2003, Lindh was sent to a medium-security prison in Victorville, northeast of Los Angeles. On March 3, 2003, Lindh was tackled by inmate Richard Dale Morrison, who assaulted Lindh as he knelt in prayer and then ran away; Lindh was left with bruises on his forehead. On July 2, 2003, Morrison was charged with a misdemeanor count of assault. Lindh was held at ADMAX in Florence, Colorado, the federal Supermax facility for a short time. He is currently serving his sentence at the Federal Correctional Institution, Terre Haute, at Terre Haute, Indiana. In April 2007, citing the reduced sentence for the Australian prisoner David Hicks, Lindh's attorneys made a public plea for a Presidential commutation to lower his twenty year sentence. In January 2009 the Lindh family's petition for clemency to Lindh was denied by President Bush in one of his final acts in office. According to the US Justice Department, all "special administrative measures" in place against Lindh expired on March 20, 2009, as part of a gradual easing of restrictions on the prisoner.

Q198 In what role was John Walker serving when he was captured as an enemy?

- ☐ Pilot (1)
 - ☐ Spy (2)
 - ☐ Combatant (3)
 - ☐ Driver (4)
-

Q199 Which of the following was John Walker a part of as an adolescent?

- ☐ A Foreign Religion (1)
 - ☐ Language Clubs (2)
 - ☐ The Middle East Association (3)
 - ☐ IRC Chat Rooms (4)
-

Q200 True/False: John Walker plead guilty for his service as a Taliban soldier.

- ☐ True (1)
- ☐ False (2)

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Q691 Timing

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Q252

LambdaMOO. LambdaMOO is an online community of the variety called a MOO. It is the oldest MOO today and one of the most active, with just under 3000 regular members. Typically, around 100 members are connected at any given time. LambdaMOO was founded in 1990 by Pavel Curtis. Hosted in the state of Washington, it is operated and administered entirely on a volunteer basis. Guests are allowed, and membership is free to anyone with an e-mail address. LambdaMOO is accessible via telnet or MUD/MOO client, at host lambda.moo.mud.org and port 8888. LambdaMOO gained some notoriety when Julian Dibbell wrote a book called "My Tiny Life" describing his experiences there. Technical Notes. Since its debut, LambdaMOO has run on server software, which implements the MOO programming language. The software was originally created by Pavel Curtis for LambdaMOO, and was subsequently made available to the public. Several starter databases, known as cores, are available for Lambdamoo; LambdaMOO itself uses the "LambdaCore" database. The "Lambda" name is from Curtis's own username on

earlier MUD systems. Geography. LambdaMOO central geography was based on Pavel Curtis's California home. New players and guests traditionally connected in "The Coat Closet", but a second area, "The Linen Closet" (specially programmed as a silent area) was later added as an alternative connection point. The coat closet opens onto the center of the house in The Living Room, a common hangout and place for conversation; its fixtures include a fireplace (where things can be roasted), The Living Room Couch (which periodically causes players' objects to 'fall through' to underneath the couch), and a pet Cockatoo who repeats overheard phrases (which is often found with its beak gagged). From time to time the Cockatoo is replaced with a more seasonal creature: a Turkey near Thanksgiving, a Raven near Halloween, et cetera. To the north of the Living Room is the Entrance Hall, the Front Yard, and a limited residential area along LambdaStreet. There is an extensive subterranean complex located down the manhole, including a sewage system. Players walking to the far west along LambdaStreet may be given the option to 'jump off the end of the world', which disables access to their account for a time. To the south of the Living Room is a pool deck, a hot tub, and some of the extensive grounds of the mansion, featuring gardens, hot air balloon landing pads, open fields, fishing holes, and the like. To the northwest of the living room are the laundry room, garage, dining room, smoking room, drawing room, housekeeper's quarters, and kitchen; a popular command allows players in the living room to push others into the kitchen and ask them to "fetch me a cup of tea"; since players can prevent themselves from being moved in such a fashion, this command is more often used on new users, who may have difficulty finding their way back to the Living Room. (For historical reasons, while there is direct access to the kitchen from the living room by heading northwest, users must head north, east, and then south from the Kitchen to return.) To the east of the entry hall, hallways provide access to some individual rooms, the Linen Closet, and to the eastern wing of the house. In the eastern wing can be found the Library of online books, the Museum of generic objects (which account-holders may create instances of), and an extensive area for the LambdaMOO RPG. A small portion of the, covering the ground floor of the house and the yard, has been reproduced on the web. For would-be explorers, includes a chapter on interesting places on the MOO which are well worth visiting. Politics. While most MOOs are run by administrative fiat, in summer of 1993 LambdaMOO implemented a petition/ballot mechanism, allowing the community to propose and vote on new policies and other administrative actions. A petition may be created by anyone eligible to participate in politics (those who have maintained accounts at the MOO for at least 30 days), can be signed by other players, and may then be submitted for administrative 'vetting'. Once vetted, the petition has a limited time to collect enough signatures to become valid and be made into a ballot. Ballots are subsequently voted on; those with a 66% approval rating are passed and will be implemented. This system suffered quite a lot of evolution and eventually passed into a state where wizards took back the power they'd passed into the hands of the people, but still maintain the ballot system as a way for the community to express its opinions. Controversy. There was an incident on the MOO in which a user named Mr. Bungle falsely attributed sexual remarks to other avatars. Demographics. While the population of LambdaMOO once numbered close to 10,000 with over 300 actively connected at any time, these days it is rare to see more than a few dozen actively participating connected players at one time. As of November 13, 2005, LambdaMOO had 10 official wizards (administrators), and approximately 2,900 general users. Of these, approximately 1410 players reported themselves as male, and 916 as female; the

remaining players either failed to report their gender, or deliberately chose another.
(LambdaMOO supports custom designations of gender, and comes with the following presets:
neuter, male, female, either, Spivak, splat, plural, egotistical, royal, and 2nd-person).

Q253 Which of the following are characteristics of the LambdaMOO community? Select all that apply.

- ☐ Around 100 members are connected at any given time (1)
 - ☐ It is hosted in the state of Wellington (2)
 - ☐ Membership is free to those with an access pass (3)
 - ☐ Access is available through telnet or MUD/MOO client (4)
-

Q254 LamdaStreet gives the option to disable access to their account for a time known as:

- ☐ "Transfer back to reality" (1)
 - ☐ "Freefall over the digital edge" (2)
 - ☐ "Jump off the end of the world" (3)
 - ☐ "Exit the online community" (4)
-

Q255 True/False: Nowadays, it is rare to see less than 300 connected players at one time in LambdaMOO.

- ☐ True (1)
- ☐ False (2)

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Q692 Timing

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Q256

Emergency contraception. Emergency contraception (EC), or emergency postcoital contraception, refers to contraceptive measures that, if taken after sex, may prevent pregnancy. As its name implies, EC is intended for occasional use, when primary means of contraception fail. Since EC methods act before implantation, they are medically and legally considered forms of contraception. Some scientists believe that EC may possibly act after fertilization (see Mechanism of action), a possibility that leads some to consider EC an abortifacient. Emergency contraceptive pills (ECPs). Emergency contraceptive pills (sometimes referred to as emergency hormonal contraception (EHC) in the U.K.) may contain higher doses of the same hormones (estrogens, progestins, or both) found in regular combined oral contraceptive pills. Taken after unprotected sexual intercourse, such higher doses may prevent pregnancy from occurring. Mifepristone can be used as EC, but is an anti-hormonal drug, and does not contain estrogen or progestins. The phrase "morning-after pill" is a misnomer; ECPs are effective when used shortly before intercourse, and are licensed for use up to 72 hours after sexual intercourse and the WHO says they can be used for up to 5 days after contraceptive failure (see "Effectiveness" section below). Types of ECPs. The combined or Yuzpe regimen uses large doses of both estrogen and progestin, taken as two doses at a 12-hour interval. This method is now believed to be less effective and less well-tolerated than the progestin-only method. It is possible to obtain the same dosage of hormones, and therefore the same effect, by taking several regular combined oral contraceptive pills. For example, 4 Ovral pills are the same as 4 Preven pills. The United States Food and Drug Administration (FDA) approved this off-label use of certain brands of regular combined oral contraceptive pills in 1997. Ulipristal acetate (Ellaone), a drug similar to mifepristone, was approved as an ECP in early 2009. Effectiveness of ECPs. The effectiveness of emergency contraception is presented differently from the

effectiveness of ongoing methods of birth control: it is expressed as a percentage reduction in pregnancy rate for a single use of EC. Different ECP regimens have different effectiveness levels, and even for a single regimen different studies may find varying rates of effectiveness. Using an example of "75% effective", an article in "American Family Physician" explains the effectiveness calculation thus:... these numbers do not translate into a pregnancy rate of 25 percent. Rather, they mean that if 1,000 women have unprotected intercourse in the middle two weeks of their menstrual cycles, approximately 80 will become pregnant. Use of emergency contraceptive pills would reduce this number by 75 percent, to 20 women. The progestin-only regimen (using levonorgestrel) is reported by the U.S. FDA to have an 89% effectiveness., the labeling on the U.S. brand Plan B explained this effectiveness rate by stating, "Seven out of every eight women who would have gotten pregnant will not become pregnant." In 1999, a meta-analysis of eight studies of the combined (Yuzpe) regimen concluded that the best point estimate of effectiveness was 74%. A 2003 analysis of two of the largest combined (Yuzpe) regimen studies, using a different calculation method, found effectiveness estimates of 47% and 53%. For both the progestin-only and Yuzpe regimens, the effectiveness of emergency contraception is highest when taken within 12 hours of intercourse and declines over time. While most studies of emergency contraception have only enrolled women within 72 hours of unprotected intercourse, a 2002 study by the World Health Organization (WHO) suggested that reasonable effectiveness may continue for up to 120 hours (5 days) after intercourse. History of calculation methods. Early studies of emergency contraceptives did not attempt to calculate a failure rate; they simply reported the number of women who became pregnant after using an emergency contraceptive. Since 1980, clinical trials of emergency contraception have first calculated probable pregnancies in the study group if no treatment were given. The effectiveness is calculated by dividing observed pregnancies by the estimated number of pregnancies without treatment. Placebo-controlled trials that could give a precise measure of the pregnancy rate without treatment would be unethical, so the effectiveness percentage is based on estimated pregnancy rates. These are currently estimated using variants of the calendar method. Calculation of effectiveness, and particularly the denominator of the fraction, involves many assumptions that are difficult to validate. Therefore, reported figures on the efficacy of emergency contraception may be underestimates or, more probably, overestimates. Yet, precise estimates of efficacy may not be highly relevant to many women who have had unprotected intercourse, since ECPs are often the only available treatment. Recently, hormonal assay has been suggested as a more accurate method of estimating fertility for EC studies. Safety. Existing pregnancy is not a contraindication in terms of safety, as there is no known harm to the woman, the course of her pregnancy, or the fetus if progestin-only or combined emergency contraception pills are accidentally used, but EC is not indicated for a woman with a known or suspected pregnancy because it is not effective in women who are already pregnant. The World Health Organization (WHO) lists no medical condition for which the risks of emergency contraceptive pills outweigh the benefits. The American Academy of Pediatrics (AAP) and experts on emergency contraception have concluded that progestin-only ECPs may be preferable to combined ECPs containing estrogen in women with a history of blood clots, stroke, or migraine. The AAP, American College of Obstetricians and Gynecologists (ACOG), U.S. Food and Drug Administration, WHO, Royal College of Obstetricians and Gynaecologists, and other experts on emergency contraception state that there are no medical

conditions in which progestin-only ECPs are contraindicated. RCOG specifically note current venous thromboembolism, current or past history of breast cancer, inflammatory bowel disease, and acute intermittent porphyria as conditions where the advantages of using emergency contraceptive pills generally outweigh the theoretical or proven risks. The herbal preparation of St John's wort and some enzyme-inducing drugs (e.g. anticonvulsants or rifampicin) may reduce the effectiveness of ECP, and a larger dose may be required. The AAP, ACOG, FDA, WHO, RCOG, and experts on emergency contraception have concluded that ECPs, like all other contraceptives, reduce the absolute risk of ectopic pregnancy by preventing pregnancies, and that the best available evidence, obtained from over 7,800 women in randomized controlled trials, indicates there is no increase in the relative risk of ectopic pregnancy in women who become pregnant after using progestin-only ECPs.

Side effects. The most common side effect reported by users of emergency contraceptive pills was nausea (50.5% of 979 Yuzpe regimen users and 23.1% of 977 levonorgestrel-only users in the 1998 WHO trial; 14.3% of 2,720 levonorgestrel-only users in the 2002 WHO trial); vomiting is much less common and unusual with levonorgestrel-only ECPs (18.8% of 979 Yuzpe regimen users and 5.6% of levonorgestrel-only users in the 1998 WHO trial; 1.4% of 2,720 levonorgestrel-only users in the 2002 WHO trial). Anti-emetics are not routinely recommended with levonorgestrel-only ECPs. If a woman vomits within 2 hours of taking a levonorgestrel-only ECP, she should take a further dose as soon as possible. Other common side effects (each reported by less than 20% of levonorgestrel-only users in both the 1998 and 2002 WHO trials) were abdominal pain, fatigue, headache, dizziness, and breast tenderness. Side effects usually do not occur for more than a few days after treatment, and they generally resolve within 24 hours.

Intrauterine device (IUD) for emergency contraception. Postcoital high-dose progestin-only oral contraceptive pills as ongoing contraception.

History. The use of synthetic estrogens as a post coital contraceptive was discovered by Dr. John McLean Morris in 1966. A few different drugs were studied, with a focus on high-dose estrogens, and it was originally hoped that postcoital contraception would prove viable as an ongoing contraceptive method. The first widely used methods were five-day treatments with high-dose estrogens, using diethylstilbestrol (DES) in the US and ethinyl estradiol in the Netherlands. In the early 1970s, the Yuzpe regimen was developed by AA Yuzpe (1974); progestin-only postcoital contraception was investigated (1975); and the copper IUD was first studied for use as emergency contraception (1975). Danazol was tested in the early 1980s in the hopes that it would have fewer side effects than Yuzpe, but was found to be ineffective. The Yuzpe regimen became the standard course of treatment for postcoital contraception in many countries in the 1980s. The first prescription-only combined estrogen-progestin dedicated product, Schering PC4 (ethinylestradiol and norgestrel), was approved in the UK in January 1984 and first marketed in October 1984. Schering introduced a second prescription-only combined product, Tetragynon (ethinylestradiol and levonorgestrel) in Germany in 1985. By 1997, Schering AG dedicated prescription-only combined products had been approved in only 9 countries: the UK (Schering PC4), New Zealand (Schering PC4), South Africa (E-Gen-C), Germany (Tetragynon), Switzerland (Tetragynon), Denmark (Tetragynon), Norway (Tetragynon), Sweden (Tetragynon) and Finland (Neoprimavlar); and had been withdrawn from marketing in New Zealand in 1997 to prevent it being sold over-the-counter. Regular combined oral contraceptive pills (which were less expensive and more widely available) were more commonly used for the Yuzpe regimen even in countries where dedicated

products were available. Over time, interest in progestin-only treatments increased. The Special Program on Human Reproduction (HRP), an international organization whose members include the World Bank and World Health Organization, "played a pioneering role in emergency contraception" by "confirming the effectiveness of levonorgestrel." After the WHO conducted a large trial comparing Yuzpe and levonorgestrel in 1998, combined estrogen-progestin products were gradually withdrawn from some markets ("Preven" in the United States discontinued May 2004, "Schering PC4" in the UK discontinued October 2001, and "Tetragynon" in France) in favor of progestin-only EC, although prescription-only dedicated Yuzpe regimen products are still available in some countries. In 2002, China became the first country in which mifepristone was registered for use as EC. International Consortium for Emergency Contraception. In 1995, the Rockefeller Foundation convened a meeting to discuss emergency contraception. After the meeting, a group of seven international organizations formed The International Consortium for Emergency Contraception (ICEC) to promote EC as a part of mainstream reproductive health care worldwide. Dedicated products for EC were "virtually unknown" in 1995, there was little awareness of EC as an option, and EC was not used as a public health measure. The seven founding member organizations were the Concept Foundation, the International Planned Parenthood Federation (IPPF), the Pacific Institute for Women's Health, the World Health Organization (WHO), the Population Council, Population Services International, and the Program for Appropriate Technology in Health (PATH). The Concept Foundation is the distribution arm of ICEC; its funding for the development of Postinor-2 came from the Rockefeller Foundation and the David and Lucile Packard Foundation, as well as the other ICEC organizations. An ICEC member organization, the International Planned Parenthood Federation (IPPF), has launched its own dedicated levonorgestrel EC product, Optinor.

Conscience Clause. Relationship to high risk sex and abortion. The current (October 2005) "AAP Policy Statement on Emergency Contraception" states: "The concern that widespread emergency contraception use would encourage unprotected coitus in teens is not supported in the literature." The current (December 2005) "ACOG Practice Bulletin on Emergency Contraception" states: "A prominent concern among both women and health care providers is that making emergency contraception more readily available could encourage irresponsible sexual behavior, which would increase the risks of both unintended pregnancy and sexually transmitted diseases. However, numerous studies have shown that this concern is unfounded." The latest (April 2007) review by emergency contraception experts Trussell and Raymond states: "Reported evidence demonstrates that making ECPs more widely available does not increase risk-taking and that women who are the most diligent about ongoing contraceptive use are those most likely to seek emergency treatment." EC and sexual assault. Before EC was used in the general population or defined as "emergency contraception," it was used, beginning in the 1960s and 70s, specifically as a treatment for victims of sexual assault. Pregnancy rates among rape victims of child-bearing age are around 5%; in the U.S., about half of rape victims who become pregnant have abortions. Although EC is commonly used as an option for victims of sexual assault, some researchers believe such use is a public health measure that is not sufficiently widespread.

Mechanism of action. The United States FDA states that progestin-only ECPs like Plan B work by preventing ovulation. It also says "it is possible" that progestin-only ECPs may interfere with the blastocyst implanting in the uterine lining, and that they have no effect on pregnancies if taken after implantation. A number of

studies in the 1970s and 80s concluded that emergency contraception could cause changes in the endometrium that would prevent implantation of an early-stage embryo in the uterus. This research led many pro-life advocates, who believe that pregnancy begins at fertilization, to oppose ECPs as an abortifacient. However, these studies have also shown that, in women who ovulate despite taking ECP before ovulation, there are changes in certain hormones such as progesterone and in the length of luteal phase. These secondary changes might inhibit implantation in cases where fertilization occurs despite ECP use. Because of the difficulty of studying zygotes inside the uterus and fallopian tubes prior to implantation, both sides of this debate concede that completely proving or disproving the theory may be impossible. When used as a regular method of contraception, IUDs have been proven to act primarily through spermicidal and oviducal mechanisms, but it is considered possible that these same mechanisms are also harmful to zygotes that have not yet implanted. Hormonal progestin-only and combined estrogen-progestin emergency contraceptives such as Yuzpe regimen or Plan B differ from the anti-hormonal drug mifepristone (also known as Mifeprex and RU-486). Yuzpe and progestin-only emergency contraception will have no effect if taken after implantation, whereas mifepristone can induce abortion if taken after implantation. United States legal and ethical controversies. A great deal of controversy accompanied the FDA approval of over-the-counter (OTC) access to Plan B. Supporters of over-the-counter access believe that easier access will reduce unintended pregnancy and abortion rates; some abortion opponents believe that EC itself is a form of abortion. The American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and other leading U.S. medical organizations all supported OTC access. An advisory committee to the FDA recommended that Plan B be made available over the counter in 2003. In 2004, the FDA refused the advisory board's recommendation and prohibited over-the-counter sale, citing insufficient evidence that ECPs could be used safely by adolescents without medical supervision. Reproductive rights supporters accused the FDA of basing the decision on political pressure from the pro-life lobby. The Center for Reproductive Rights filed a lawsuit regarding the approval process, which had not been resolved. In the legal proceedings, two senior FDA officials alleged in depositions that the decision to reject the OTC application was made on political, rather than scientific, grounds to "appease the administration's constituents". Depositions taken from other FDA officials do not indicate White House involvement. In 2006, the FDA approved over-the-counter access to Plan B for women 18 years of age and older. In April 2009, the FDA followed the ruling of a New York Federal District Court and loosened the restrictions to allow Duramed Pharmaceuticals to provide Plan B without a prescription to 17-year-olds. However, as of June 2009, Duramed had not yet put a non-prescription Plan B product for 17-year-olds through FDA approval, a process that could take some time. A Massachusetts law that went into effect on 14 December 2005, requires all hospitals in the state to provide emergency contraception to any "female rape victim of childbearing age" including Catholic Hospitals who oppose the provision of emergency contraception. In a letter criticizing the joint UN/WHO "Inter-agency Field Manual on Reproductive Health in Refugee Situations", the Catholic Church explains its belief that emergency contraception, along with IUDs and hormonal contraception, cannot be considered "solely contraceptive because in the case of effective fertilization a chemical abortion would be carried out during the first days of pregnancy." The Catholic position on family planning is

explained further in "Ethical and Religious Directives for Catholic Health Care Services." Because of this expressed moral stance against emergency contraception, the Massachusetts Catholic Conference opposed this law, stating interference with religious freedom. According to "The New England Journal of Medicine", "compelling arguments can be made both for and against a pharmacist's right to refuse prescriptions for emergency contraception." In isolated instances across the United States, pharmacists have refused to dispense emergency contraception even when presented with a legal prescription. In addition, Wal-Mart, the nation's fifth-largest distributor of pharmaceuticals, refused to stock EC, beginning with Preven in 1999. However, Wal-Mart reversed this position when it was announced that stores would sell Plan B in March 2006.

Q249 The following are all types of ECPs. Select all that apply.

- ☐ Ulipristal acetate (1)
 - ☐ Preven (2)
 - ☐ Ovast (3)
 - ☐ Plan B (4)
-

Q250 The latest review by emergency contraception experts in April 2007 states that:

- ☐ EC increases the risk of both unintended pregnancy and STDs (1)
 - ☐ Making EC available would encourage risk-taking (2)
 - ☐ ECPs encourage unprotected coitus in teens (3)
 - ☐ Making ECPs more widely available does not increase risk-taking (4)
-

Q251 True/False: Emergency contraceptive pills are effective shortly before intercourse.

☐ True (1)

☐ False (2)

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Q693 Timing

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Q257

Miami Dolphins. The Miami Dolphins are a professional football team based in the Miami, Florida metropolitan area. They play home games at Sun Life Stadium, in the suburb of Miami Gardens. They are headquartered at the Miami Dolphins Training Facility in Davie, Florida. The Dolphins belong to the Eastern Division of the American Football Conference (AFC) in the National Football League (NFL). The Dolphins were founded by Joseph Robbie, and began play in the American Football League as an expansion team in 1966, an example of that seminal league's expanding the sport to areas that were not then represented. Miami joined the NFL as part of the AFL-NFL merger. The Dolphins are the oldest continuous major-league professional sports franchise in the state of Florida. (The first Florida sports franchise was the Miami Seahawks of the AAFC in 1946.) The team made its first Super Bowl appearance following the 1971 season in Super Bowl VI, but lost to the Dallas Cowboys. In 1972, the Dolphins completed the NFL's first and only perfect season culminating in a Super Bowl win, winning all 14 regular season games, two playoff games and Super Bowl VII. The achievement became the fourth pro football team to accomplish the feat along with the 1937 Los Angeles Bulldogs (16-0-0, AFL), the 1948 Calgary Stampeders (14-0-0, CFL) and the 1948 Cleveland Browns (15-0-0, AAFC). The 1972 Dolphins held the fourth perfect regular season in NFL history, but the other three teams were beaten in the NFL Championship game. The team also won Super Bowl VIII, becoming the first team to appear in three consecutive Super Bowls, and the second team (first AFL/AFC team) to win back-to-back championships. Miami also appeared in Super Bowl XVII and Super Bowl XIX, losing both games. For most of their history, the Dolphins were coached by Don Shula, the most successful head coach in professional football history. His Dolphins teams posted losing records in only two of his 26 seasons with the club. Six future Hall of Fame members played for Miami during the 1970s, including running back Larry Csonka and quarterback Bob Griese. During the 1980s and 1990s quarterback Dan Marino became the most prolific passer in NFL history,

breaking numerous league passing records. He led the Dolphins to five division titles, 10 playoff appearances and Super Bowl XIX before retiring after the 1999 season.

History. Miami joined the American Football League (AFL) when an expansion team franchise and was awarded to lawyer Joseph Robbie and actor Danny Thomas in 1965 for \$7.5 million dollars, although Thomas would eventually sell his stake in the team to Robbie. A contest was held in 1965 to find the name of the new Miami franchise for the American Football League. A total of 19,843 entries were submitted with over a thousand different names. A dozen finalists were screened through by a seven-member committee made up of the local media, names considered included the Mariners, Marauders, Mustangs, Missiles, Moons, Sharks, and Suns. The winning name, "Dolphins," was submitted by 622 entrants. Mrs. Robert Swanson of West Miami won lifetime passes to Dolphin games when her nickname entry successfully predicted the winner and score of the 1965 football game between Notre Dame and the University of Miami, a scoreless tie.

1970s. Before the 1972 Dolphins, only the Chicago Bears, in 1934 and 1942, had finished an NFL regular season with no losses or ties. The 1934 team lost the NFL Championship Game that year to the New York Football Giants, and the 1942 team lost the Championship to the Redskins. The Cleveland Browns were undefeated in the 1948 All-America Football Conference season.

1980s. Killer B's. 1992. 1995. Miami had a solid 10-6 season in 1998 with a career season for receiver O.J. McDuffie, but it was not enough to get past the New York Jets into first place in the division. The Dolphins beat the Bills in the Wild Card round, but lost in the next round to the eventual champion Denver Broncos. (The Broncos lost only two regular season games in 1998, one of which was to the Dolphins.)

1999. In 1999, the team advanced to the playoffs at 9-7. After a close win at Seattle in the Wild Card round 20-17, they suffered the second worst playoff loss in NFL history against the Jacksonville Jaguars: 62-7. Noteworthy, in the 1940 NFL Championship game, the Chicago Bears beat the host Washington Redskins 73-0 for the worst playoff game in history. After the season, Jimmy Johnson left the team and Marino retired.

2002. 2003. 2004. On January 3, 2007, Saban announced that he had accepted a contract for eight years and a guaranteed \$32 million to coach at the University of Alabama. Saban left despite making several public statements in the preceding weeks assuring fans and owner Wayne Huizenga that he would be staying on as coach of the Dolphins. Cam Cameron, previously the offensive coordinator for the San Diego Chargers, was then introduced as the new head coach of the Dolphins.

2007. The Dolphins began their season with Trent Green as their starting quarterback but after four games, Green was put on the injured reserve. For the rest of the way, the Dolphins went with Cleo Lemon and rookie John Beck as their quarterbacks. The Dolphins also suffered another setback with then NFL leading rusher Ronnie Brown went down for the season with a knee injury.

2008. Late in the 2007 season, two-time Super Bowl winning coach Bill Parcells was named Executive Vice President of the Dolphins football operations. Shortly after the season finale, Parcells fired general manager Randy Mueller and on January 3, 2008, head coach Cam Cameron was fired along with almost all of his staff. That same offseason, the Dolphins also parted ways with two Pro Bowlers and long-time Dolphins, releasing linebacker Zach Thomas (who later signed with the Dallas Cowboys) and trading defensive end Jason Taylor to the Washington Redskins for a second round draft pick. Parcells then proceeded to hire Tony Sparano, who was previously an assistant under Parcells during his days as the head coach of the Dallas Cowboys. The Dolphins ultimately took Jake Long, star offensive lineman out of the University of Michigan with the first pick of the 2008 draft and

drafted quarterback Chad Henne with their second round pick (the second consecutive year they drafted a QB in the second round). After the New York Jets traded for Brett Favre and released quarterback Chad Pennington the same day, the Dolphins quickly signed Pennington, who was a former Parcells draft pick.2009.On March 25, 2009 ESPN reporter Chris Mortensen reported that the Dolphins intend to have Chad Henne as the starting quarterback by the 2010 season. That leaves current starting quarterback Chad Pennington's future with the team in doubt after the 2009 season. Henne will receive at least 12 quarters of play in the 2009 preseason to prepare him for the 2010 season.

Stadiums.The Dolphins originally played at all of their home games in the Orange Bowl in Miami, Florida. After the 1986 season, they moved to Joe Robbie Stadium. Later the stadium's name was changed to Pro Player Stadium, Dolphins Stadium, Dolphin Stadium, LandShark Stadium, and, as of January 2010, Sun Life Stadium. The facility is located in Miami Gardens, a suburb of Miami located approximately fifteen miles north of downtown Miami.

Training.According to a local newspaper, St. Petersburg Beach hosted the Dolphins very first training camp in 1966. The players were housed next to Sea World.The Dolphins trained at Biscayne College, later renamed St. Thomas University, from 1970 until 1993.In 1993, the Dolphins opened the Miami Dolphins Training Facility at Nova Southeastern University in Davie, Florida. In 2006, the facility added a domed field which allows the team to practice during thunderstorms which are frequent during summer training camps.

Logos and uniforms.The Dolphins logo and uniforms have remained essentially the same since the team's founding. The team's colors are aqua and orange; navy was added as a trim color in 1997. The logo consists of a flaming hoop (or, sunburst) with a leaping dolphin wearing a football helmet bearing the letter M. At their debut in 1966, the dolphin's head was near the center of the sunburst. By 1974, the dolphin's body was centered on the sunburst. The most substantial revision took place in 1997: the sunburst was simplified and the dolphin was darkened and given a more serious game-face expression.The uniform features white helmets with either white or aqua jerseys and either white or aqua pants. The pants are composed of a high grade cotton/lycra polymer. The most substantial revisions took place in 1997. Navy was introduced as a trim color. The logo was reworked to make the dolphin appear proportionally larger and more three-dimensional in effect. The hashmarks around the perimeters of the logo's sunburst were removed. Navy drop shadows were added to the uniform numbers. The new road uniform featured aqua rather than white pants. The Dolphins made a cameo appearance in.

For much of their history the Dolphins have worn their white jerseys at home for daytime games, thus forcing their opponents to suffer in their darker jerseys in the humid weather that is typical of South Florida for most of the year. The aqua home jerseys are typically worn for night games. The Dolphins began this tradition during the perfect season of 1972 and have continued it ever since. Aqua jerseys are also sometimes worn for road games against the other two teams known for wear San Diego Chargers, or other teams who choose to wear white at home in the early season. Miami and Dallas are the only NFL teams that wear white jerseys throughout the season. Washington only wears white for the first half of the season.In 2003 the Dolphins introduced an alternate orange jersey worn once each season for home night contests in 2003 and 2004. They recorded wins both times, against Washington in 2003 and New England in 2004. The alternate jersey was worn again on Monday Night Football against the New York Jets on October 12, 2009.The Dolphins also won this game, 31-27.On three occasions the Dolphins have worn an all-aqua combination for prime-time games: a win over the Chicago Bears in

2002, a loss to the Philadelphia Eagles in 2003, and a win over the Cleveland Browns in 2004. For 2008 the navy blue drop shadow on the uniform numbers were thinned in order to make them easier to read. Despite rumors, the Dolphins have no plans to change the logo. Fight song. The Dolphins fight song is played once at every home game at the end of the third quarter. The song was written and composed by Lee Ofman. Ofman approached the Dolphins with it before the 1972 season because he wanted music to inspire his favorite team. The fight song would soon serve as a good luck charm for the Dolphins that season. The Dolphins became the first team in NFL history to record an undefeated season, going 17-0 en route to victory over the Washington Redskins in Super Bowl VII. The following season, Miami posted an equally impressive 15-2 record, and capped the season with another title, defeating the Minnesota Vikings in Super Bowl VIII. The back-to-back championship runs, coupled with the popularity of the fight song amongst Dolphins fans, have ensured the song's longevity. The Dolphins revealed a new fight song by T-Pain & Jimmy Buffett featuring Pitbull on August 7, 2009 which will be introduced for the '09/10 NFL season. The fight song was played during the preseason home opener against the Jacksonville Jaguars on August 17, 2009, but was not played during the second preseason game against the Carolina Panthers on August 22, 2009 after being booed heavily in the first game. Furthermore, the team has preferred to play Buffett's song "Fins" after scores during the 2009 regular season instead of the traditional fight song. The Dolphins shorthand nickname, "The Fins," has been recognized and used by the team.

Cheerleaders. The team's cheerleaders are known collectively as the Miami Dolphins Cheerleaders. The company had its debut in 1978 as the Dolphins Starbrites. (The name referred to the co-sponsor, Starbrite Car Polish.) The cheerleaders' founding choreographer was June Taylor, famed colleague of Jackie Gleason, who led the squad until her retirement in 1990. The Dolphin Dolls, a 125-member pep squad of girls aged 8 to 18, cheered the team at home games from 1966 to 1977.

T.D.. On Friday, April 18, 1997, the first "official" mascot of the Miami Dolphins was introduced. The 7 foot mascot made his public debut on April 19 at Pro Player Stadium during the team's draft day party. The team then made a "Name the Mascot" contest that drew over 13,000 entries covering all 50 states and 22 countries. 529 names were suggested. The winning entry, was announced at the annual Dolphins Awards Banquet on June 4, 1997.

Dolfan Denny Flipper. From 1966 to 1968 a live dolphin who was situated in a fish tank in the open (east) end of the Orange Bowl. He would jump in the tank and celebrate touchdowns and field goals. Flipper was removed from the Orange Bowl after 1968 in order to save costs. In "Ace Ventura", a live dolphin who did tricks after the Dolphins scored a touchdown named Snowflake was the basis of the film after he is kidnapped as part of a revenge plot against Dan Marino.

Pro Football Hall of Famers. Each of these players is honored with a placard on the facing of the upper level of one end zone at Sun Life Stadium. So is team founder-owner Joe Robbie, who has not yet been elected to the Hall of Fame. In place of a uniform number, Shula has the number 347, representing his record number of NFL coaching victories, 274 of them as Dolphins head coach.

Q258 Which of the following are facts about the Miami Dolphins mentioned in the reading?
Select all that apply.

- ☐ They are headquartered in Miami, Florida (1)
 - ☐ They were Founded by Joseph Robbie (2)
 - ☐ They made their first Super Bowl Appearance in 1970 (3)
 - ☐ They were the first team to appear in three consecutive Super Bowls (4)
-

Q259 Which change was made to the Dolphin's logo or uniforms?

- ☐ The dolphin was centered on the bottom of the sunburst (1)
 - ☐ Orange was introduced as a trim color in 1997 (2)
 - ☐ The dolphin was reworked to appear proportionally larger (3)
 - ☐ The perimeter around the sunburst were darkened (4)
-

Q260 True/False: The Dolphins became the first team to have an undefeated season in NFL history.

- ☐ True (1)
- ☐ False (2)

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Q266

Multiple inheritance. Multiple inheritance refers to a feature of some object-oriented programming languages in which a class can inherit behaviors and features from more than one superclass. This contrasts with single inheritance, where a class may inherit from at most one superclass. Languages that support multiple inheritance include: Eiffel, C++, Dylan, Python, Perl, Perl 6, Curl, Common Lisp (via CLOS), OCaml, Tcl (via Incremental Tcl), and Object REXX (via the use of mixin classes). Overview. Multiple inheritance allows a class to take on functionality from multiple other classes, such as allowing a class named codice_1 to inherit from a class named codice_2, a class named codice_3, and a class named codice_4. This can be abbreviated codice_5. If a compiler is looking at the class StudentMusician it needs to know whether it should join identical features together, or whether they should be separate features. For instance, it would make sense to join the "Age" features of Person together for StudentMusician. A person's age doesn't change if you consider them a Person, a Worker, or a Musician. It would, however, make sense to separate the feature "Name" in Person and Musician if they use a different stage name than their given name. The options of joining and separating are both valid in their own context and only the programmer knows which option is correct for the class they are designing. Languages have different ways of dealing with these problems of repeated inheritance. Smalltalk, Objective-C, Delphi, Java, Nemerle, and PHP do not allow multiple inheritance, and this avoids any ambiguity. However, all but Smalltalk allow classes to implement multiple interfaces. Criticisms. Multiple inheritance in languages with C++/Java style constructors exacerbates the inheritance problem of constructors and constructor chaining, thereby creating maintenance and extensibility problems in these languages. Objects in inheritance relationships with greatly varying construction methods are hard to implement under the constructor chaining paradigm. There are languages that address these technical issues, however.

Q267 Which languages support multiple inheritance? Select all that apply.

- ☐ Dylan (1)
 - ☐ Python (2)
 - ☐ Perl 5 (3)
 - ☐ Tel (4)
-

Q268 Which languages allow multiple interfaces? Select all that apply.

- ☐ Number (1)
 - ☐ Small Talk (2)
 - ☐ Java (3)
 - ☐ PHP (4)
-

Q269 True/False: Smalltalk and nemerle do not allow multiple inheritance.

- ☐ True (1)
- ☐ False (2)

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Q695 Timing
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Q270

Madeline Amy Sweeney. Flight 11. On September 11, Amy Sweeney was asked by American Airlines to take an extra shift, because the other crew member who was assigned to the position was ill. Normally, she would only work on weekends. During the hijacking, she used an airphone to call the flight operations center. She reached Michael Woodward, the manager on duty. She relayed information about the hijackers' seats, and described them as middle easterners. She also reported that two flight attendants and a passenger were injured. During the last minutes of the call, she said that the aircraft was flying erratically and that they were descending very rapidly. Ms. Sweeney was 34 years old when she was killed. She had been a flight attendant for 12 years. She was survived by her husband and two children, ages 4 and 6. They lived in Acton, Massachusetts. Commemoration. On February 11, 2002, Sweeney was commemorated in a series of new annual bravery awards initiated by the Massachusetts government. The annual Madeline Amy Sweeney Award for Civilian Bravery is awarded every September 11 to at least one Massachusetts resident who displayed extraordinary courage in defending or saving the lives of others. The first recipients were Ms. Sweeney and fellow flight attendant Betty Ong, who had also relayed information about the hijacking to personnel on the ground. Pilot John Ogonowski also received a posthumous award for turning a radio switch on, which allowed ground control to listen to remarks being made by the hijackers. They were all residents of Massachusetts. Relatives of all three accepted the awards on their behalf.

Q271 What did Amy Sweeney relay to Michael Woodward? Select all that apply.

- ☐ The hijackers' seats (1)
 - ☐ Her location on the plane (2)
 - ☐ The hijackers' ethnicity (3)
 - ☐ Number of injured (4)
-

Q272 Which individual turned on the radio switch that allowed ground control to listen to the hijackers?

- ☐ Amy Sweeney (1)
 - ☐ Betty Ong (2)
 - ☐ John Ogonowsky (3)
 - ☐ Michael Woodward (4)
-

Q273 True/False: The first recipients for the Madeline Amy Sweeney Award besides Sweeney were Betty Ong and Josh Ogonowsky.

- ☐ True (1)
- ☐ False (2)

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Q696 Timing
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Q659

European influence in Afghanistan. The European influence in Afghanistan refers to political, social, and sometimes imperialistic influence several European nations have had on this historical development of Afghanistan. Rise of Dost Mohammad Khan. In 1823, with the end of the Durrani Empire, Dost Mohammad Khan became the Emir of Afghanistan. It was not until 1826 that the energetic Dost Mohammad Khan was able to exert sufficient control over his brothers to take over the throne in Kabul, where he proclaimed himself the Shah. Dost Mohammad achieved prominence among his brothers through clever use of the support of his mother's Qizilbash tribesmen and his own youthful apprenticeship under his brother, Fateh Khan. Among the many problems he faced was repelling Sikh encroachment on the Pashtun

areas east of the Khyber Pass. After working assiduously to establish control and stability in his domains around Kabul, the Shah next chose to confront the Sikhs. In 1834 Dost Mohammad defeated an invasion by the former ruler, Shuja Shah Durrani, but his absence from Kabul gave the Sikhs the opportunity to expand westward. Ranjit Singh's forces occupied Peshawar, moving from there into territory ruled directly by Kabul. In 1836 Dost Mohammad's forces, under the command of his son Mohammad Akbar Khan, defeated the Sikhs at Jamrud, a post fifteen kilometres west of Peshawar. This was a pyrrhic victory and they failed to fully dislodge the Sikhs from Jamrud. The Afghan leader did not follow up this triumph by retaking Peshawar, however, but instead contacted Lord Auckland, the new British governor general in British India, for help in dealing with the Sikhs. With this letter, Dost Mohammad formally set the stage for British intervention in Afghanistan. At the heart of the Great Game lay the willingness of Britain and Russia to subdue, subvert, or subjugate the small independent states that lay between Russia and British India. The Great Game. The British became the major power in the Indian sub-continent after the Treaty of Paris (1763) and began to show interest in Afghanistan as early as their 1809 treaty with Shuja Shah Durrani. It was the threat of the expanding Russian Empire beginning to push for an advantage in the Afghanistan region that placed pressure on British India, in what became known as the "Great Game". The Great Game set in motion the confrontation of the British and Russian empires, whose spheres of influence moved steadily closer to one another until they met in Afghanistan. It also involved Britain's repeated attempts to impose a puppet government in Kabul. The remainder of the nineteenth century saw greater European involvement in Afghanistan and her surrounding territories and heightened conflict among the ambitious local rulers as Afghanistan's fate played out globally. At the same time, the Russians feared permanent British occupation in Central Asia as the British encroached northward, taking the Punjab, Sindh, and Kashmir; later to become Pakistan. The British viewed Russia's absorption of the Caucasus, the Kyrgyz and Turkmen lands, the Khanate of Khiva, and the Emirate of Bukhara with equal suspicion as a threat to their interests in the Asian subcontinent. In addition to this rivalry between Britain and Russia, there were two specific reasons for British concern over Russia's intentions. First was the Russian influence at the Iranian court, which prompted the Russians to support Iran in its attempt to take Herat, historically the western gateway to Afghanistan and northern India. In 1837 Iran advanced on Herat with the support and advice of Russian officers. The second immediate reason was the presence in Kabul in 1837 of a Russian agent, Captain P. Vitkevich, who was ostensibly there, as was the British agent Alexander Burnes, for commercial discussions. The British demanded that Dost Mohammad sever all contact with the Iranians and Russians, remove Vitkevich from Kabul, surrender all claims to Peshawar, and respect Peshawar's independence as well as that of Kandahar, which was under the control of his brothers at the time. In return, the British government intimated that it would ask Ranjit Singh to reconcile with the Afghans. When Auckland refused to put the agreement in writing, Dost Mohammad turned his back on the British and began negotiations with Vitkevich. In 1838 Auckland, Ranjit Singh, and Shuja signed an agreement stating that Shuja would regain control of Kabul and Kandahar with the help of the British and Sikhs; he would accept Sikh rule of the former Afghan provinces already controlled by Ranjit Singh, and that Herat would remain independent. In practice, the plan replaced Dost Mohammad with a British figurehead whose autonomy would be as limited as that of other Indian princes. It soon became apparent to the British that Sikh participation,

advancing toward Kabul through the Khyber Pass while Shuja and the British advanced through Kandahar, would not be forthcoming. Auckland's plan in the spring of 1838 was for the Sikhs to place Shuja on the Afghan throne, with British support. By the end of the summer however, the plan had changed; now the British alone would impose the pliant Shuja Shah. First Anglo-Afghan War, 1838-1842. To justify his plan, the Governor-General of India Lord Auckland issued the Simla Manifesto in October 1838, setting forth the necessary reasons for British intervention in Afghanistan. The manifesto stated that in order to ensure the welfare of India, the British must have a trustworthy ally on India's western frontier. The British pretense that their troops were merely supporting Shah Shuja's small army in retaking what was once his throne fooled no one. Although the Simla Manifesto stated that British troops would be withdrawn as soon as Shuja was installed in Kabul, Shuja's rule depended entirely on British arms to suppress rebellion and on British funds to buy the support of tribal chiefs. The British denied that they were invading Afghanistan, instead claiming they were merely supporting its legitimate Shuja government "against foreign interference and factious opposition". In November 1841 insurrection and massacre flared up in Kabul. The British vacillated and disagreed and were beleaguered in their inadequate cantonments. The British negotiated with the most influential sirdars, cut off as they were by winter and insurgent tribes from any hope of relief. Muhammad Akbar Khan, son of the captive Dost Muhammad, arrived in Kabul and became effective leader of the sirdars. At a conference with them Sir William MacNaghten was killed, but in spite of this, the sirdars' demands were agreed to by the British and they withdrew. During the withdrawal they were attacked by Ghilzai tribesmen and in running battles through the snowbound passes nearly the entire column of 4,500 troops and 12,000 civilians were massacred. Of the British only one, Dr. William Brydon, reached Jalalabad, while a few others were captured. Afghan forces loyal to Akbar Khan besieged the remaining British contingents at Kandahar, Ghazni and Jalalabad. Ghazni fell, but the other garrisons held out, and with the help of reinforcements from India their besiegers were defeated. While preparations were under way for a renewed advance on Kabul, the new Governor-General Lord Ellenborough ordered British forces to leave Afghanistan after securing the release of the prisoners from Kabul and taking reprisals. The forces from Kandahar and Jalalabad again defeated Akbar Khan, retook Ghazni and Kabul, inflicted widespread devastation and rescued the prisoners before withdrawing through the Khyber Pass.

Mid-nineteenth century. By 1854 the British wanted to resume relations with Dost Mohammad, whom they had essentially ignored in the intervening twelve years. The 1855 Treaty of Peshawar reopened diplomatic relations, proclaimed respect for each side's territorial integrity, and pledged both sides as friends of each other's friends and enemies of each other's enemies. In 1857 an addendum to the 1855 treaty permitted a British military mission to become a presence in Kandahar (but not Kabul) during a conflict with the Persians, who had attacked Herat in 1856. During the Indian Rebellion of 1857, some British officials suggested restoring Peshawar to Dost Mohammad, in return for his support against the rebellious sepoys of the Bengal Army, but this view was rejected by British political officers on the North West frontier, who believed that Dost Mohammad would see this as a sign of weakness and turn against the British. In 1863 Dost Mohammad retook Herat with British acquiescence. A few months later, he died. Sher Ali Khan, his third son, and proclaimed successor, failed to recapture Kabul from his older brother, Mohammad Afzal (whose troops were led by his son, Abdur Rahman) until 1868, after which Abdur Rahman retreated across the Amu Darya and bided his time. In the years immediately

following the First Anglo-Afghan War, and especially after the Indian rebellion of 1857 against the British in India, Liberal Party governments in London took a political view of Afghanistan as a buffer state. By the time Sher Ali had established control in Kabul in 1868, he found the British ready to support his regime with arms and funds, but nothing more. Over the next ten years, relations between the Afghan ruler and Britain deteriorated steadily. The Afghan ruler was worried about the southward encroachment of Russia, which by 1873 had taken over the lands of the khan, or ruler, of Khiva. Sher Ali sent an envoy seeking British advice and support. The previous year the British had signed an agreement with the Russians in which the latter agreed to respect the northern boundaries of Afghanistan and to view the territories of the Afghan amir as outside their sphere of influence. The British, however, refused to give any assurances to the disappointed Sher Ali.

Second Anglo-Afghan War, 1878-1880. After tension between Russia and Britain in Europe ended with the June 1878 Congress of Berlin, Russia turned its attention to Central Asia. That same summer, Russia sent an uninvited diplomatic mission to Kabul. Sher Ali tried, but failed, to keep them out. Russian envoys arrived in Kabul on 22 July 1878 and on 14 August, the British demanded that Sher Ali accept a British mission too. The amir not only refused to receive a British mission but threatened to stop it if it were dispatched. Lord Lytton, the viceroy, ordered a diplomatic mission to set out for Kabul in September 1878 but the mission was turned back as it approached the eastern entrance of the Khyber Pass, triggering the Second Anglo-Afghan War. A British force of about 40,000 fighting men was distributed into military columns which penetrated Afghanistan at three different points. An alarmed Sher Ali attempted to appeal in person to the tsar for assistance, but unable to do so, he returned to Mazari Sharif, where he died on 21 February 1879. Yaqub Khan, suspected of complicity in the massacre of Cavagnari and his staff, was obliged to abdicate. The British considered a number of possible political settlements, including partitioning Afghanistan between multiple rulers or placing Yaqub's brother Ayub Khan on the throne, but ultimately decided to install his cousin Abdur Rahman Khan as emir instead. Ayub Khan, who had been serving as governor of Herat, rose in revolt, defeated a British detachment at the Battle of Maiwand in July 1880 and besieged Kandahar. Roberts then led the main British force from Kabul and decisively defeated Ayub Khan in September at the Battle of Kandahar, bringing his rebellion to an end. Abdur Rahman had confirmed the Treaty of Gandamak, leaving the British in control of the territories ceded by Yaqub Khan and ensuring British control of Afghanistan's foreign policy in exchange for protection and a subsidy. Abandoning the provocative policy of maintaining a British resident in Kabul, but having achieved all their other objectives, the British withdrew.

The Iron Amir, 1880-1901. As far as British interests were concerned, Abdur Rahman answered their prayers: a forceful, intelligent leader capable of welding his divided people into a state; and he was willing to accept limitations to his power imposed by British control of his country's foreign affairs and the British buffer state policy. His twenty-one-year reign was marked by efforts to modernize and establish control of the kingdom, whose boundaries were delineated by the two empires bordering it. Abdur Rahman turned his considerable energies to what evolved into the creation of the modern state of Afghanistan. He achieved this consolidation of Afghanistan in three ways. He suppressed various rebellions and followed up his victories with harsh punishment, execution, and deportation. He broke the stronghold of Pashtun tribes by forcibly transplanting them. He transplanted his most powerful Pashtun enemies, the Ghilzai, and other tribes from southern and south-central Afghanistan to areas north of the Hindu Kush with predominantly

non-Pashtun populations. The last non-Muslim Afghans of Kafiristan north of Kabul were forcefully converted to Islam. Finally, he created a system of provincial governorates different from old tribal boundaries. Provincial governors had a great deal of power in local matters, and an army was placed at their disposal to enforce tax collection and suppress dissent. Abdur Rahman kept a close eye on these governors, however, by creating an effective intelligence system. During his reign, tribal organization began to erode as provincial government officials allowed land to change hands outside the traditional clan and tribal limits. In addition to forging a nation from the splintered regions comprising Afghanistan, Abdur Rahman tried to modernize his kingdom by forging a regular army and the first institutionalized bureaucracy. Despite his distinctly authoritarian personality, Abdur Rahman called for a loya jirga, an assemblage of royal princes, important notables, and religious leaders. According to his autobiography, Abdur Rahman had three goals: subjugating the tribes, extending government control through a strong, visible army, and reinforcing the power of the ruler and the royal family. During his visit to Rawalpindi in 1885, the Amir requested the Viceroy of India to depute Muslim Envoy to Kabul having noble birth and of ruling family background. Mirza Atta Ullah Khan, Sardar Bahadur s/o Khan Bahadur Mirza Fakir Ullah Khan (Saman Burj Wazirabad), a direct descendent of Jarra Rajput Rajas of Rajauri was selected and approved by the Amir to be the British Envoy to Kabul. Abdur Rahman also paid attention to technological advancement. He brought foreign physicians, engineers (especially for mining), geologists, and printers to Afghanistan. He imported European machinery and encouraged the establishment of small factories to manufacture soap, candles, and leather goods. He sought European technical advice on communications, transport, and irrigation. Local Afghan tribes strongly resisted this modernization. Workmen making roads had to be protected by the army against local warriors. Nonetheless, despite these sweeping internal policies, Abdur Rahman's foreign policy was completely in foreign hands. The first important frontier dispute was the Panjdeh crisis of 1885, precipitated by Russian encroachment into Central Asia. Having seized the Merv (now Mary) Oasis by 1884, Russian forces were directly adjacent to Afghanistan. Claims to the Panjdeh Oasis were in debate, with the Russians keen to take over all the region's Turkoman domains. After battling Afghan forces in the spring of 1885, the Russians seized the oasis. Russian and British troops were quickly alerted, but the two powers reached a compromise; Russia was in possession of the oasis, and Britain believed it could keep the Russians from advancing any farther. Without an Afghan say in the matter, the Joint Anglo-Russian Boundary Commission agreed the Russians would relinquish the farthest territory captured in their advance but retain Panjdeh. This agreement on these border sections delineated for Afghanistan a permanent northern frontier at the Amu Darya but also the loss of much territory, especially around Panjdeh. The second section of Afghan border demarcated during Abdur Rahman's reign was in the Wakhan Corridor. The British insisted Abdur Rahman accept sovereignty over this remote region where unruly Kyrgyz held sway, he had no choice but to accept Britain's compromise. In 1895 and 1896 another Joint Anglo-Russian Boundary Commission agreed on the frontier boundary to the far northeast of Afghanistan, which bordered Chinese territory (although the Chinese did not formally accept this as a boundary between the two countries until 1964.) For Abdur Rahman, delineating the boundary with India (through the Pashtun area) was far more significant, and it was during his reign that the Durand Line was drawn. Under pressure, Abdur Rahman agreed in 1893 to accept a mission headed by the British Indian foreign secretary, Sir

Mortimer Durand, to define the limits of British and Afghan control in the Pashtun territories. Boundary limits were agreed on by Durand and Abdur Rahman before the end of 1893, but there is some question about the degree to which Abdur Rahman willingly ceded certain regions. There were indications that he regarded the Durand Line as a delimitation of separate areas of political responsibility, not a permanent international frontier, and that he did not explicitly cede control over certain parts (such as Kurram and Chitral) that were already in British control under the Treaty of Gandamak. The Durand Line cut through tribes and bore little relation to the realities of demography or military strategy. The line laid the foundation not for peace between the border regions, but for heated disagreement between the governments of Afghanistan and British India, and later, Afghanistan and Pakistan over what came to be known as the issue of Pashtunistan or 'Land of the Pashtuns'. (See Siege of Malakand). The clearest manifestation that Abdur Rahman had established control in Afghanistan was the peaceful succession of his eldest son, Habibullah Khan, to the throne on his father's death in October 1901. Although Abdur Rahman had fathered many children, he groomed Habibullah to succeed him, and he made it difficult for his other sons to contest the succession by keeping power from them and sequestering them in Kabul under his control. Habibullah Khan, Abdur Rahman Khan's eldest son and child of a slave mother, kept a close watch on the palace intrigues revolving around his father's more distinguished wife (a granddaughter of Dost Mohammad), who sought the throne for her own son. Although made secure in his position as ruler by virtue of support from the army which was created by his father, Habibullah was not as domineering as Abdur Rahman. Consequently, the influence of religious leaders as well as that of Mahmud Tarzi, a cousin of the king, increased during his reign. Mahmud Tarzi, a highly educated, well-traveled poet and journalist, founded an Afghan nationalist newspaper with Habibullah's agreement, and until 1919 he used the newspaper as a platform for rebutting clerical criticism of Western-influenced changes in government and society, for espousing full Afghan independence, and for other reforms. Tarzi's passionate Afghan nationalism influenced a future generation of Asian reformers. The boundary with Iran was firmly delineated in 1904, replacing the ambiguous line made by a British commission in 1872. Agreement could not be reached, however, on sharing the waters of the Helmand River. Like all foreign policy developments of this period affecting Afghanistan, the conclusion of the "Great Game" between Russia and Britain occurred without the Afghan ruler's participation.

Q660 When did Dost Mohammad Khan become the Shah in Kabul?

- ☐ 1823 (1)
 - ☐ 1826 (2)
 - ☐ 1832 (3)
 - ☐ 1862 (4)
-

Q661 True/False: Dost's forces was controlled by his brother Fateh Khan.

- ☐ True (1)
 - ☐ False (2)
-

Q662 What did Abdur Rahman hope to accomplish? Select all that apply.

- ☐ Control all tribes. (1)
- ☐ Maintaining power for the leader and his/her family. (2)
- ☐ Increasing government control through spies and assassins. (3)
- ☐ Raise a son to become his successor. (4)

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Q697 Timing

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Q274

Malcolm III of Scotland. Malcolm's second wife, Saint Margaret of Scotland, was later beatified and is Scotland's only royal saint. However, Malcolm himself gained no reputation for piety. With the notable exception of Dunfermline Abbey he is not definitely associated with major religious establishments or ecclesiastical reforms. Background. According to an alternative version, Malcolm's mother took both sons into exile at the court of Thorfinn Sigurdsson, Earl of Orkney, an enemy of Macbeth's family, and perhaps Duncan's kinsman by marriage. Malcolm and Ingibjorg. If the Orderic Vitalis is to be relied upon, one of Malcolm's earliest actions as King may have been to travel south to the court of Edward the Confessor in 1059 to arrange a marriage with Edward's kinswoman Margaret, who had arrived in England two years before from Hungary. If he did visit the English court, he was the first reigning King of Scots to do so in more than eighty years. If a marriage agreement was made in 1059, however, it was not kept, and this may explain the Scots invasion of Northumbria in 1061 when Lindisfarne was plundered. Equally, Malcolm's raids in Northumbria may have been related to the disputed "Kingdom of the Cumbrians", reestablished by Earl Siward in 1054, which was under Malcolm's control by 1070. Malcolm's marriage to Ingibjorg secured him peace in the north and west. The "Heimskringla" tells that her father Finn had been an adviser to Harald Hardraade and, after falling out with Harald, was then made an Earl by Sweyn Estridsson, King of Denmark, which may have been another recommendation for the match. Malcolm enjoyed a peaceful relationship with the Earldom of Orkney, ruled jointly by his stepsons, Paul and Erlend Thorfinnsson. The "Orkneyinga Saga" reports strife with Norway but this is probably misplaced as it associates this with Magnus Barefoot, who became king of Norway only in 1093, the year of Malcolm's death. Malcolm and Margaret. In 1069 the exiles returned to England, to join a spreading revolt in the north. Even though Gospatric and Siward's son Waltheof submitted by the end of the year, the arrival of a Danish army under Sweyn Estridsson seemed to ensure that William's position remained weak. Malcolm decided on war, and took his army south into Cumbria and across the Pennines, wasting Teesdale and Cleveland then marching north, loaded with loot, to Wearmouth. There Malcolm met Edgar and his family, who were invited to return with him, but did not. As Sweyn had by now been bought off with a large Danegeld, Malcolm took his army home. In reprisal, William sent Gospatric to raid Scotland through Cumbria. In return, the Scots fleet raided the Northumbrian coast where Gospatric's possessions were concentrated. Late in the year, perhaps shipwrecked on their way to a European exile, Edgar and his family again arrived in Scotland, this time to remain. By the end of 1070, Malcolm had married Edgar's sister Margaret, the future Saint Margaret of Scotland. In 1072, with the Harrying of the North completed and his position again secure, William of Normandy came north with an army and a fleet. Malcolm met William at Abernethy and, in the words of the Anglo-Saxon Chronicle "became his man" and handed over his eldest son Duncan as a hostage and arranged peace between William and Edgar. Accepting the overlordship of the king of the English was no novelty, previous kings had done so without result. The same was true of Malcolm; his agreement with the English king was followed by further raids into Northumbria, which led to further trouble in the earldom and the killing of Bishop William Walcher at Gateshead. In 1080, William sent his son Robert Curthose north with an army while his brother Odo punished the Northumbrians. Malcolm again made peace, and this time kept it for over a decade. Malcolm and William Rufus. In 1092, the peace began to break down. Based

on the idea that the Scots controlled much of modern Cumbria, it had been supposed that William Rufus's new castle at Carlisle and his settlement of English peasants in the surrounds was the cause. However, it is unlikely that Malcolm did control Cumbria, and the dispute instead concerned the estates granted to Malcolm by William Rufus's father in 1072 for his maintenance when visiting England. Malcolm sent messengers to discuss the question and William Rufus agreed to a meeting. Malcolm travelled south to Gloucester, stopping at Wilton Abbey to visit his daughter Edith and sister-in-law Cristina. Malcolm arrived there on 24 August 1093 to find that William Rufus refused to negotiate, insisting that the dispute be judged by the English barons. This Malcolm refused to accept, and returned immediately to Scotland. Death. Malcolm's body was taken to Tynemouth Priory for burial, where it remains to this day. A body of a local farmer was sent north for burial in Dunfermline Abbey in the reign of his son Alexander or perhaps on Iona. On 19 June 1250, following the canonisation of Malcolm's wife Margaret by Pope Innocent IV, Margaret's remains were disinterred and placed in a reliquary. Tradition has it that as the reliquary was carried to the high altar of Dunfermline Abbey, past Malcolm's grave, it became too heavy to move. As a result, Malcolm's remains were also disinterred, and buried next to Margaret beside the altar. Depictions in fiction. Malcolm's accession to the throne, as modified by tradition, is the climax (and finale) of "Macbeth" by William Shakespeare. An imaginary version of Malcolm's reign is portrayed in the modern sequels "The Tragedy of Macbeth Part II" by Noah Lukeman and "Dunsinane" by David Greig. Ancestry. Ancestors of Malcolm III of Scotland

Q275 What was one of Malcolm's earliest actions as King?

- ☐ To take his army south into Cumbria (1)
 - ☐ To secure peace in the north and west (2)
 - ☐ To pass a series of laws and rules (3)
 - ☐ To travel south to arrange a marriage (4)
-

Q276 The Earldom of Orkney was ruled jointly by:

- ☐ William and Gospatric Cumbria (1)
 - ☐ Paul and Erlend Thorfinnsson (2)
 - ☐ Cleveland and Sweyn Estridsson (3)
 - ☐ Jack and Harold Fender (4)
-

Q277 True/False: Malcolm's body was sent to Tynemouth Priory for cremation.

- ☐ True (1)
- ☐ False (2)

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Q698 Timing

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Q82

I am going to get a hamster in a few weeks, or maybe a month! I have been waiting for a hamster for years, so I don't want to wait another day! She's going to have a big home with lots of paper towel rolls to eat, or even sleep in. My little hamster is going to bite me in the beginning, as hamsters are nervous, but we're going to end up being best friends. She's going to sit on my shoulder as I do the dishes or do my homework. When I'm reading my favorite book, sleeping, or when I'm showering, my hamster needs to go back to her home. I think that she is going to pee without warning and at the worst times, I am going to scratch her little belly and love her all the more when she pushes carrots into her mouth. I am sure that my little hamster is going to get into a lot more trouble, too. Maybe she'll be scared of thunder and try to run away. Or maybe she'll be so curious about going outside to the street that she might get hurt. I do not care about the amount of trouble that my little hamster gets into I'll always make

sure she has water to drink, food to eat, and love from my heart.

Q83 True/False: One thing that hamsters eat are paper tower rolls.

- ☐ True (1)
- ☐ False (2)
-

Q84 Which of the following does the narrator not worry about their hamster?

- ☐ The hamster will run away. (1)
- ☐ The hamster will pee when least expected. (2)
- ☐ The hamster will make a mess in the house. (3)
- ☐ The hamster will get lost in the house. (4)
-

Q85 During which activities does the hamster sit on the narrator's shoulder? Select all that apply.

- ☐ Do the dishes (1)
- ☐ Sleeping (2)
- ☐ Reading (3)
- ☐ Finish homework (4)

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Q699 Timing

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Q26

Today is Tommy's birthday! Everyone is getting ready for his great birthday party. He's been waiting all week for this day. His friends start to arrive at his house. All he wants is a new bike and the time to open presents is getting closer. After cake and games, his father yells, "Time for presents". One after another, he sees they are all great presents, fire trucks, coloring books, toys, but there is no bike. Tommy starts to get upset when he sees that he opened all his presents and he still has no bike. But right then he sees his mother wheeling a bike through the kitchen into the living room where we are. He jumps in the air with all the excitement. He actually got it! He then runs outside and rides his new bike down the street.

Q27 True/False: Presents were opened before cake and games.

☐ True (1)

☐ False (2)

Q28 Which present did Tommy look forward to the most?

☐ Toy fire truck (1)

☐ Coloring book (2)

☐ Bike (3)

☐ Money (4)

Q29 Which of the following occurred at Tommy's party? Select all that apply.

- ☐ His father gave Tommy his new bike. (1)
- ☐ Tommy received the bike last out of all of his presents. (2)
- ☐ Tommy remained confident throughout the party that he would get a bike. (3)
- ☐ Tommy headed to the street at the end of the party. (4)

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Q700 Timing

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Q86

Tammy was a purple tiger. She was friends with Bobby the blue bird. They were hungry so they went to the store together. At the store they saw some friends. They saw Pat the pink panther. They also saw Roger the red rabbit. Pat bought potatoes and eggs. Roger bought carrots and celery. Tammy bought some salad. Tammy also bought a pizza. Bobby bought seeds. They all wanted to eat dinner. They went back to Tammy's house to have supper. Tammy ate salad and seeds. Roger ate carrots and celery. Bobby ate potatoes. Pat ate eggs and carrots. Tammy was still hungry, so she ate some pizza too. They were all very full. They took a nap. After they woke up they played some games. Everyone had fun at Tammy's house. It got late and everyone went home. Tammy was pleased with how it turned out.

Q87 True/False: Tammy the tiger and Bobby the bird are purple and blue, respectively.

- ☐ True (1)
- ☐ False (2)
-

Q88 What did the animals do right after they dinner?

- ☐ Play games (1)
- ☐ Went home (2)
- ☐ Took a nap (3)
- ☐ Went back to the store (4)
-

Q89 Which is true about the animals and the food they ate for dinner? Select all that apply.

- ☐ Roger ate celery and carrots. (1)
- ☐ Pat did not eat potatoes. (2)
- ☐ Bobby ate eggs and carrots. (3)
- ☐ Tammy is the only one who ate a pizza. (4)

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Q701 Timing
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Click Count (4)

Q90

The bird by the river chirped twice before breaking into song, to tell all the other animals to sing along. The dog barked, the other birds sang, the squirrel squeaked, and the rabbit clapped its ears together. The cat did not because his mouth was hot from some very strong mustard. He thought to himself that he wouldn't have eaten that hot dog if he knew it was on it. He tried to look for water, but that mustard drove his nose crazy and he couldn't smell anything. Not even water. Luckily for the cat, cats have very good eyes, and he saw a puddle out of the corner of his eye. He ran to it. He wondered why the water was kind of yellow, and thought it must be from the leaves floating in the puddle. The cat took a big drink. It made his tongue felt so much better that it made him want to sing, but the others were done and the bird had flown away.

Q91 True/False: The dog did not sing because of hot mustard.

- ☐ True (1)
 - ☐ False (2)
-

Q92 How many times did the bird chirp before singing?

- ☐ Once (1)
 - ☐ Twice (2)
 - ☐ Three times (3)
 - ☐ Four times (4)
-

Q93 What was true about the puddle near the river? Select all that apply.

- ☐ The puddle was clear white. (1)
- ☐ The puddle was yellow. (2)
- ☐ There were leaves on the puddle. (3)
- ☐ There were tree branches on the puddle. (4)

End of Block: Story: dev39

Start of Block: Story: dev43

Q702 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q94

Once upon a time, there was a squirrel named Joey. Joey loved to go outside and play with his cousin Jimmy. Joey and Jimmy played silly games together, and were always laughing. One day, Joey and Jimmy went swimming together at their Aunt Julie's pond. Joey woke up early in the morning to eat some food before they left. He couldn't find anything to eat except for pie! Usually, Joey would eat cereal, fruit (a pear), or oatmeal for breakfast. After he ate, he and Jimmy went to the pond. On their way there they saw their friend Jack Rabbit. They dove into the water and swam for several hours. The sun was out, but the breeze was cold. Joey and Jimmy got out of the water and started walking home. Their fur was wet, and the breeze chilled them. When they got home, they dried off, and Jimmy put on his favorite purple shirt. Joey put on a blue shirt with red and green dots. The two squirrels ate some food that Joey's mom, Jasmine, made and went off to bed.

Q95 True/False: Joey the squirrel has a brother called Jimmy.

- ☐ True (1)
- ☐ False (2)
-

Q96 What did Joey eat before heading to the pond with Jimmy?

- ☐ Cake (1)
- ☐ Pie (2)
- ☐ Cereal (3)
- ☐ Oatmeal (4)
-

Q97 What did Joey and Jimmy do after swimming in the pond? Select all that apply.

- ☐ They met up with Jack Rabbit. (1)
- ☐ They dried off at home. (2)
- ☐ They went to bed. (3)
- ☐ They ate food that Jimmy's mom made. (4)

End of Block: Story: dev43

Start of Block: Story: test6

Q703 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q98

I have a friend who is a princess of the piggies. No, really! She lives in a piggy castle and has piggy gowns and piggy balls and a piggy carriage, though no piggy crown. She loves being a princess, but sometimes it gets boring. There's only so much fun to be had walking around a castle. She likes to cook too. So sometimes, she goes to the kitchen. She has a lot of fun in the kitchen making new foods. She likes to pretend she's a cook! Someday she wants to be a piggy princess cook! One of her favorite things to cook is pea soup. She loves soup, and pea soup most of all, even if tomato is pretty good too. She doesn't like vegetable or chicken soup at all. She grows her own peas, mashes them up in the soup, and then stirs it all up with a spoon. She also cooks it on the stove. She loves to cook, and I love to eat. We're best friends!

Q99 True/False: The narrator's piggy friend despises being a princess.

- ☐ True (1)
 - ☐ False (2)
-

Q100 What is the piggy princess's favorite soup to eat?

- ☐ Chicken soup (1)
 - ☐ Tomato soup (2)
 - ☐ Potato soup (3)
 - ☐ Pea soup (4)
-

Q101 What does the piggy princess have? Select all that apply.

- ☐ Crown (1)
- ☐ Carriage (2)
- ☐ Gowns (3)
- ☐ Castle (4)

End of Block: Story: test6

Start of Block: Story: test37

Q704 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q299

When Graham was a little boy, he really like giraffes. They were his favorite animal to see at the zoo. He liked giraffes more than elephants, pandas, tigers or lions. He dreamed of going to Africa to see giraffes in the wild. He told his family how much he liked them and they made sure he had plenty of books about giraffes. At school, he often wrote his reports about giraffes. He even painted his room with spots to look like a giraffe. When he got older, he went to school to study giraffes and other animals. Finally, during his final year of school, he went to Africa to study giraffes in their home. While there he met many people who also liked giraffes. He liked seeing how tall the giraffes were. He found that their homes were being destroyed by people using the land. Graham started an organization which raised money to help buy land for the giraffes to live on. Graham used everything he knew about giraffes to teach other people. He gave speeches, wrote books, made signs and sent letters telling people about the giraffes' home being destroyed.",one: What is Graham's favorite animal?,Lion,Elephant,Giraffe,Panda,one: Where did he go to see Giraffes when he was young?,The Zoo,School,Africa,His room,multiple: Which one of the following did Graham not do to educate people?,Give speeches,Raise money,Go to Africa,Make signs,multiple: Why did Graham think the giraffes needed help?,Their homes were being destroyed,They had spots,They were too tall,They lived in Africa

Q300 Graham's dream was to:

- ☐ See giraffes in Africa (1)
 - ☐ Write a book about giraffes (2)
 - ☐ Visit zoos with giraffes (3)
 - ☐ Study giraffes and other animals (4)
-

Q301 Graham started an organization to help raise money for giraffes after he found out that:

- ☐ Poachers were killing giraffes (1)
 - ☐ Giraffes were becoming endangered (2)
 - ☐ Many giraffes did not have enough food in zoos (3)
 - ☐ Giraffe's homes were being destroyed (4)
-

Q302 True/False: Graham gave speeches, wrote books, and made signs to inform people about the loss of habitat for giraffes.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: test37

Start of Block: Story: test41

Q705 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q102

Sherry went out her back door and put on her sunglasses, large hat and heavy cloth work gloves. She knelt in front of her small garden and started to pull weeds, throwing each in a small trashcan nearby. As she worked she listened to the sounds of her neighbor's boys, Sam and Carl, playing. Sometimes she stopped long enough to sip from her bottle of water. Her work and the heat of the day tired her out quickly, so she put her gardening tools away, dumped the weeds into the larger bin, and went back into her house to cool down and do some of the other items on her to-do list. She chose to do laundry so she could sit and read as the washer and dryer ran. Eventually the laundry was finished washing and drying, so she folded the laundry and put it away. She marked the chores she had completed her to-do list, then it was time for dinner. First she filled the food bowl of her pet cat, Zoey, then she heated up some leftover lemon-garlic chicken saved from earlier in the week. After dinner she made her bed with fresh sheets from the laundry she did earlier, finished reading her book, put on her pajamas, brushed her teeth, and went to sleep. Overall, it had been a quiet but good day for Sherry, and she fell asleep feeling happy.

Q103 True/False: Sherry's neighbor has two sons.

- ☐ True (1)
- ☐ False (2)
-

Q104 What did Sherry do while the laundry was being done?

- ☐ Read (1)
 - ☐ Cook (2)
 - ☐ Sleep (3)
 - ☐ Garden (4)
-

Q105 After dinner, what did Sherry do before heading off to bed? Select all that apply.

- ☐ Feed her pet cat Zoey (1)
- ☐ Took a shower (2)
- ☐ Finished reading her book (3)
- ☐ Made her bed (4)

End of Block: Story: test41

Start of Block: Story: train61

Q706 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q331

The chipmunks were busy getting ready for the winter. Little Chip had never seen everyone so busy. Chipmunks were running this way and that way. Even his Granddaddy was helping out, stuffing melons up into the holes in the tree. Aunt Chippa was clapping at everyone to hurry them up. Little Chip wasn't sure what they were all doing. His mom had told him, ""Getting ready for winter"" but Little Chip didn't know what that meant. He sat on the seesaw trying to guess. He knew that people were gathering things. Now that he thought about it, they were

gathering food! Little Chip thought for a second...could they be gathering food for a party? That couldn't be it, everyone was gathering so much food that not every chipmunk in the town could come close to eating all the food for a single party. Little Chip looked at his big toe and thought. He saw another chipmunk digging in the ground and stuffing more food there. Was the guy trying to plant seeds to grow? Seeds wouldn't grow in the winter, it's too cold! Little Chip sat up and knew why everyone was so busy! Winter is coming!

Q332 Who was clapping at everyone to hurry them up?

- ☐ Granddaddy (1)
 - ☐ Aunt Chippa (2)
 - ☐ Chippa's mom (3)
 - ☐ Little Chip (4)
-

Q333 Little Chip knew everyone was busy gathering food because:

- ☐ Winter is coming (1)
 - ☐ A party was happening (2)
 - ☐ Relatives were coming over (3)
 - ☐ They wanted to farm (4)
-

Q334 True/False: Little Chip's Granddaddy was stuffing carrots up into the holes in the tree.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train61

Start of Block: Story: test68

Q707 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q30

Josie could hear the birds singing outside the classroom window. She could see some of them sitting on the branches of an apple tree. Mrs. Harper checked to see if everyone was present. Each child called out when they heard their name. She then asked for a volunteer to read a story about a family of grasshoppers. Many hands were raised but she picked Josie's friend, Mary. While Mary was reading the story, she got a tickle in her throat. She began to cough. Mrs. Harper told her to go get some water to drink and a boy named Henry finished the story. Next, Mrs. Harper showed the class a butterfly garden. Someone asked if butterflies ate other bugs. Mrs. Harper said that butterflies don't eat but only drink. Josie was chosen to pass out turkey sandwiches for lunch. Mrs. Harper went to the refrigerator. She got out some vanilla yoghurt for each of the boys and girls. All the students cheered.

Q31 True/False: Butterflies are carnivores.

☐ True (1)

☐ False (2)

Q32 What kind of sandwiches did Josie pass out for lunch?

- ☐ Turkey (1)
 - ☐ Ham (2)
 - ☐ Chicken (3)
 - ☐ Peanut butter and jelly (4)
-

Q33 Which of the following did Josie see outside the window? Select all that apply.

- ☐ Butterflies (1)
- ☐ Birds (2)
- ☐ Apple tree (3)
- ☐ Grasshopper (4)

End of Block: Story: test68

Start of Block: Story: test91

Q708 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q106

On Mother's Day Sunday I went to breakfast with my mom, sister and wife. The day before that, I bought my mom a lovely bunch of flowers. My mom had eggs, my sister had pancakes, and my wife had toast. I had a muffin. The restaurant was called Maggie's. It was not my favorite breakfast restaurant. I like Denny's or a diner. Breakfast was not good. The pancakes were soggy, the toast was burned and the eggs were cold. Even worse, my breakfast made me sick.

But after breakfast we went back to my house and I gave my mom the present I bought. It was a sunny day, and we all had a nice afternoon.

Q107 True/False: The narrator enjoyed Maggie's the restaurant.

- ☐ True (1)
- ☐ False (2)
-

Q108 What food did the narrator and his family not eat for breakfast?

- ☐ Eggs (1)
- ☐ Sausages (2)
- ☐ Toast (3)
- ☐ Pancakes (4)
-

Q109 Who did the narrator have breakfast with? Select all that apply.

- ☐ Mom (1)
- ☐ Dad (2)
- ☐ Brother (3)
- ☐ Sister (4)

End of Block: Story: test91

Start of Block: Story: test98

Q709 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q110

There was once a young bear who lived in a small cave in the woods. His cave was comfy, warm, and dark, and had a bit of a yard in front of it. The bear lived with his mother and father, and spent his days walking around and his nights curled up asleep. He liked to look for berries to eat. His favorite berries were blueberries, but he would eat any berries he found: strawberries, raspberries, cherries, anything. There was a river near the bear's cave, and he loved to sit on the bank and look at the fish and frogs, and at his own reflection in the water. One sunny afternoon, when he was looking into the river, he saw a family of ducks swimming by. He got up and followed them. They swam along in the river, and he walked along the bank. They traveled like this until they reached a small clearing in the forest. The bear stopped and looked around, and saw that the clearing was completely filled with blueberries -- more than he had ever seen! The young bear ate his fill of blueberries, then took home as many as he could carry in his paws. He went to bed happy. It was a wonderful day.

Q111 True/False: The young bear lived in a cave by himself.

- ☐ True (1)
- ☐ False (2)
-

Q112 During what time of day did the young bear find blueberries?

- ☐ Dawn (1)
- ☐ Morning (2)
- ☐ Afternoon (3)
- ☐ Dusk (4)

Q113 What animals did the young bear see? Select all that apply.

☐

Birds (1)

☐

Frogs (2)

☐

Rabbits (3)

☐

Ducks (4)

End of Block: Story: test98

Start of Block: Story: test108

Q710 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q34

The girl was scared. She had been lost in the woods for over an hour. Then she heard something howling in the distance. Finally, it was getting dark. It all made her more scared than she had ever been. The howling grew louder. Then the girl came into a small opening in the woods. And she saw the wolf! She was so scared she cried out, "Please don't eat me Mr. Wolf!" A grey wolf, with grey fur, black eyes, and white teeth looked at her. Then he let out a big, wolf laugh. "Haha, I am not going to eat you! I don't like to eat humans! They taste bad. Plus, I am full! Do you want some spaghetti? It's been cooking for days! I was going to make some salad but I am out. I'll go to the grocery store tomorrow, I haven't been there in months!" The girl was confused. A wolf who ate salad? But she was hungry. So she sat down and ate with the wolf. He was so pleased she ate with him he gave her a map. Then he showed her how to get out of the woods. Her mother would never believe her.

Q35 True/False: The girl was relaxed while in the woods.

- ☐ True (1)
- ☐ False (2)
-

Q36 What was the wolf cooking?

- ☐ Human meat (1)
- ☐ Spaghetti (2)
- ☐ Spinach (3)
- ☐ Ham (4)
-

Q37 Which of the following are characteristics of the wolf? Select all that apply.

- ☐ White fur (1)
- ☐ Grey fur (2)
- ☐ White teeth (3)
- ☐ Brown eyes (4)

End of Block: Story: test108

Start of Block: Story: test110

Q711 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q114

There once was a boy named John who was a good superhero. He thought he was a superhero, at least. His mommy made him eat his cereal with yoghurt every morning so he could stay strong. Today he had to go to school and he wasn't very happy about that. After breakfast he walked to the bus stop. There he found his neighbor Ashley, who was also an evil superhero. John thought she was an evil superhero at least. When John got to the bus stop, Ashley made a silly face at him. Then she dared him to lick a worm she found on the sidewalk. John had super powers, so he said yes to the dare. He picked up the worm. It was slimy and gross. It wiggled around between his fingers. John closed his eyes and licked it. Ashley laughed so hard, she fell to the ground. But John felt like a real superhero who had won the day for good kids everywhere. First thing tomorrow, John would start wearing a cape to school. He hoped his mommy would let him wear it. The bus came and Ashley was still sitting on the ground laughing. John had a great, superhero kind of thought. He put the worm in her hair. Now Ashley was screaming! John the superhero got in trouble for that.

Q115 True/False: As a superhero, John does not have to attend school.

- ☐ True (1)
- ☐ False (2)
-

Q116 What did Ashley dare John to do with a worm?

- ☐ Crush it with his foot (1)
- ☐ Put it on his head (2)
- ☐ Feed it to a bird (3)
- ☐ Lick it with his tongue (4)
-

Q117 What happened after John did Ashley's dare? Select all that apply.

- ☐ John and Ashley became friends. (1)
- ☐ John got into trouble. (2)
- ☐ Ashley laughed. (3)
- ☐ John let the worm go. (4)

End of Block: Story: test110

Start of Block: Story: test125

Q712 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q38

Annie's sister, Julia, was having a birthday party in the afternoon. Annie's mother was going to bake the cake for the party. Mother asked Annie to help her bake the cake. They chose to make a chocolate cake with chocolate frosting. Annie got the bowls and the ingredients they would need for the cake. She helped measure the flour, the sugar and the cocoa. Once her mother added the rest of the ingredients, Annie was allowed to stir the ingredients in the bowl. She helped to pour the cake mix into two pans and then put them in the oven. The smell of the cake made Annie hungry. While the cake was baking, Annie helped her mother make the chocolate frosting. Her mother let her lick the spoon when they were done mixing the frosting. Once the cake was done, Annie and her mother took the cake out of the oven and let it cool, and then they frosted it. They ate the chocolate cake at Julia's party with scoops of vanilla ice cream and fresh strawberries. Annie gave their dog, Sunny, a little piece of cake too!

Q39 True/False: The cake was served with vanilla ice cream and strawberries.

- ☐ True (1)
- ☐ False (2)
-

Q40 When was Julia having a birthday party?

- ☐ Morning (1)
- ☐ Afternoon (2)
- ☐ Night (3)
- ☐ Tomorrow (4)
-

Q41 Which of the following did Julia and her mom do to make the cake? Select all that apply.

- ☐ Measured flour (1)
- ☐ Cracked an egg (2)
- ☐ Stirred ingredients in a bowl (3)
- ☐ Prepared frosting (4)

End of Block: Story: test125

Start of Block: Story: test147

Q713 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q42

All of Larry's friends have a favorite animal. Jim's favorite animal is the bear. Tracy's favorite animal is the monkey. Ryan's favorite animal is the rabbit. But Larry's favorite animal is the panda. The only problem is that Larry has never seen a panda. In fact, none of Larry's friends have seen one. One time, Larry and his friends went to the zoo. There were many animals at the zoo, and everyone was very excited to them. There were monkeys, bears, and even rabbits. When they went to see the monkeys, Tracy even handed one of the monkeys a banana and the monkey ate it. But there was no panda. Everyone started to think there was no such thing as a panda. If Larry was going to see a panda, he would have find one himself. He packed up his backpack with sandwiches, a chocolate bar, and some water and he went out into the forest. He knew that a panda's favorite food was leaves, so made sure to pack some leaves in his backpack too. He spent two week in the forest looking everywhere for a panda. Finally, when has about to give up, he saw a family of pandas eating and playing. He gave them all the leaves in his backpack. He sat watching them for the rest of the day. He watched pandas bathe and climb trees. Then he went home and went to sleep.

Q43 True/False: Ryan's favorite animal is the monkey.

- ☐ True (1)
- ☐ False (2)
-

Q44 Which animal was not mentioned in the trip to the zoo?

- ☐ Monkey (1)
- ☐ Rabbit (2)
- ☐ Lion (3)
- ☐ Bear (4)
-

Q45 What did the pandas do at the zoo? Select all that apply.

- ☐ Climb trees (1)
- ☐ Bathing (2)
- ☐ Eating food (3)
- ☐ Running (4)

End of Block: Story: test147

Start of Block: Story: train10

Q714 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q118

Stinky Pete wanted to build a tree house. He needed to get a ladder to bring wood up the tree. He went to his friend's house to borrow a ladder. He also borrowed a bucket. He needed the bucket to carry nails. His friend is named James. The ladder was too big for Stinky Pete to carry alone. He had James help him carry the ladder back home. The ladder was heavy. They were careful to stay on the sidewalk. Stinky Pete got the hammer from his tool box. He gave James a rope. Stinky Pete and James got to work on the tree house. They worked all day. They painted the inside of the tree house blue. They painted the outside of the tree house red. They did not use green or orange paint. They used the rope to climb down from the tree house. When they were all finished, Stinky Pete helped James carry the ladder and bucket back to his house. Stinky Pete thanked James for helping him.

Q119 True/False: Stinky Pete carried the ladder by himself.

- ☐ True (1)
- ☐ False (2)
-

Q120 Stinky Pete and James painted the outside of the tree house _____ and the inside _____.

- ☐ Blue, red (1)
- ☐ Orange, red (2)
- ☐ Red, blue (3)
- ☐ Green, orange (4)
-

Q121 What did Stinky Pete need for his tree house? Select all that apply.

- ☐ Wood (1)
- ☐ Axe (2)
- ☐ Bucket (3)
- ☐ Paint (4)

End of Block: Story: train10

Start of Block: Story: train66

Q715 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q335

Angie went to the library with her mother. First she had to turn in the books she was returning at the return desk. They said hello to the man there. He took their books. Then they went into the adult reading room. Angie sat in a brown chair at the table. She made a drawing of her mother. Her mother found a large red book. Then they went to the Mystery section. Angie sat in a blue chair. She drew a picture of her brother. Her mother found the book. It was a green book. Finally it was time to go to the children's room. It was Story Hour. Miss Hudson was there to read to all the children. She read a book about friendship. After the story Angie sat in the red chair and began drawing. They were drawing pictures of friends. Angie drew a picture of her best friend Lilly. Miss Hudson hung the pictures on the wall. Then Angie and her mother picked out 8 books to read at home. They checked the books out and went home.

Q336 What color chairs did Angie sit at the library? Select all that apply.

- ☐ Red (1)
 - ☐ Brown (2)
 - ☐ Yellow (3)
 - ☐ Blue (4)
-

Q337 Mrs. Hudson read a book about:

- ☐ A mystery (1)
 - ☐ Friendship (2)
 - ☐ An adventure (3)
 - ☐ Animals (4)
-

Q338 True/False: Angie and her mother picked out 8 books to read.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train66

Start of Block: Story: train89

Q716 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q357

There was once an octopus who lived under the ocean. His name was Fred. Fred had never seen the world above the ocean before. He had spent all of his life under water with his friends, a blow fish named Joey, a sponge named Pam, a star fish named Elaine, and another octopus, Stacey. So you can imagine his surprise when he found a treasure chest that had been lost by a ship that had sunk. Inside the chest were things that were completely new to him. Among these was a whole bunch of food items, such as a bottle of ketchup, a coffee mug, a cherry pie, a sandwich, and more. When Fred found these things, he wanted to keep them all for himself. So when he returned to his friends, he didn't tell them what he had found. When his best friend Stacey asked him where he had been, Fred lied and said that he had only gone for a swim. But Stacey didn't believe him. Later on, when Fred was sound asleep in his bed, Stacey visited his room to see what he had been up to. She went digging around in his room for something interesting. When she found the treasure chest, she was amazed at what was inside. But she was also upset at Fred for lying to her, so she woke up him in the middle of the night to yell at him. Fred understood his mistake and apologized to Stacey, and then they shared the food.

Q339 What type of animal is Fred's friend Pam?

- ☐ A blowfish (1)
 - ☐ A sponge (2)
 - ☐ A starfish (3)
 - ☐ A octopus (4)
-

Q340 What items did Fred find in the chest? Select all that apply.

- ☐ A bottle of ketchup (1)
 - ☐ A cherry pie (2)
 - ☐ A loaf of bread (3)
 - ☐ A sandwich (4)
-

Q341 True/False: Fred lied and said he went for a swim when Stacy asked where he had been.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train89

Start of Block: Story: train93

Q717 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q358

All the animals were having a picnic. Turtle brought hotdogs for everyone. All the animals came to make their hotdogs. Rabbit put ketchup on his hotdog. Duck put mustard on his hotdog. Bear put ketchup and mustard on his hotdog. Turtle and Fox did not put ketchup or mustard on their hotdog. Goose looked at the hotdogs. He did not like hotdogs at all. He was very hungry. He looked around for something else to eat. Duck had brought chips, but Goose did not like chips. Bear had brought salad, but Goose did not like salad. Fox had brought apples, but Goose did not like apples. Rabbit brought carrots, but Goose did not like carrots. Goose looked around for something that he liked. Then he saw something near the edge of the meadow. It was a bunch of red strawberries. Goose liked strawberries very much. He took a basket and gathered up as many strawberries as he could and brought them to the picnic. Everyone was happy, and Goose was not hungry any more.

- ☐ Extremely happy (4)
 - ☐ Moderately happy (5)
 - ☐ Slightly happy (6)
 - ☐ Neither happy nor unhappy (7)
 - ☐ Slightly unhappy (8)
 - ☐ Moderately unhappy (9)
 - ☐ Extremely unhappy (10)
-

Q342 Which animal put ketchup and mustard on their hotdog?

- ☐ Rabbit (1)
 - ☐ Duck (2)
 - ☐ Bear (3)
 - ☐ Turtle (4)
-

Q343 What foods did Goose not like to eat? Select all that apply.

- ☐ Hotdogs (1)
 - ☐ Strawberries (2)
 - ☐ Tomatoes (3)
 - ☐ Salads (4)
-

Q344 True/False: Fox took a basket and gathered strawberries for Goose.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train93

Start of Block: Story: train100

Q718 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q282

Joey went to the doctor yesterday. He was a little scared because he might have to get a shot, but his mother promised that it wouldn't hurt. During the time they were in the waiting room, Joey played with some blue and green blocks and some toy cars that the doctor kept there for the children who came to see him. He also met another little boy named Bobby who also had to see the doctor. Bobby liked playing with the cars more than the blocks, but Joey liked playing with both of them. Joey also met a little girl named Sandy who was playing with some dolls the doctor also had for the children. When it was Joey's turn to see the doctor, his mother led him into one of the rooms and had him sit on a yellow chair. The doctor was a friendly man who wore glasses. He took Joey's temperature and looked in his ears, then asked him a few

questions about how he had been feeling. When Joey said his throat hurt a little, the doctor took a look at it as well. He said everything looked okay, and Joey wouldn't need any shots this visit. On the way out Susan the nurse let Joey take a red lollipop from a basket on her desk. By the time Joey got home, he thought the doctor wasn't so scary after all.

Q283 Joey was scared because he thought he might have to get a(n) ____.

- ☐ Cast (1)
 - ☐ Eye Patch (2)
 - ☐ Shot (3)
 - ☐ Test (4)
-

Q284 Joey met Bobby who liked playing with the ____ and Sandy who liked playing with the ____.

- ☐ Cars; Action Figures (1)
 - ☐ Blocks; Dolls (2)
 - ☐ Clay; Stuffed Animals (3)
 - ☐ Candy; Chairs (4)
-

Q285 True/False: As he left the doctors office, Joey took a green lollipop.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train100

Start of Block: Story: train116

Q720 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q345

There once was an alligator named Albert (who wore an office shirt). He had two good friends - Lock the cat and Gary the hamster. Gary often rode around in Albert's shirt pocket, since it would be hard for him to keep up with Albert and Lock as they walked around. One day, as they were wandering around, a storm popped up, forcing them to hurry indoors to deal with it. Unfortunately for them, they couldn't find a building quickly, so they ended up being frosted over by the dangerous weather. ""If we don't get out of this soon, I might die!"" yelled Gary, who was cold. ""Don't worry, no one's going to die!"" yelled Albert, who, as a reptile, was even worse off than Gary. Luckily, they found a house after leaving the forest, which happened to be near the ocean. They ran inside, and dried off, before they headed to sleep.

Q346 What type of shirt did Albert wear?

- ☐ An office shirt (1)
 - ☐ A hawaiian shirt (2)
 - ☐ A collared shirt (3)
 - ☐ A plain t-shirt (4)
-

Q347 Gary rode around in which part of Albert?

- ☐ His shoulder (1)
 - ☐ The top of his head (2)
 - ☐ Behind his ear (3)
 - ☐ His shirt pocket (4)
-

Q348 True/False: Albert reassures Gary that no one will die from the dangerous weather.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train116

Start of Block: Story: train121

Q721 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q287

There once was a boy named Kevin. He met Jessica one afternoon at a park on a hot summer day. They both started talking and became great friends. They spent the whole day together and ate their lunches together next to the pond. Kevin sure enjoyed the park more than he liked going to the beach or store. There were many ducks, frogs, birds and chipmunks playing around the pond. In fact, one of the chipmunks even came up and stole Kevin's car keys when he was eating! Kevin knew that he needed to go have his keys, but the chipmunk ran with an evil smile on its face. Eventually, the chipmunk ran into its hole that he called home. Kevin tried everything he could to have the chipmunk come out with his keys, but he couldn't find out how to make the little guy give up. Finally, Jessica came over and placed a potato chip at the opening to the hole. In seconds, the chipmunk came out with the keys and dropped them in front of Kevin right before grabbing the chip and running back into the hole. The chipmunk then went in to have his snack and left Kevin and Jessica alone. Kevin thought that maybe next time

he could go to the park in the early spring or winter so that the chipmunks would be busy sleeping during the cold weather months. Kevin then said goodbye to Jessica and went home.

Q288 Kevin's car keys were stolen by one of the ____ while he was eating.

- ☐ Ducks (1)
 - ☐ Squirrels (2)
 - ☐ Birds (3)
 - ☐ Chipmunks (4)
-

Q289 Jessica dropped a ____ at the opening to the hole to help Kevin get his keys.

- ☐ Piece of Candy (1)
 - ☐ Peanut (2)
 - ☐ Potato Chip (3)
 - ☐ Acorn (4)
-

Q290 True/False: After getting Kevin's keys, Kevin and Jessica had a sleepover.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train121

Start of Block: Story: train134

Q722 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q349

A tiger named Timmy and Bear named Buster were going for a walk in the park by the river and were going to go swim later. As Timmy was running through a field in the park he came upon a small hamster with a broken leg. The hamster looked like it had somewhere to go but couldn't make it because of its leg. Timmy called Buster over to come talk to the hamster and see if there was anything they could do to help. As they talked, Timmy and Buster started to become good friends with the hamster. They found out his name was Henry. Henry was on his way to the river for a drink of water when a mean horse ran by and without looking at where he was going stepped on his leg and broke it. Luckily for Henry Busters mom was a nurse and after watching her work for many years Buster knew how to set a broken bone and fix it. After Buster fixed Henry's leg he picked him up and put him on Timmy's back and they all went to the river to get some water. They all were best friends for the rest of their lives and played together.

Q350 Timmy came upon aa small hamster with a(n):

- ☐ Stomach ache (1)
 - ☐ Injured arm (2)
 - ☐ Broken leg (3)
 - ☐ Fever (4)
-

Q351 What was the name of the hamster?

- ☐ Harry (1)
 - ☐ Henry (2)
 - ☐ Hamilton (3)
 - ☐ Hansel (4)
-

Q352 True/False: After Buster fixed Henry's leg, they all went to the river for lemonade.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train134

Start of Block: Story: train148

Q723 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q353

Fanny the fly was hungry. She went to the store. She saw her friend Colin the cat at the store. Colin waved to Fanny. Fanny waved back. At the store, Fanny bought ice cream, fruit, and pasta. Then she went home. She looked in her fridge. In her fridge she saw meatballs, rice, tomato sauce, and garlic. She chose to make a pasta dinner and invite all of her friends over. She invited Colin the cat and Danny the dog. She also invited Freddy the frog and Allen the alligator. Everyone arrived to a beautiful meal made by Fanny. They all ate happily. After dinner, Fanny brought out dessert. She brought out pie, fruit, cupcakes, and ice cream. Everybody ate a cupcake. Danny ate ice cream too. Allen had some pie and fruit as well as the cupcake. Colin had some pie too. Fanny told everyone to come back for dinner again. They all said goodbye and left. Fanny was happy and full. She went to bed smiling to herself.

Q354 Which friend did Fanny see at the store?

- ☐ Danny the dog (1)
 - ☐ Freddy the frog (2)
 - ☐ Colin the cat (3)
 - ☐ Allen the alligator (4)
-

Q355 What items did Fanny buy at the store? Select all that apply.

- ☐ Rice (1)
 - ☐ Pie (2)
 - ☐ Fruit (3)
 - ☐ Pasta (4)
-

Q356 True/False: After dinner, Fanny brought out dessert and all of her friends ate a cupcake.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train148

Start of Block: Story: train180

Q724 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q154

Once upon a time there were four children. Each of the children had a favorite color. John's favorite color was blue. Jack's favorite color was red. Jenny's favorite color was purple and Alice's favorite color was yellow. They walked along the road one day and stopped to pick flowers for their mother. Jack picked a handful of red flowers. "Mom is going to love these!" he said. Jenny picked a handful of purple flowers. "These are perfect for mother," She thought. Alice picked two handfuls of yellow flowers. "Yellow flowers are so pretty for mom's kitchen," she said. John looked and looked, but couldn't find any blue flowers. He looked along the road, but there were no blue flowers. He looked by the stream, but there were no blue flowers. He was very sad. They walked along the road toward home to give their flowers to their mother. John walked very slowly and hung his head because he didn't have any flowers to give his mother. As they neared their home, John saw a small bunch of blue flowers growing near the fence. He was so happy he picked them all and rushed to catch up with his brother and sisters. When they got home they gave their mother all the flowers they had picked. She thanked them and put them on her kitchen table. "I have the most thoughtful children in the world," She said.

Q155 True/False: Jack's favorite color was blue.

- ☐ True (1)
- ☐ False (2)
-

Q156 What did Alice pick?

- ☐ A handful of yellow flowers (1)
 - ☐ A handful of purple flowers (2)
 - ☐ Two handfuls of red flowers (3)
 - ☐ Two handfuls of yellow flowers (4)
-

Q157 What color flowers did the mother receive from her children? Select all that apply.

- ☐ Green (1)
- ☐ Red (2)
- ☐ Purple (3)
- ☐ Orange (4)

End of Block: Story: train180

Start of Block: Story: train182

Q725 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q158

There once was a little girl named Odette who lived in a wooded forest. One evening she was getting a ride home from school in her grandpa's truck she saw smoke rising from a fire far in the distance. Odette was worried about the fire and the danger facing all the animals that live in the forest. She immediately rushed home and waited for her mother, a doctor to come home. While she was waiting for her mother to come home she ate some popcorn and talked to her grandpa about the smoke. Odette's grandpa, Harvey told her that fires are almost always put out by hard working fireman. Odette feels better knowing that brave firefighters are out there bravely trying to save the forest and the animals that live there. She grabs her favorite stuffed animal, a monkey and says a prayer for her treasured forest and then falls asleep on the couch. She wake up to the friendly face of her smiling mother who tells her that the fire is safely put out.

Q159 True/False: When Odette got home, she talked to her mother about the fire.

- ☐ True (1)
 - ☐ False (2)
-

Q160 What did Odette notice outside in her grandpa's truck?

- ☐ Smoke (1)
 - ☐ Firefighters (2)
 - ☐ Animals (3)
 - ☐ Her mother (4)
-

Q161 What did Odette do at home? Select all that apply.

- ☐ She grabbed her stuffed monkey. (1)
- ☐ She prayed for her forest. (2)
- ☐ She fell asleep in her bed. (3)
- ☐ She heard from her mom that the fire is still burning in the forest. (4)

End of Block: Story: train182

Start of Block: Story: train185

Q726 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q162

One morning, Daddy, Ethan, and I went out shopping for Mother's day gifts. First we went to buy some flowers. I found a nice big bunch of pink roses that were very pretty. Then we went and bought a card. There were a lot to choose from, some of them had pictures of kids and some of them had pictures of animals. Daddy wanted to get one with a kid hugging his mommy but Ethan wanted the one with a cat on it, and I wanted the one with a dog on it. We ended up getting all three. Then we went to buy ingredients so we could cook breakfast. On Mother's day I helped Daddy make breakfast. We made chocolate pancakes and eggs. It was very messy but a lot of fun. Mommy loved getting breakfast in bed and she liked the flowers and cards. We also went out to go to the park after breakfast. It was a beautiful day and a lot of fun. I can't wait for mother's day to come by again!

Q163 True/False: Daddy, Ethan, and the narrator picked some roses for Mother's Day.

- ☐ True (1)
- ☐ False (2)
-

Q164 What did everyone do after breakfast on Mother's Day?

- ☐ Go shopping (1)
- ☐ Clean the house (2)
- ☐ Play board games (3)
- ☐ Go to the park (4)
-

Q165 What were on the cards that Daddy, Ethan, and the narrator bought? Select all that apply.

- ☐ Cat (1)
- ☐ Bird (2)
- ☐ Dog (3)
- ☐ Monkey (4)

End of Block: Story: train185

Start of Block: Story: train203

Q727 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q166

A little boy named Jimmy and his best friend Jeremy are walking home from school one day in the cold. They walk and talk about how different kindergarten is from the first grade. Jimmy and Jeremy are in different classes and they do different things. Jimmy's teacher has the kids do lots of arts and crafts making sock puppets, pasting pictures and many other things. Jeremy wishes he was in the same class as Jimmy because they are best friends and he likes doing arts and crafts. Jimmy tells Jeremy that they are going to be best friends even if they are in different classes, this makes Jeremy feel better. Jimmy remembers that Jeremy's birthday party is next week and he gets excited. Jimmy has the idea to make Jeremy a birthday cake with the help of his mother. They finally arrive at the corner where Jimmy lives and they promise to meet up the next morning for the walk to school. Jeremy lives three houses down and he races home.

Q167 True/False: Jimmy and Jeremy don't believe that kindergarten is different from first grade.

- ☐ True (1)
 - ☐ False (2)
-

Q168 When is Jeremy's birthday party?

- ☐ Tomorrow (1)
 - ☐ This weekend (2)
 - ☐ Next week (3)
 - ☐ Next weekend (4)
-

Q169 What does Jimmy's teacher have the students do? Select all that apply.

- ☐ Make puppets with socks (1)
- ☐ Present for show and tell (2)
- ☐ Paste pictures (3)
- ☐ Read books with a partner (4)

End of Block: Story: train203

Start of Block: Story: train204

Q728 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q170

Kate's parents planned a family trip to Europe! This would be Kate's first big vacation out of America. She loves to be on planes. The plane ride was fun and they landed in Paris, France. They went to the Eiffel Tower and the Seine River. Kate even learned how to say hello in French! They ate delicious food. Then they took a train to London, England. They drank tea and toast and went to see art. Then they took another plane to Spain. They went to the beach and ate delicious Spanish food. Spanish food was her favorite so far. A new friend taught her "Hola," which is hello in Spanish. Finally, they went to Italy. They ate pasta and pizza and saw the Leaning Tower of Pisa. Her mom took a funny picture of her pretending to hold the tower. She learned to say hello in Italian, too. Kate had such a fun time on her vacation. She took a lot of pictures and then made a photo album to show to her friends at school. Kate wants to go back to Europe one day. She loves to travel and see new and different places.

Q171 True/False: This will be the first time that Kate will have a vacation that is not in America.

- ☐ True (1)
- ☐ False (2)
-

Q172 Which food is Kate's favorite?

- ☐ French (1)
- ☐ Spanish (2)
- ☐ German (3)
- ☐ Italian (4)
-

Q173 What did Kate do in Paris? Select all that apply.

- ☐ Visit the Eiffel Tower. (1)
- ☐ Learn how to greet in French. (2)
- ☐ Eat French food. (3)
- ☐ Visit the Notre Dame Cathedral. (4)

End of Block: Story: train204

Start of Block: Story: train226

Q729 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q174

Jason lay in his bed after a night of no sleep. He was too excited for today. There was a football game that he was going to play with his friends. It would be him, Jack, James, and John competing with David, Ruth, Parsons, and Mike. David, Rush, Parsons, and Mike were much bigger than them, and were big bullies at school. When Jason got up, he had the choice to eat cereal, candy, chocolate milk, or pizza. He chose to eat cereal because he thought that eating something good for you would make him play better. They were going to play at the school, but the school was closed. They then went to the park, and got their teams set up. Jason's team got the ball first and they scored! David's team got the ball next, but they also scored. Unfortunately, it started raining. Everyone was getting wet, and people were starting to get angry. A fight soon broke out, and they all started fighting with each other. Eventually, Jason yelled for everyone to stop. They all stopped and chose to eat pizza together and forgive each other. Jason then went home bruised and dirty, and his parents grounded him for getting into a fight.

Q175 True/False: The weather caused the players to get into a fight.

- ☐ True (1)
- ☐ False (2)
-

Q176 What game was Jason excited for?

- ☐ Baseball (1)
 - ☐ Soccer (2)
 - ☐ Football (3)
 - ☐ Tennis (4)
-

Q177 What food could Jason choose to eat before the game? Select all that apply.

- ☐ Chocolate milk (1)
- ☐ Hot dog (2)
- ☐ Eggs (3)
- ☐ Pizza (4)

End of Block: Story: train226

Start of Block: Story: train230

Q730 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q178

When reindeer are done with the holiday season, people often wonder what they do during their time off. Well, reindeer are pretty good at taking a vacation during down time. Reindeer of any age are always in a hurry for their own holidays! Rudolph is the most famous reindeer, and he has been known to ride foam noodles in the pool. He loves to get wet and splash around! Comet has a more quiet time during his vacation. You'll often see him looking in the fridge for his favorite cooking ingredient, cheese. He is a great cook and likes to make cheese pizza. Cupid is pretty good at reindeer games, and he is always on the winning team during vacation time. He is always signing up for games all summer long. Donner loves to fly and ride the wind, even in his off time. He is always practicing. That's why he is the best at flying. So, that's what some of the reindeer do in their time off. If you happen to see any reindeer doing funny things, they are on vacation!

Q179 True/False: Rudolph the Reindeer is the second-most famous reindeer.

- ☐ True (1)
 - ☐ False (2)
-

Q180 Which reindeer excels in cooking?

- ☐ Rudolph (1)
 - ☐ Comet (2)
 - ☐ Donner (3)
 - ☐ Cupid (4)
-

Q181 What is true about the reindeers? Select all that apply.

- ☐ Comet's favorite food is strawberries. (1)
- ☐ Cupid wins a lot in reindeer games. (2)
- ☐ Donner is not a fan of flying. (3)
- ☐ Rudolph likes using foam noodles in the pool. (4)

End of Block: Story: train230

Start of Block: Story: train231

Q731 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q291

There once was a girl named Erin who had a really close friend named Kevin. They really liked being with each other, only it was difficult as Erin lived in England and Kevin lived in the United States. Because they both liked traveling and Erin wanted to see Kevin, she planned a trip to see him in the United States one summer. They had planned to travel around where Kevin lived and then go to see New York City at one point in order to see the sights and have a really nice steak dinner together. Once Erin arrived and met Kevin at the airport, she ran up to him and jumped into his arms, giving him a great big hug. They drove home where Kevin helped Erin organize her things before they changed and watched a movie together. The next day, they went out to have breakfast at the diner. They thought about getting eggs, French toast, or cereal... but couldn't make up their minds. Finally, Kevin asked the worker to bring out pancakes for the two of them to share. They had a really fun time together, visiting the beach, watching movies, and even visiting New York City like they had planned. In the morning, they went to see the Empire State building. In the afternoon, they saw the Statue of Liberty and Central Park. At night, they went to have their dinner and went back to their hotel. As Erin's trip was ending, Erin became really sad about leaving Kevin. They talked and came up with a plan for the months ahead which made Erin feel a lot better. Erin then went home and waited for Kyle to come to see her.

Q292 Erin and Kevin visited which of the following? Select all that apply.

- ☐ Empire State Building (1)
 - ☐ Statue of Liberty (2)
 - ☐ Museum of Art (3)
 - ☐ Central Park (4)
-

Q293 Erin lived in ____ and Kevin lived in ____.

- ☐ The United States; Canada (1)
 - ☐ Australia; Germany (2)
 - ☐ England; the United States (3)
 - ☐ Bolivia; Venezuela (4)
-

Q294 True/False: As Erin's trip was ending, she felt sad.

- ☐ True (1)
- ☐ False (2)

End of Block: Story: train231

Start of Block: Story: train264

Q732 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q182

There once was a wolf that liked to scare the other forest animals. By daylight he pretended to be a kind, nice wolf. By night, he would circle the forest and hunt down his food. When he was very hungry, he would find humans and woof like a dog in hopes that someone would feed him. The wolf's favorite food was meat seasoned with lemon. The wolf liked to watch his food run in circles like a hamster until he felt like eating it. Sometimes the wolf would stay in the sand and lay in the sun until he would crawl back to his home and fall asleep with a full stomach. On other days, he goes home hungry. Sometimes there would be a knock on his door, and the wolf would be pleased because it meant his dinner had come to him and he would not have to hunt that day. Those days were the best for the wolf, by far.

Q183 True/False: The wolf hunts for food in the day.

- ☐ True (1)
- ☐ False (2)
-

Q184 Where does the wolf hang around in the night?

- ☐ Forest (1)
 - ☐ Sand (2)
 - ☐ River (3)
 - ☐ Cave (4)
-

Q185 Which of the following is true about the wolf? Select all that apply.

- ☐ The wolf's favorite food is lemon-flavored meat. (1)
- ☐ The wolf is able to get food every day. (2)
- ☐ The wolf doesn't like to play around with his food. (3)
- ☐ The wolf enjoys laying in the sun by the sand. (4)

End of Block: Story: train264

Start of Block: Story: train293

Q733 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q295

Josh was going on an adventure. He was going to float down the river with his friends, Dennis and Connor. They had been building a boat out of wood Connor's father had given them for the last week. The boys wanted to paint the boat because the brown wood did not look very good. Josh wanted green, Dennis liked purple and Connor said it would look good if it was red. They had to call their friend, Tonya, to help choose. Tonya thought the same as Josh on the color so that is what they painted the boat. To thank Tonya for helping them choose the

color, the boys invited her to come with them. All four of them carried the boat through the vegetable garden in the back yard. They were very careful not to step on any of the carrots, potatoes or green beans. Josh's mother had packed some food for them to eat as they floated down the river. Everything was in a big basket. There were peanut butter sandwiches, potato chips and cupcakes with strawberry frosting. Each person had a job on the boat. Josh was the captain. Dennis made sure the snacks did not get wet. Tonya watched for rocks ahead. Connor had to steer the boat.

Q296 Josh and his friends were going on an adventure on a:

- ☐ Train (1)
 - ☐ Treehouse (2)
 - ☐ Boat (3)
 - ☐ Bike (4)
-

Q297 Tonya thought the boat should be the color:

- ☐ Green (1)
 - ☐ Purple (2)
 - ☐ Red (3)
 - ☐ Blue (4)
-

Q298 True/False: Josh made sure the snacks did not get wet.

- ☐ True (1)
- ☐ False (2)

Q734 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q362 Click to write the question text
HEPATITIS B Are you at risk? A group of people of diverse nationalities. Who should be tested for Hepatitis B? Testing for Hepatitis B is recommended for certain groups of people, including: ..People born in Asia, Africa, and other regions with moderate or high rates of Hepatitis B (see map) ..Unvaccinated people whose parents are from regions with high rates of Hepatitis B ..Anyone having sex with a person infected with Hepatitis B ..People who live with someone with Hepatitis B ..Men who have sexual encounters with other men ..People who inject drugs ..All pregnant women ..People with HIV infection ..People on hemodialysis ..People who receive chemotherapy or other types of immunosuppressive therapy

What is Hepatitis B? Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. Acute Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a "chronic," or lifelong, illness. Chronic Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person's body. Over time, the infection can cause serious health problems. How is Hepatitis B spread? Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through having sex with an infected partner; sharing needles, syringes, or other injection drug equipment; or from direct contact with the blood or open sores of an infected person. Hepatitis B can also be passed from an infected mother to her baby at birth. Is Hepatitis B common? Yes. Hepatitis B is very common worldwide. Most people with Hepatitis B were infected with the virus at birth or during early childhood and developed a lifelong chronic infection. Many of those infected are unaware that they have Hepatitis B, especially since they may not have symptoms. As a result, they can unknowingly spread the disease to others, including people they live with, sexual partners, and—for women—their newborns.

Asian man and woman facing camera, cheek to cheek. How is Hepatitis B treated? For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. People with chronic infection should see

a doctor experienced in treating Hepatitis B. He or she can determine the most appropriate medical care. People with chronic Hepatitis B need to be monitored on a regular basis, and some will benefit from medication. Several new treatments are available which can delay or reverse the effects of liver disease. What can people with Hepatitis B do to take care of their liver? People with chronic Hepatitis B should see a doctor regularly. They also should ask their health professional before taking any prescription or over-the-counter medications—including herbal supplements or vitamins—as they can potentially damage the liver. People with chronic Hepatitis B should also avoid alcohol since it can accelerate liver damage.

What are the symptoms of Hepatitis B? Many people with Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they often are a sign of advanced liver disease and can include fever, fatigue, abdominal pain, and jaundice. How serious is Hepatitis B? Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and even liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease. How is Hepatitis B diagnosed?

Doctors use one or more blood tests to diagnose Hepatitis B. These blood tests are not part of blood work typically done during regular physical exams. Why is it important to get tested for Hepatitis B? Testing is the best way to determine whether or not a person has Hepatitis B. Many people with Hepatitis B do not know they are infected since they do not look or feel sick.

Learning if one is infected is key to diagnosing Hepatitis B early and getting appropriate medical care. Testing can also identify at-risk household members and sexual partners who, if uninfected, can then be vaccinated to protect them from getting Hepatitis B. Can Hepatitis B be prevented? Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

Approximately 1.2 million people in the United States and 350 million people worldwide have Hepatitis B. Most are unaware of their infection.

Q359 How can someone become infected with Hepatitis B?

- ☐ Hugging or touching someone who has Hepatitis B (1)
 - ☐ Having sex with someone who has Hepatitis B (2)
 - ☐ Having a gene that is passed down (3)
 - ☐ Eating infected food (4)
-

Q360 True/False: Many people who have Hepatitis B show no symptoms and don't know they are infected.

- ☐ True (1)
- ☐ False (2)
-

Q361 How is the Hepatitis B vaccine given to adults?

- ☐ A single shot (1)
- ☐ A series of 6 shots given over 3 months (2)
- ☐ A series of 3 shots given over 6 months (3)
- ☐ A series of 2 shots given within 1 year (4)

End of Block: Health: CDCHePBAtrisk.txt

Start of Block: Health: Food Safety Home

Q735 Timing

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Q367 4 Basic Steps to Food Safety at Home
FDA - Office of Women's Health Logo
Photo of hands being washed
1. Clean Always wash your food, hands, counters and cooking tools. ¥ Wash hands in warm soapy water for at least 20 seconds. Do this before and after touching food.
¥ Wash your cutting boards, dishes, forks, spoons, knives and counter tops with hot soapy water. Do this after working with each food item. ¥ Rinse fruits and veggies. ¥ Clean the lids on canned goods before opening.
Photo of a chef cutting a lime
2. Separate (Keep Apart) Keep raw foods to themselves. Germs can spread from one food to another. ¥ Keep raw meat, poultry, seafood, and eggs away from other foods. Do this in your shopping cart, bags, and fridge. ¥ Do not reuse marinades used on raw foods unless you bring them to a boil first. ¥ Use a special cutting board or plate for raw foods only. Photo of a hand holding a food thermometer
3. Cook Foods need to get hot and stay hot. Heat kills germs. ¥ Cook to safe temperatures: - Beef,

Pork, Lamb 145 °F - Fish 145 °F - Ground Beef, Pork, Lamb 160 °F - Turkey, Chicken, Duck 165 °F

Use a food thermometer to make sure that food is done. You can't always tell by looking.

Photo of a hand about to take something out of a refrigerator

4. Chill Put food in the fridge right away. 2-Hour Rule: Put foods in the fridge or freezer within 2 hours after cooking or buying from the store. Do this within 1 hour if it is 90 degrees or hotter outside.

Never thaw food by simply taking it out of the fridge. Thaw food: - In the fridge - Under cold water - In the microwave

Marinate foods in the fridge.

OVER 2012 Food Safety at Home FDA - Office of Women's Health Logo

Why should you care about food safety? Each year millions of people get sick from food illnesses. Food illness can cause you to feel like you have the flu. Food illness can also cause serious health problems, even death. Think you have a food illness? Call your doctor and get medical care right away.

Save the food package, can or carton.

Call USDA at 1-888-674-6854 for meat, poultry or eggs.

Call FDA at 1-866-300-4374 for all other foods.

Call your local health department if you think you got sick from food you ate in a restaurant or other food seller. Who is at risk? Anyone can get sick from eating spoiled food. Some people are more likely to get sick from food illnesses.

Pregnant women

Older Adults

People with certain health conditions like cancer, HIV/AIDS, diabetes and kidney disease

Some foods are more risky for these people. Talk to your doctor or other health provider about which foods are safe for you to eat.

To Learn More: Food and Drug Administration (FDA) <http://www.fda.gov/foodPartnership> for Food Safety Education <http://www.foodsafety.gov> To Get Free Copies: FDA Office of Women's Health <http://www.fda.gov/women>

TAKE TIME TO CARE... For yourself, for those who need you.

Q368 Which of the following is a good way of preventing germs from spreading?

- ☐ Keep raw meat, poultry, seafood, and eggs separate from other foods in your shopping cart, shopping bags, and refrigerator (1)
 - ☐ Cook all food right away when you return from the grocery store (2)
 - ☐ Refrigerate food as soon as you get home from the store (3)
 - ☐ Check food to make sure it looks fresh when you are grocery shopping and before putting it in your shopping cart (4)
-

Q369 True/False: Put foods in the fridge or freezer within 3 hours after cooking or buying from the store.

- ☐ True (1)
- ☐ False (2)
-

Q370 Which of the following is not a reason to care about food safety?

- ☐ Food illnesses cost millions of dollars every year (1)
- ☐ Millions of people get sick from food illness every year (2)
- ☐ Food illness can cause serious health problems and even death (3)
- ☐ Food illness can make you feel like you have the flu (4)

End of Block: Health: Food Safety Home

Start of Block: Health: SuicideAmerica

Q736 Timing

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Q371 A partly cloudy sky at sunrise.Suicide in AmericaFrequently asked questionsNational Institute of Mental Health U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICESNational Institutes of Health

Suicide in AmericaSuicide is a major public health concern. Over 41,000 people die by suicide each year in the United States. More than twice as many people die by suicide each year than by homicide.^{Superscript of asterisk}.Footnote of asterisk: For the most up-to-date statistics on suicide, visit the website of the Centers for Disease Control and Prevention,<http://www.cdc.gov/>. (End of footnote.)Suicide is tragic. But it is often preventable. Knowing the risk factors for suicide and who is at risk can help reduce the suicide rate.Who is at risk for suicide?Suicide does not discriminate. People of all genders, ages, and ethnicities can be at risk for suicide. But people most at risk tend to share certain characteristics. The main risk factors for suicide are:¥ Depression, other mental disorders, or substance abuse disorder

- ¥ A prior suicide attempt
- ¥ Family history of a mental disorder or substance abuse
- ¥ Family history of suicide
- ¥ Family violence, including physical or sexual abuse
- ¥ Having guns or other firearms in the home
- ¥ Incarceration, being in prison or jail
- ¥ Being exposed to others' suicidal behavior, such as that of family members, peers, or media figures.

A man embracing two young teenage children in comfort.

The risk for suicidal behavior is complex. Research suggests that people who attempt suicide differ from others in many aspects of how they think, react to events, and make decisions. There are differences in aspects of memory, attention, planning, and emotion, for example. These differences often occur along with disorders like depression, substance use, anxiety, and psychosis. Sometimes suicidal behavior is triggered by events such as personal loss or violence. In order to be able to detect those at risk and prevent suicide, it is crucial that we understand the role of both long-term factors—such as experiences in childhood—and more immediate factors like mental health and recent life events. Researchers are also looking at how genes can either increase risk or make someone more resilient to loss and hardships. Many people have some of these risk factors but do not attempt suicide. Suicide is not a normal response to stress. It is, however, a sign of extreme distress, not a harmless bid for attention.

What about gender? Men are more likely to die by suicide than women, but women are more likely to attempt suicide. Men are more likely to use deadlier methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning.

What about children? Children and young people are at risk for suicide. Suicide is the second leading cause of death for young people ages 15 to 34.

What about older adults? Older adults are at risk for suicide, too. While older adults were the demographic group with the highest suicide rates for decades, suicide rates for middle-aged adults has increased to comparable levels (ages 24-62). Among those age 65+, white males comprise over 80 percent of all late-life suicides.

An older adult man.

What about different ethnic groups? Among ethnicities, American Indians and Alaska Natives (AI/AN) tend to have the highest rate of suicides, followed by non-Hispanic Whites. Hispanics, African Americans, and Asian/Pacific Islanders each have suicide rates that are about half their White and AI/AN counterparts.

How can suicide be prevented? Effective suicide prevention is based on sound research. Programs that work take into account people's risk factors and promote interventions that are appropriate to specific groups of people. For example, research has shown that mental and substance abuse disorders are risk factors for suicide. Therefore, many programs focus on treating these disorders in addition to addressing suicide risk specifically.

Psychotherapy, or "talk therapy," can effectively reduce suicide risk. One type is called cognitive behavioral therapy (CBT). CBT can help people learn new ways of dealing with stressful experiences by training them to consider alternative actions when thoughts of suicide arise.

Another type of psychotherapy called dialectical behavior therapy (DBT) has been shown to reduce the rate of suicide among people with borderline personality disorder, a serious mental illness characterized by unstable moods, relationships, self-image, and behavior. A therapist trained in DBT helps a person recognize when his or her feelings or

actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations.

Medications may also help; promising medications and psychosocial treatments for suicidal people are being tested. Still other research has found that many older adults and women who die by suicide saw their primary care providers in the year before death. Training doctors to recognize signs that a person may be considering suicide may help prevent even more suicides. What should I do if someone I know is considering suicide? If you know someone who is considering suicide, do not leave him or her alone. Try to get your loved one to seek immediate help from his or her doctor or the nearest hospital emergency room, or call 911. Remove any access he or she may have to firearms or other potential tools for suicide, including medications. If you are in crisis Call the toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential. Three hands folded together.

National Institute of Mental Health Science Writing, Press & Dissemination Branch 6001 Executive Boulevard Room 6200, MSC 9663 Bethesda, MD 20892-9663 Phone: 301-443-4513 or 1-866-615-NIMH (6464) toll-free TTY: 301-443-8431 or 1-866-415-8051 toll-free E-mail: nimhinfo@nih.gov Website: www.nimh.nih.gov The photos in this publication are of models and are used for illustrative purposes only. U.S. Department of Health and Human Services logo. National Institutes of Health / National Institute of Mental Health logo. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health NIH Publication No. TR 14-6389

Q372 True/False: More people die of suicide every year than from homicide.

- ☐ True (1)
- ☐ False (2)
-

Q373 Which of the following people are at a higher risk of suicide? Select all that apply.

- ☐ People who suffer from depression, substance abuse, or mental illness (1)
- ☐ People who have attempted suicide before (2)
- ☐ People who have a history of family violence (3)
- ☐ People who have been previously incarcerated (4)

Q374 Which of the following are ways of preventing suicide? Select all that apply.

- ☐ Talk therapy methods such as Cognitive Behavior Therapy (CBT) (1)
- ☐ Working with a doctor to take certain medications (2)
- ☐ Telling yourself to "get over it" (3)
- ☐ Programs that treat substance abuse programs in addition to addressing suicide (4)

End of Block: Health: SuicideAmerica

Start of Block: Health: DiabetesTakeCareOfFeet

Q737 Timing

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Q376

Take Care of Your Feet for a Lifetime

A picture of a family walking outside.

A booklet for people with diabetes

Logo of the National Diabetes Education Program. A program of the National Institutes of Health and the Centers for Disease Control and Prevention.

Do you want to lower your chances of getting foot problems that can lead to the loss of a toe, foot, or leg? This booklet tells you how. It's all about taking care of your feet. Even if you have had diabetes for a long time, this booklet can help you learn more. Use it to help you make your own plan for taking care of your feet. Share your plan with your doctor and health care team and get their help when you need it.

Reminder!

Call your doctor right away if a cut, blister, or bruise on your foot does not begin to heal after a few days.

Why is foot care important?

Over time, diabetes can cause you to lose feeling in your feet. When you lose feeling in your feet, you may not feel a pebble inside your sock or a blister on your foot, which can lead to cuts and sores. Diabetes also can lower the amount of blood flow in your feet. Numbness and less blood flow in the feet can lead to foot problems.

Foot care is very important for all people with diabetes, but even more so if you have:

pain or loss of feeling in your feet (numbness, tingling)

changes in the shape of your feet or toes

sores, cuts, or ulcers on your feet that do not heal

If you take care of your feet every day, you can lower your chances of losing a toe, foot, or leg. Managing your blood sugar can also help keep your feet healthy.

Work with your health care team to make a diabetes plan that fits your lifestyle and includes foot care. The team may include your doctor, a diabetes educator, a nurse, a foot doctor (podiatrist) and other specialists who can help you manage your diabetes.

Check your feet every day.

Check your feet for cuts, sores, red spots, swelling, and infected toenails. You may have foot problems, but feel no pain in your feet.

Check your feet each evening when you take off your shoes.

If you have trouble bending over to see your feet, use a mirror to help. You can also ask a family member or caregiver to help you.

A person inspecting the bottom of their foot.

Check your feet every day.

Wash your feet every day.

Wash your feet in warm, not hot, water. Do not soak your feet because your skin will get dry.

Before bathing or showering, test the water to make sure it is not too hot. You can use a thermometer (90° to 95° F is safe) or your elbow to test the water.

Use talcum powder or cornstarch to keep the skin between your toes dry to prevent infection.

Keep the skin soft and smooth.

Rub a thin coat of lotion, cream, or petroleum jelly on the tops and bottoms of your feet.

Do not put lotion or cream between your toes because this might cause an infection.

Put lotion on the tops and bottoms of your feet.

A person rubbing lotion onto the top of their foot.

Smooth corns and calluses gently.

Thick patches of skin called corns or calluses can grow on the feet. If you have corns or calluses, check with your foot doctor about the best way to care for them.

If your doctor tells you to, use a pumice stone to smooth corns and calluses after bathing or showering. A pumice stone is a type of rock used to smooth the skin. Rub gently, only in one direction, to avoid tearing the skin.

Do not cut corns and calluses.

Do not use razor blades, corn plasters, or liquid corn and callus removers—they can damage your skin and cause an infection.

Gently rub calluses with a pumice stone.

a person rubbing calluses with a pumice stone.

If you can see, reach, and feel your feet, trim your toenails regularly.

Trim your toenails with nail clippers after you wash and dry your feet.

Trim your toenails straight across and smooth the corners with an emery board or nail file. This prevents the nails from growing into the skin. Do not cut into the corners of the toenail.

Have a foot doctor trim your toenails if:
you cannot see or feel your feet

you cannot reach your feet

your toenails are thick or yellowed

your nails curve and grow into the skin

A person trimming their toenails with toenail clippers.
Trim your toenails straight across and smooth the corners with a nail file.
Wear shoes and socks at all times.

Wear shoes and socks at all times. Do not walk barefoot when indoors or outside. It is easy to step on something and hurt your feet. You may not feel any pain and not know that you hurt yourself.

Make sure you wear socks, stockings, or nylons with your shoes to keep from getting blisters and sores.

Choose clean, lightly padded socks that fit well. Socks that have no seams are best.

Check inside your shoes before you put them on. Make sure the lining is smooth and that there are no objects in your shoes.

Wear shoes that fit well and protect your feet.

A person using their hand to check the inside of a shoe.

Check the inside of your shoes before you put them on.

Protect your feet from hot and cold.

Wear shoes at the beach and on hot pavement. You may burn your feet and may not know it.

Put sunscreen on the top of your feet to prevent sunburn.

Keep your feet away from heaters and open fires.

Do not put hot water bottles or heating pads on your feet.

Wear socks at night if your feet get cold.

Wear lined boots in the winter to keep your feet warm.

A family walking outdoors.

Protect your feet when walking on hot surfaces.

Keep the blood flowing to your feet.

Put your feet up when you are sitting.

Wiggle your toes for 5 minutes, 2 or 3 times a day. Move your ankles up and down and in and out to help blood flow in your feet and legs.

Do not cross your legs for long periods of time.

Do not wear tight socks, elastic, or rubber bands around your legs.

Do not smoke. Smoking can lower the amount of blood flow to your feet. Ask for help to stop smoking. Call 1-800-QUITNOW (1-800-784-8669).

A man sitting and reading with his feet propped up.

Put your feet up when you are sitting.

Be more active.

Being active improves blood flow to the feet. Ask your health care team for safe ways to be more active each day. Move more by walking, dancing, swimming, or going bike riding.

If you are not very active, start slowly.

Find safe places to be active.

Wear athletic shoes that give support and are made for your activity.

A man holding the handlebars of a bicycle.

Bike riding is good exercise.

Be sure to ask your health care team to:
check your feet at every visit

check the sense of feeling and pulses in your feet at least once a year

show you how to care for your feet

refer you to a foot doctor if needed

tell you if special shoes would help protect your feet

A doctor wearing rubber gloves and examining a patient's feet.

Ask your doctor to check your feet at every visit.

Reminder!

Cut out the foot care tip sheet in this booklet and put it on your bathroom or bedroom wall or your nightstand to remind you to take care of your feet. Complete the "To Do List" at the back of this booklet.

Take care of your diabetes.

Work with your health care team to make a plan to manage your diabetes.

Ask your health care team to help you set and reach goals for managing your blood sugar, blood pressure, and cholesterol.

Ask your team to help you choose safe ways to be more active each day and choose healthy foods to eat.

Q377 For those with diabetes, why is it important to take care of your feet?

- ☐ To alleviate symptoms associated with diabetes (1)
- ☐ To avoid losing a toe, foot, or leg (2)
- ☐ To lead a healthy lifestyle (3)
- ☐ To feel better about themselves (4)

Q380 True/False: Diabetes can cause people to lose feeling in their feet.

- ☐ True (1)
- ☐ False (2)

Q381 Which of the following is not a recommended way of caring for your feet?

- ☐ Check your shoes for pebbles or other objects before putting them on (1)
- ☐ Keep blood flowing to the feet by moving your ankles up and down and wiggling your toes (2)
- ☐ Using a heating pad on the feet (3)
- ☐ Maintain proper hygiene by trimming toenails regularly (4)

End of Block: Health: DiabetesTakeCareOfFeet

Start of Block: Health: ChemoFatigue

Q738 Timing
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Q378 How can we help? National Cancer Institute's Cancer Information Service Phone: 1-800-422-6237 (1-800-4-CANCER) Web: www.cancer.gov Online Chat: www.cancer.gov/livehelp NCI has a series of 18 Chemotherapy Side Effects Sheets at: www.cancer.gov/chemo-side-effects Revised February 2012 National Cancer Institute Managing Chemotherapy Side Effects Fatigue (Feeling weak and very tired) I was so tired. It was hard to do even simple things. My nurse said to stay as active as I could. I found that taking short walks each morning gave me more energy during the day. Tell your doctor or nurse if: You are not able to do your normal activities You are still very tired, even after resting or sleeping Why do I feel so tired? Chemotherapy can make you tired. So can other things like anemia, which is a low red blood cell count. Being depressed or in pain, taking certain medicines, or having trouble sleeping can also make you feel tired. Make a plan to feel less tired. Do less. Let others help you. Do activities that are most important first. Ask others for help. Take time off from your job, or work fewer hours. Many people find it helpful to keep track of their energy level. Some people write down how they are feeling each day in a notebook to share with their doctor. Others use their smart phone or a computer. Tracking can help you and your doctor figure out how to manage or treat your fatigue. Eat and drink well. Make healthy foods when you feel well. Freeze them to eat later. Eating helps you keep up your strength. Some people find it easier to eat 5 or 6 small meals or healthy snacks instead of 3 big meals. Most people need to drink at least 8 cups of water a day. Keep water with you and take small sips during the day. Be as active as you can. Try to exercise every day. Even 15 to 30 minutes a day can help give you energy. Take a walk or ride an exercise bike. Ask your doctor or nurse about other exercises that can help. Stretching, yoga, or Tai Chi help some people. Take time to rest. Listen to your body. Rest when you feel tired. Try to take short naps that are 1 hour or less, during the day. Make a bedtime routine. Bathing or listening to music before you go to sleep may help you relax. Sleep at least 8 hours every night. Questions to ask your doctor or nurse: 1. What problems should I call you about? 2. What medicine or treatments can help me? 3. What foods and drinks are best for me? 4. How much liquid should I drink each day? 5. What exercises can help me feel better? 6. How should I track my energy level? What should I write down and share with you? U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health Managing Chemotherapy Side Effects: Fatigue (Feeling weak and very tired)

Q379 What conditions can cause fatigue during cancer treatment? Select all that apply.

- ☐ Chemotherapy (1)
 - ☐ Taking certain medications (2)
 - ☐ Eating too much (3)
 - ☐ Being depressed or in pain (4)
-

Q382 True/False: Exercising for as little as 15 to 30 minutes every day may help to energize someone during chemotherapy.

- ☐ True (1)
 - ☐ False (2)
-

Q383 How can you keep track of your energy levels? Select all that apply.

- ☐ Write down how you feel every day in a journal to share with your doctor (1)
- ☐ Keep track of your energy levels by using your smartphone or computer (2)
- ☐ Ask close friends or family if you look tired (3)
- ☐ Keep a log of how much water you are consuming daily. (4)

End of Block: Health: ChemoFatigue

Start of Block: Health: NotSmoking

Q739 Timing
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Q385 Lifestyle + Risk Reduction Smoking (continued) ANSWERS by heart Lifestyle + Risk Reduction Smoking How Can I Handle the Stress of Not Smoking? No one says that quitting smoking is easy. But everyone says it's worth it! Quitting will reduce your risk of heart disease and stroke. It will also lower your chance of having lung disease and cancer. Most of all, quitting can save your life and the lives of others around you. No matter how much or how long you've smoked, when you quit smoking, your risk of heart disease and stroke starts to drop. In time your risk will be about the same as if you'd never smoked! How can I cope with the urge to smoke? • Write down the reasons why you quit and look at the list often. • Don't talk yourself into smoking again. When you feel an urge to have "just one," stop yourself. Think of what triggered the urge, and find a different way to handle it. For example, if you feel nervous and think you need a cigarette, take a walk to calm down instead. • Be prepared for times when you'll get the urge. If you smoke when drinking, cut down on alcohol so you don't weaken your promise to yourself. • Change your habits. Instead of having a cigarette after dinner, brush your teeth or walk the dog. • Go where smoking isn't allowed. In restaurants ask to be seated in the nonsmoking section. • Stay around people who don't smoke. Ask for support and find a buddy you can call when you feel weak. Tell others they can help you by not giving you a cigarette and by being supportive. • Reward yourself each time you get through a day or week without smoking. Treat yourself to a movie. Or figure out how much money you've saved and buy yourself something special. • Talk to your healthcare provider. Counseling, support groups, and medications might help you stop smoking and succeed in becoming a non-smoker. How can I relax? • Try deep breathing. Take a long, deep breath, count to 10 and release it slowly. Repeat five times and you'll feel much more relaxed. • Allow 20 minutes a day to let go of tension this way: Close your eyes, relax your muscles and think hard about one word, like "calm." Say it until you reach a state of relaxation. • Think positive thoughts! Focus on how great it is that you've stopped smoking, how food tastes better and how nice it is not to wake up coughing. Remind yourself how smoking stinks, stains your teeth and gives you bad breath. • Listen to relaxation CD's. How can physical activity help? • It releases stress and calms you. • It can improve your mood and help you think clearer. • It keeps your mind off cigarettes and can help manage urges to smoke. • It can help control your appetite. • It can help you reach and maintain a healthy weight. • It can lower your blood pressure level. • It can increase your HDL (good) cholesterol level. • It can help reduce your risk of developing heart disease and stroke. • It can help control blood sugar by improving how your body uses insulin. ANSWERS by heart How Can I Handle the Stress of Not Smoking? Do you have questions for the doctor or nurse? HOW CAN I LEARN MORE? My Questions: Call 1-800-AHA-USA1 (1-800-242-8721), or visit heart.org to learn more about heart disease and stroke. Sign up to get Heart Insight, a free magazine for heart patients and their families, at heartinsight.org. Connect with others sharing similar

journeys with heart disease and stroke by joining our Support Network at heart.org/supportnetwork. Take a few minutes to write your questions for the next time you see your healthcare provider. For example: How long will the cravings last? What about nicotine gum or a nicotine patch? We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit heart.org/answersbyheart to learn more. ©2015, American Heart Association

Q386 True/False: After you quit smoking, with time you can decrease your risk of developing heart disease until it's at the same level it would be if you had never smoked.

- ☐ True (1)
- ☐ False (2)
-

Q387 Which coping methods can you use to manage your urge to smoke? Select all that apply.

- ☐ Reward yourself every time you resist the urge to smoke (1)
- ☐ Hang out in places where smoking is forbidden, such as no-smoking restaurants (2)
- ☐ Find a support group or attend counseling (3)
- ☐ Chide yourself every time you give in to the urge to smoke (4)
-

Q388 What is a key benefit of quitting smoking?

- ☐ It decreases your risk of developing diabetes (1)
- ☐ It decreases your risk of developing lung disease and cancer (2)
- ☐ It improves your immune system (3)
- ☐ It helps you have better social interactions (4)

Q740 Timing

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Q389 CDC LogoDepartment of Health and Human Services LogoAmerican Indian and Alaska Native Heart Disease and Stroke Fact Sheet Heart disease is the leading cause of death among American Indians and Alaska Natives. In 2003, heart disease caused 2,712 deaths. Source: <http://www.cdc.gov/nchs/hus.htm>. Stroke is the fifth leading cause of death among American Indians and Alaska Natives. In 2003, stroke caused 552 deaths. Heart disease and stroke are also major causes of disability and can decrease a person's quality of life. Photo of an Alaska Native woman getting her blood pressure taken. Photo courtesy of the Indian Health Service/U.S. Department of Health and Human Services. American Indian and Alaska Native Adults Ages 35 Years and Older 2000 Census Population Estimates A map of the United States titled "American Indian and Alaska Native Adults Ages 35 Years and Older 2000 Census Population Estimates." The map is color coded by county to show where the majority of the American Indian and Alaska Native population reside, which is largely in the western states and Alaska, and secondly in the North eastern states. Data Source: CDC National Center for Health Statistics (NCHS) and U.S. Census Bureau. Population estimates are based on Bridged Race Vintage 2003 Postcensal Population Estimates from NCHS. The American Indian and Alaska Native Population ¶ There are approximately 4.5 million American Indians and Alaska Natives in the United States, 1.5% of the population, including those of more than one race. ¶ The median age of American Indians and Alaska Natives is 30.7 years, younger than the 36.2 years of the total U.S. population. ¶ California has the largest population of American Indians and Alaska Natives (696,600), followed by Oklahoma (401,100), and Arizona (334,700). Alaska has the highest proportion of American Indians and Alaska Natives in its populations (20%), followed by Oklahoma and New Mexico (11% each). Los Angeles County is the county with the most American Indians and Alaska Natives (154,000). ¶ A language other than English is spoken at home by 25% of American Indians and Alaska Natives aged 5 years and older. ¶ A high school diploma is held by 76% of American Indians and Alaska Natives over age 25; 14 percent have a bachelor's degree or higher. The poverty rate of people who report American Indian and Alaska Native race only is 25%. ¶ Approximately 177,000 American Indians and Alaska Natives are veterans.

Source: U.S. Census Bureau, CB06-FF.16; September 20, 2006. <http://www.census.gov/Press->

[Release/www/releases/archives/facts_for_features_special_editions/007489.html](http://www/releases/archives/facts_for_features_special_editions/007489.html). Heart Disease Death Rates for 1996 through 2000 for American Indians and Alaska Natives Aged 35 Years and Older by County. The map shows that concentrations of counties with the highest heart disease rates—meaning the top quintile—are located primarily in South Dakota, North Dakota, Wisconsin, and Michigan. Heart disease death rates are spatially smoothed to enhance the stability of rates in counties with small populations. Deaths are defined according to the following International Classification of Diseases (ICD) codes: ICD-9: 390–398, 402, 404–429; ICD-10: I00–I09, I11, I13, I20–I25. Data Sources: National Vital Statistics System, CDC, and the U.S. Census Bureau. American Indian and Alaska Native Heart Disease and Stroke Facts * Heart Disease is the first and stroke the sixth leading cause of death Among American Indians and Alaska Natives.*

¥ The heart disease death rate was 20 percent greater and the stroke death rate 14 percent greater among American Indians and Alaska Natives (1996–1998) than among all U.S. races (1997) after adjusting for misreporting of American Indian and Alaska Native race on state death certificates.*

¥ The highest heart disease death rates are located primarily in South Dakota and North Dakota, Wisconsin, and Michigan.

¥ Counties with the highest stroke death rates are primarily in Alaska, Washington, Idaho, Montana, Wyoming, South Dakota, Wisconsin, and Minnesota.

¥ American Indians and Alaska Natives die from heart diseases at younger ages than other racial and ethnic groups in the United States. Thirty-six percent of those who die of heart disease die before age 65.¤

¥ Diabetes is an extremely important risk factor for cardiovascular disease among American Indians.¡

¥ Cigarette smoking, a risk factor for heart disease and stroke, is highest in the Northern Plains (44.1%) and Alaska (39.0%) and lowest in the Southwest (21.2%) among American Indians and Alaska Natives. **

*Indian Health Service. Trends in Indian Health, 2000–2001. Rockville, Maryland: U.S. Department of Health and Human Services, 2004. Casper ML, Denny CH, Coolidge JN, Williams GI Jr, Crowell A, Galloway JM, Cobb N. Atlas of Heart Disease and Stroke Among American Indians and Alaska Natives. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and Indian Health Service, 2005. http://www.cdc.gov/cvh/library/aian_atlas/index.htm¤SS Oh, JB Croft, KJ Greenlund, C Ayala, ZJ Zheng, GA Mensah, WH Giles. Disparities in Premature Deaths from Heart Disease—50 States and the District of Columbia. MMWR 2004;53:121–125. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5306a2.htm>!Howard BV, Lee ET, Cowan LD, et al. Rising tide of cardiovascular disease in American Indians: the Strong Heart Study. Circulation. 1999;99: 2389–2395. **CDC. Surveillance for health behaviors of American Indians and Alaska Natives: findings from the Behavioral Risk Factor Surveillance System, 1997–2000. In: CDC Surveillance Summaries (August 1). MMWR 2003;52(No. SS7). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5207a1.htm>Preventing Heart Disease and Stroke Among American Indians and Alaska Natives Prevent and Control High Blood Cholesterol High blood cholesterol is a major risk factor for heart disease. Preventing and

treating high blood cholesterol includes eating a diet low in saturated fat and cholesterol and high in fiber, keeping a healthy weight, and getting regular exercise. All adults should have their cholesterol levels checked once every five years. If yours is high, your doctor may prescribe medicines to help lower it. See our cholesterol fact sheet. Prevent and Control High Blood Pressure Lifestyle actions such as healthy diet, regular physical activity, not smoking, and healthy weight will help you to keep normal blood pressure levels and all adults should have their blood pressure checked on a regular basis. Blood pressure is easily checked. If your blood pressure is high, you can work with your doctor to treat it and bring it down to the normal range. A high blood pressure can usually be controlled with lifestyle changes and with medicines when needed. See our high blood pressure fact sheet. Prevent and Control Diabetes Diabetes has been shown to be a very important risk factor for heart disease among American Indians and Alaska Natives.* People with diabetes have an increased risk for heart disease but can reduce their risk. Also, people can take steps to reduce their risk for diabetes in the first place, through weight loss and regular physical activity. For more information about diabetes, see CDC's diabetes program Web site. No Tobacco Chewing, dipping and cigarette smoking are non-traditional uses of tobacco among American Indians and Alaska Natives. Smoking increases the risk of high blood pressure, heart disease, and stroke. Never smoking is one of the best things a person can do to lower their risk. And, quitting smoking will also help lower a person's risk of heart disease. A person's risk of heart attack decreases soon after quitting. If you smoke, your doctor can suggest programs to help you quit smoking. For more information about tobacco use and quitting, see CDC's tobacco intervention and prevention Web site. Moderate Alcohol Use Excessive alcohol use increases the risk of high blood pressure, heart attack, and stroke. People who drink should do so only in moderation and always responsibly. More information on alcohol can be found at CDC's alcohol and public health Web site. Maintain a Healthy Weight Healthy weight status in adults is usually assessed by using weight and height to compute a number called the "body mass index" (BMI). BMI usually indicates the amount of body fat. An adult who has a BMI of 30 or higher is considered obese.

Q390 What are the risk factors for heart disease among American Indians and Alaska Natives? Select all that apply.

- ☐ Smoking (1)
 - ☐ Diabetes (2)
 - ☐ High cholesterol (3)
 - ☐ Genetics (4)
-

Q391 True/False: Heart disease is the leading cause of death among American Indians and Alaska Natives.

- ☐ True (1)
- ☐ False (2)
-

Q392 What steps can you take to reduce your risk of heart disease? Select all that apply.

- ☐ Lose weight or maintain a health weight. (1)
- ☐ Exercise regularly. (2)
- ☐ Quit smoking. (3)
- ☐ Have your DNA analyzed. (4)

End of Block: Health: HeartDiseaseAmIndianAlaska

Start of Block: Health: ProtectWhenPregnant

Q741 Timing
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Q393 Protect Your Baby for Life When a Pregnant Woman Has Hepatitis B

Profile close up of a pregnant woman's tummy area

Why should pregnant women be concerned about Hepatitis B? Hepatitis B is a serious liver disease that can be easily passed to others. It is important for a woman to find out if she has Hepatitis B, so she can get medical care. It is also possible for a pregnant woman with Hepatitis B to pass the virus to her baby at birth. Fortunately, there is a vaccine to prevent babies from getting Hepatitis B. What is Hepatitis B? Hepatitis means inflammation of the liver. Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When a person becomes infected, the Hepatitis B virus can stay in the person's body for the rest of his or her life and cause serious liver problems. Can Hepatitis B

be spread to babies? Yes. The Hepatitis B virus can be spread to a baby during childbirth. This can happen during a vaginal delivery or a c-section. How else is Hepatitis B spread? Hepatitis B can also be spread when blood, semen, or other bodily fluids from a person with the virus enter the body of someone who is not infected. The virus is very infectious and is passed easily through breaks in the skin or in soft tissues such as the nose, mouth, and eyes. This can happen through direct contact with blood from an infected person, even in tiny amounts too small to see. Hepatitis B can also be spread through sex with an infected person. How serious is Hepatitis B? When babies become infected with Hepatitis B, they have a 90% chance of developing a lifelong, chronic infection. As many as 1 in 4 people with chronic Hepatitis B develop serious health problems. Hepatitis B can cause liver damage, liver disease, and liver cancer. How common is Hepatitis B? About 350 million people worldwide and 1.2 million people in the United States are infected with Hepatitis B. Can doctors prevent a baby from getting Hepatitis B? Yes. Babies born to women with Hepatitis B get two shots soon after birth. One is the first dose of the Hepatitis B vaccine and the other shot is called HBIG. The two shots help prevent the baby from getting Hepatitis B. The shots work best when they are given within 12 hours after being born. What is HBIG? HBIG is a medicine that gives a baby's body a "boost" or extra help to fight the virus as soon as he or she is born. The HBIG shot is only given to babies of mothers who have Hepatitis B. How many Hepatitis B shots does my baby need? Your baby will get 3 or 4 shots, depending on which brand of vaccine is used. After the first dose is given in the hospital, the next dose is given at 1-2 months of age. The last dose is usually given by the time your baby is one year old. Ask your doctor or nurse when your baby needs to come back for each shot. Does my baby need all the shots? All the Hepatitis B shots are necessary to help keep your baby from getting Hepatitis B.

CDC recommends that babies get the HBIG shot and the first dose of Hepatitis B vaccine within 12 hours of being born.

Closeup of a newborn's face. Newborn resting on a woman's chest. How can I make sure my family is protected from Hepatitis B? Get everyone tested for Hepatitis B. Your baby's father and everyone else who lives in your house should go to the doctor or clinic to be tested. Testing your family members helps to tell if they have Hepatitis B. If they do not have Hepatitis B, the doctor will talk to them about getting the Hepatitis B vaccine to protect them from getting the infection. Cover cuts and sores. Since Hepatitis B is spread through blood, people with Hepatitis B should be careful not to expose other people to things that could have their blood on them. It is important not to share personal items such as razors, nail clippers, toothbrushes, or glucose monitors. Cuts and sores should be covered while they are healing. Do not chew food for your baby. Tiny amounts of blood can sometimes be in a person's mouth. Do not pre-chew food before you feed it to your baby.

Prevent Hepatitis B. Get your baby vaccinated. How do I know my baby is protected? After getting all the Hepatitis B shots, your doctor will test your baby's blood. The blood test tells you and your doctor that your baby is protected and does not have Hepatitis B. The blood test is usually done 1-2 months after the last shot. Be sure to bring your baby back to your doctor for this important blood test. Hepatitis B is not spread by: Breastfeeding. It is safe for you to breastfeed your baby. You cannot give your baby Hepatitis B from breast milk. Cooking and eating. It is safe for you to prepare and eat meals with your family. Hepatitis B is not spread by

sharing dishes, cooking or eating utensils, or drinking glasses. Hugging and kissing You can hug and kiss your baby, family members, or others close to you. You cannot give anyone Hepatitis B from hugging and kissing them. Also, Hepatitis B is not spread through sneezing or coughing. For more information Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis Newborn baby in the arms of a woman. HHS logo. DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention Division of Viral Hepatitis
www.cdc.gov/hepatitis

CDC logo.
October 2010
Publication No. 22-0432

Q394 Why should pregnant women be concerned about Hepatitis B?

- ☐ It can cause a pregnant woman to have a miscarriage (1)
- ☐ It can be passed to her baby at birth (2)
- ☐ It can cause deformities for the unborn baby (3)
- ☐ It contributes to complications during pregnancy (4)

Q395 Babies who are born via c-section cannot become infected with Hepatitis B.

- ☐ True (1)
 - ☐ False (2)
-

Q396 How can you prevent spreading Hepatitis B to your family? Select all that apply.

- ☐ Make sure everyone in your family is tested (1)
- ☐ Do not share personal items such as razors, nail clippers, and toothbrushes (2)
- ☐ Do not chew food for your baby (3)
- ☐ Do not breastfeed your baby (4)

End of Block: Health: ProtectWhenPregnant

Start of Block: Health: IncarcerationFactSheet

Q742 Timing

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Q397 What is hepatitis?

Hepatitis means inflammation or swelling of the liver. The liver is an important organ that helps the body digest food, clean blood, and fight germs. When the liver is inflamed or damaged, it does not work very well. Hepatitis is most often caused by a virus. There are three common types of viral hepatitis: Hepatitis A, Hepatitis B, and Hepatitis C. They are all different from each other and are spread from one person to another in different ways. Hepatitis C is the most common type of hepatitis in the United States. It is also the most common type in jails and prisons. What is Hepatitis C?

Hepatitis C is a serious liver disease that is caused by the Hepatitis C virus. Hepatitis C is called a silent disease because people can get infected and not know it. Some people who get infected with Hepatitis C are able to clear, or get rid of the virus. For most people who get Hepatitis C, the virus stays in their body for life. Doctors call this chronic Hepatitis C.

Incarceration and Hepatitis C

Hepatitis C can be a health problem for people who have been incarcerated. Adults in correctional facilities are at risk for Hepatitis C because many people in jails or prisons already have Hepatitis C. The most common way inmates get Hepatitis C is by sharing equipment used for injecting drugs, tattooing, and piercing with other people who are already infected. The Hepatitis C virus can be spread easily to others through blood, even in very small amounts too small to see. How is Hepatitis C spread?

Hepatitis C is most often spread when blood from a person who has Hepatitis C enters the body

of someone who is not infected. Here are common ways someone can get Hepatitis C: Blood: The Hepatitis C virus can be found in blood spills, droplets, and blood splatters outside the body. The virus can survive in dried blood for several days. Whenever contact is made with surfaces, equipment, or objects that have infected blood on them—Even in amounts too small to see—the virus can be spread to others. Drugs: Most people get the Hepatitis C virus from an infected person when sharing needles or other equipment to inject drugs. Even tiny amounts of blood on needles and other types of drug equipment can spread Hepatitis C from one person to another. Tattoos/Piercing/Scarring:

Sex: The Hepatitis C virus can be spread through sex, although this does not happen very often. The virus seems to be more easily spread through sex when a person also has HIV or an STD. People who have rough sex or many sex partners seem to get Hepatitis C more often. The Hepatitis C virus can be spread when tattoo, body art, or piercing equipment has tiny amounts of blood on it. Many people get tattoos, piercings, or other marks while incarcerated. When they share the equipment, it is easy for people to spread the virus and become infected with Hepatitis C.

HHS and CDC logos. Continued on next page There are about 2.2 million people in US jails and prisons. 1 in 3 have Hepatitis C.

Can Hepatitis C be prevented?

Yes. To prevent Hepatitis C: ¥ Do not use tattooing, piercing, or cutting equipment that has been used on someone else. This includes such things as sharp objects, ink, needles, or barrels that could have even tiny amounts of blood on them that are too small to see. ¥ Do not share needles or other equipment, including cookers, cottons, ties, or water to inject drugs. ¥

Do not share razors, toothbrushes, or other personal items that may have come into contact with another person's blood. Why doesn't cleaning kill the Hepatitis C virus?

Bleaching, boiling, heating with a flame, or using common cleaning fluids, alcohol, or peroxide will not clean needles, tools, and other instruments. These methods are not strong enough to kill the Hepatitis C virus. The virus can still spread easily from one person to another. How can you tell if someone has Hepatitis C?

You cannot tell if someone has Hepatitis C by looking at them. Doctors use a blood test to look for "antibodies," or signs in a person's blood, that they have been infected with the Hepatitis C virus at some point in time. If this test is positive for Hepatitis C antibodies, a different blood test is needed. The second test will tell if the Hepatitis C virus is still in the body. If this test is positive, it means a person currently has Hepatitis C. Additional tests and a medical exam are needed to confirm the diagnosis. What are the symptoms of Hepatitis C?

Many people with Hepatitis C have no symptoms and do not know they are infected. If a person has symptoms, they can include one or more of the following: fever, stomach pain, feeling very tired, grey-colored stool, not wanting to eat, bone or joint pain, upset stomach, throwing up, dark urine, yellow skin and eyes. What happens if a person has Hepatitis C?

When a person gets infected with the Hepatitis C virus, different things can happen depending on a person's age, health, and use of drugs or alcohol. Some people have health problems within a few years of getting infected. Other people live with Hepatitis C for 20 or 30 years

without symptoms or feeling sick. Over time, the virus can cause serious health problems for some people. Can Hepatitis C be treated?

Yes, but not everyone needs medical treatment or can benefit from it. If possible, it is important for people who have Hepatitis C to get regular check-ups. A doctor will run tests to see if the virus is causing damage to the liver. If the liver is damaged, medicines called "antivirals" can sometimes help. These medicines can slow damage to the liver, and may even get rid of the virus.

Q398 Why is it important to have a healthy liver?

- ☐ The liver helps the body clean blood, digest food, and fight germs. (1)
 - ☐ A sick liver can cause Hepatitis C. (2)
 - ☐ When your liver is inflamed or swollen, you can develop Hepatitis A. (3)
 - ☐ A swollen liver causes Hepatitis B. (4)
-

Q399 True/False: You can be infected with Hepatitis C and not know it.

- ☐ True (1)
 - ☐ False (2)
-

Q400 How is Hepatitis C spread in prisons? Select all that apply.

- ☐ By sharing needles with an infected person, such as when getting a piercing or tattoo (1)
- ☐ By sharing a cell with an infected person (2)
- ☐ By having sex with an infected person (3)
- ☐ When an infected person prepares food you eat (4)

Q743 Timing

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Q401 Allergy tests When you need them—and when you don’t Allergy tests may help find allergies to things you eat, touch, or breathe in. They are usually skin or blood tests. However, allergy tests alone are generally not enough. It is important to have a doctor’s exam and medical history first to help diagnose allergies. If the exam and medical history point to allergies, allergy tests may help find what you are allergic to. But if you don’t have symptoms and you haven’t had a medical exam that points to an allergy, you should think twice about allergy testing. Here’s why: Allergy tests, without a doctor’s exam, usually are not reliable. Many drugstores and supermarkets offer free screenings. And you can even buy kits to test for allergies yourself at home. But the results of these tests may be misleading. • The tests may say you have an allergy when you do not. This is called a “false positive.” • These free tests and home tests for food allergies are not always reliable. Unreliable test results can lead to unnecessary changes in your lifestyle. If the test says you are allergic to some foods, such as wheat, soy, eggs, or milk, you may stop eating those foods. You may end up with a poor diet, unnecessary worries and frustration, or extra food costs. If the test says you are allergic to cats or dogs, you may give up a loved pet. And tests for chronic hives—red, itchy, raised areas of the skin that last for more than six weeks—can show something that may not look normal but is not a problem. However, this can lead to anxiety, more tests, and referrals to specialists.

The wrong test can be a waste of money. Allergy tests can cost a lot. A skin allergy test can cost \$60 to \$300. A blood test can cost \$200 to \$1,000. A blood test for food allergies can cost hundreds of dollars, and testing for chronic hives can cost thousands of dollars. Your health insurance may not cover the costs of these tests. And without a doctor’s exam, the test may not even tell you what is causing your symptoms or how to treat them. So, when should you have allergy tests? If you have allergy symptoms, you may get relief from self-help steps and over-the-counter drugs. We talk about these in the blue section. If these steps do not help your symptoms, then it is time to see your doctor. The doctor should ask you about your medical history and make sure you get the right tests. If your medical history suggests that you have an allergy, your doctor might refer you to an allergist or immunologist (doctors who specialize in allergies) for testing. • A skin test is the most common kind of allergy test. Your skin is pricked with a needle that has a tiny amount of something you might be allergic to. • If you have a rash or take a medicine that could affect the results of a skin test, you may need a blood test. • For chronic hives, you usually do not need an allergy test. However, your doctor might order tests to make

sure that the hives are not caused by other conditions, such as thyroid disease, lymphoma, or lupus. Advice from Consumer Reports How should you manage allergies and hives? Food allergies. The only treatment for food allergies is to avoid the foods you are allergic to. • Read the ingredients list on packaged and canned foods. When you eat out, ask about ingredients in dishes. • If you have had a serious reaction to certain foods, wear a medical alert bracelet and carry a prescription of epinephrine that you can use if you have a reaction. Outdoor and indoor allergies. • If you have hay fever, you can check pollen counts in your area at the National Allergy Bureau website: www.aaaai.org. Try to stay indoors when pollen counts are high. • For indoor allergies, use an air-conditioner or dehumidifier. Regularly vacuum and wash rugs and bedding. • For both indoor and outdoor allergies, consider an over-the-counter antihistamine, such as cetirizine, loratadine, or diphenhydramine. Or ask your doctor about a prescription steroid nasal spray. Chronic hives. • See a doctor if you have chronic hives. The doctor may recommend high doses of antihistamines. The doctor may prescribe famotidine or ranitidine, which are usually used to treat heartburn but are also antihistamines. If those drugs do not help, ask about prescription drugs such as generic montelukast or zafirlukast. • Avoid alcohol, aspirin, and drugs such as generic ibuprofen or naproxen. These drugs can make hives worse. This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk. © 2012 Consumer Reports. Developed in cooperation with the American Academy of Allergy, Asthma & Immunology. To learn more about the sources used in this report and terms and conditions of use, visit ConsumerHealthChoices.org/about-us/.

Q402 Why should you think twice about getting an allergy test if you've never had symptoms? Select all that apply.

- ☐ Allergy tests are not reliable (1)
 - ☐ Allergy tests are expensive (2)
 - ☐ Allergy tests are dangerous (3)
 - ☐ Allergy tests are never covered by insurance (4)
-

Q403 How can you manage allergies?

- ☐ If you're allergic to specific foods, avoid the foods you're allergic to (1)
 - ☐ Build a resistance to whatever you're allergic to by increasing your exposure to it (2)
 - ☐ Get tested for common allergies, even if you feel no symptoms (3)
 - ☐ There is no reliable way to manage allergies (4)
-

Q404 True/False: Allergy tests alone are enough to diagnose an allergy.

- ☐ True (1)
- ☐ False (2)

End of Block: Health: AllergyTestsPlainEng

Start of Block: Health: LeadPoisoningParents

Q744 Timing

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Q405 Understanding Lead Poisoning A guide for parents of children with high lead levels cover of "Understanding Lead Poisoning: A guide for parents of children with high lead levels" Childhood Lead Poisoning Prevention Program Call for free: 1-800-532-9571 Assistance available in other languages. What is Lead Poisoning? Lead poisoning is caused by swallowing or breathing lead. Lead poisons children when it gets into their bodies What are the symptoms of lead poisoning? Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Some children may have: . Upset stomach . Trouble eating or sleeping . Headache . Trouble paying attention What are the long-term effects of lead? The harm done by lead may never go away. Lead in the body can: • Hurt the brain, kidneys, and nervous system • Slow down growth and development • Make it hard to learn • Damage hearing and speech • Cause behavior problems How long does lead stay in the body? Lead can stay in the body for a long time. Young children absorb lead more easily than adults. If your child has lead poisoning, the doctor may give you medicine to

help the body get rid of lead. Drawing of a human head with a brain. The harm done by lead may never go away. Lead in the body can hurt the brain, kidneys, and nervous system. Children do not have to eat paint chips to get lead poisoning. Most children get lead poisoning from dust on their hands and toys. drawing of a doctor. Children do not have to eat paint chips to get lead poisoning. Most children get lead poisoning from dust on their hands and toys. How do children get lead poisoning? Most of the lead poisoning in Massachusetts comes from lead paint dust in older homes. Many homes built before 1978 have lead paint on the inside and the outside of the building. When old paint peels and cracks, it creates lead paint chips and lead dust. Home renovations also create lead dust. Lead dust lands on the floor. Lead gets into a child's body when he puts his hands and toys in his mouth. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years are most at risk. Even at low levels, lead can make it hard for children to learn, pay attention and behave. If you are pregnant, lead can hurt your baby. CLPPP stands for the Childhood Lead Poisoning Prevention Program Understanding the Lead Test What is a lead test? In a lead test, a blood sample is taken from the child's finger or arm. The test measures how much lead is in your child's blood. Most children have lead levels under 5. Finger or Arm? • Blood taken from the finger is called a capillary sample. • Blood taken from the arm is called a venous sample. Getting a Second Test It is important that your child be tested for lead a second time. Call your doctor or health clinic to set up a second lead test. drawing of a calendar. It is important that your child be tested for lead a second time. Call your doctor or health clinic to set up a second lead test. drawing of a finger with a band aid to show the location of a where a capillary (finger) blood sample is taken. drawing of an arm with a band aid to show the location of a where a venous (arm) blood sample is taken. Lead Level Next Test 5-14 test your child again within 3 months 15-19 test your child again within 2 months 20 or more test your child again within 1 month What Does My Child's Lead Level Mean? 5 to 24 A blood lead level of 5 or more is not safe. • Most children will not look or act sick. • The doctor may give your child iron. Talk to your doctor about learning or development problems. Your child may need a special education plan. • It is important to find and fix the lead hazards in your home. Have your home tested for lead. • Remember to test your child again with a venous sample! 25 or more A child who is under 6 years old with a lead level of 25 or more is lead poisoned. • Your child may have to stay in the hospital. The doctor may give your child medication to help get the lead out of their body. This is called "chelation." • Some children may have trouble speaking, hearing, or paying attention. Ask your doctor about learning problems. You may need a special education plan for your child. • If your child has lead poisoning, your home must be tested for lead. An inspector from CLPPP will check your home for lead. If there is lead in your home, it must be fixed. • Remember to bring your child for a second lead test within one month! Find the Lead in Your Home Have your home tested for lead. It is important to find out where your child is getting lead. If you rent your home, ask your landlord to test your home for lead. If your landlord refuses, call CLPPP. A state inspector will test your home for free. If you own your home, hire a licensed lead inspector to test your home. What if there is lead paint in my home? If there is lead paint in your home, the owner must fix it. Fixing the lead paint in a home is called deleading. Deleading can be dangerous. It must be done by someone who has been trained to do the work safely. Some work can only be done by a licensed deleader. To learn more, call CLPPP to request a copy of the Deleading booklet. If you own your home, you can get money to help you pay for deleading. Call the Get The Lead

Out Program at 1-617-854-1000 for details. drawing of a family. Do you rent your home? If you do, your landlord must pay to fix the lead in your home. Families with children under 6 years old are protected by law. Do you rent your home? If you do, your landlord must pay to fix the lead in your home. Families with children under 6 years old are protected by law. Other Sources of Lead Lead can be found in places other than paint. Drawing of a handmade pot. Lead can be found in handmade pots and dishes. Glazed pottery, like beanpots; Samovars and other pots with lead solder. Lead is in handmade pots and dishes. • Glazed pottery, like beanpots • Samovars and other pots with lead solder Lead is in many workplaces. • Construction work • Auto repair • Plumbing • Places where people work with batteries • Places where people do welding or smoldering Lead is in products from other countries. • Candy, especially candy and wrappers from Mexico • Make-up • Toy jewelry • Imported cans of food • Home remedies, especially red, yellow, orange or white powders used for stomachaches (such as Azarcon or Payloohah) Lead is in soil and water. • Dirt • Plumbing pipes (solder) Lead is in come crafts and sports. • Fishing sinkers • Bullets • Stained-glass making drawing of a lollipop. Lead can be found in many products from other countries. Candy, especially candy and wrappers from Mexico. picture of toy jewelery. Lead can be found is in products from other countries; such as toy jewelry. Learn How to Protect Your Child The first step is to find and remove the lead in your home as soon as possible. The longer your child is around lead, the more the lead will hurt their body. Have your home inspected for lead paint. Be aware of other sources of lead. Until the lead is removed, there are 3 easy things you can do to protect your child from lead: • Clean up dust in your home • Keep children away from lead paint and dust • Feed your child healthy foods drawing of a mother with two children to showing how to protect your children by finding and removing the lead in your home. • Clean up dust in your home • Keep children away from lead paint and dust • Feed your child healthy foods drawing of a doctor Here's what you can do to protect your child: • Clean up lead dust. • Keep children away from lead paint. • Give your child healthy foods. Keep reading to learn more Clean Up Lead Dust Wet wipe often to reduce lead dust. . Do not use a vacuum or a broom to clean up lead paint or dust. This can spread dust into the air. . Be sure to clean in and around windows, play areas and floors. . Clean at least once a week. Wash hands and toys often. . Wash your child's hands often and always before eating and sleeping . Wash your children's toys with soap and water. Change clothes after work. . If a family member works with lead, they should change clothes before they come home. They should shower before playing with children. . Wash work clothes separate from the rest of the laundry. drawing of sneakers - a person should take shoes off before coming inside. Take shoes off before coming inside. This helps keep dirt and dust out of your home. Use a doormat to wipe your feet. How to Clean drawing of rubber gloves to wear while cleaning 1) Wear Gloves. drawing of a spray bottle to use while cleaning. This will reduce dust. Wash surfaces with all-purpose cleaner. Scrub well. 2) Use a Spray Bottle. This will reduce dust. Wash surfaces with all-purpose cleaner. Scrub well. drawing of a roll of paper towels. Use a new paper towel to clean each area. Do not use a cloth or sponge - this will only spread the dust. 3) Use Paper Towels. Use a new paper towel to clean each area. Do not use a cloth or sponge - this will only spread the dust. drawing of a trash bag and a roll of tape. Throw out with the trash. Put the paint chips and paper towels in a plastic bag. Close the bag tightly. 4) Throw ou t with the Trash. Put the paint chips and paper towels in a plastic bag. Close the bag tightly. drawing of washing hands after cleaning lead hazards. 5) Wash your Hands after

Cleaning. Keep Children Away from Lead Paint Cover loose paint. Use contact paper or duct tape to cover loose paint in and around windows and walls. drawing of a roll of duct tape used to cover loose paint in and around window and walls Block access to lead paint. • Move furniture in front of peeling paint or plaster • Never place furniture where a child may climb on it and fall out of a window. • Keep the lower part of the window closed. • Open only the upper part, if you can. • Change your child's bedroom. If your child's bedroom has chipping paint use another room. Renovate safely. • Do not do any remodeling or repair work until your home has been inspected for lead. • To learn more about lead-safe work practices, call CLPPP. Be Careful Home repairs like sanding or scraping can make dangerous lead dust. Drawing of a man preparing to repair a house. Home repairs like sanding or scraping can make dangerous lead dust. Give Your Child healthy Food Look for foods with calcium, iron, and vitamin C These foods can help keep lead out of the body. Calcium is in milk, yogurt, cheese, and green leafy vegetables like spinach. Iron is in lean meats, fish, beans, cereals, nuts, and peanut butter. Vitamin C is in oranges, tomatoes, green and red peppers, and juice. Give your child healthy snacks like: . Fresh fruits and vegetables . Whole grain crackers . Cheese and yogurt Give your child 4 to 6 small meals a day. . Children absorb less lead on a full stomach. Make meal times safer. . Eat at the table. . Don't eat food that has fallen on the floor. . Wash your child's hands before every snack or meal. . Use cold water for cooking, drinking, and making formula. Drawing of a jar of 1/2 gallon and a glass of milk. Calcium is in milk, yogurt, cheese, and green leafy vegetables like spinach. Drawing of a jar of peanut butter and peanuts. Iron is in lean meats, fish, beans, cereals, nuts, and peanut butter. Drawing of a whole and sliced orange. Vitamin C is in oranges, tomatoes, green and red peppers, and juice. drawing of hand holding the "Lead Law" The Massachusetts Lead Law The Lead Law protects children under 6 years old who lived before 1978. If there is lead paint in the home, the fix it. Property owners must obey the law. If a child gets lead poisoning from their home, the owner or landlord is responsible. Discrimination If you rent your home: . Your landlord cannot evict you or raise your rent because of lead paint. . A landlord cannot refuse to rent to you because you have children, even if there is lead in the home. This is illegal. . A landlord cannot refuse to rent to you because of your race, income, or disability. . If you have a problem with discrimination, call CLPPP for help. drawing of a family. Don't forget to bring your children back for a second lead test, have your home inspected for lead and keep your children away from lead paint and dust. CLPPP stands for the Childhood Lead Poisoning Prevention Program. If you have questions about lead, call CLPPP for toll free at 1-800-532-9571 or visit www.mass.gov/dph/ CLPPP FOR MORE INFORMATION, CONTACT: Childhood Lead Poisoning Prevention Program (CLPPP) Massachusetts Department of Public Health 250 Washington St., 7th Floor Boston, MA 02108 Call: 1-800-532-9571 or 617-624-5757 TTY: 617-624-5286 Email: clppp@state.ma.us On the web: www.mass.gov/dph/clppp Massachusetts Department of Public Health Bureau of Environmental Health Printed on recycled paper - 2015 Seal of the Massachusetts Department of Public Health

Q406 True/False: Most children who have lead poisoning often look or act sick.

- ☐ True (1)
- ☐ False (2)
-

Q407 What are some effects of lead poisoning? Select all that apply.

- ☐ Behavioral problems (1)
- ☐ Damage to the brain, kidneys, and nervous system (2)
- ☐ May affect one's ability to learn (3)
- ☐ May cause growth to be stunted or delayed (4)
-

Q408 Of those with lead poisoning, how are most children exposed?

- ☐ By living in an old house or apartment building. (1)
- ☐ By living in a rented apartment. (2)
- ☐ Lead dust that gets on children's hands or toys. (3)
- ☐ By playing in a dangerous place. (4)

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Q745 Timing
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Q409 FAST FACTS Data and Statistics about Diabetes KeY FaCtS • Almost 30 million children and adults in the United States have diabetes • 86 million Americans have prediabetes • 1.4 million Americans are diagnosed with diabetes every year Diabetes in the United States • 29.1 million Americans, 9.3% of the population, have diabetes • 21 million Americans have diagnosed diabetes • 8.1 million Americans have undiagnosed diabetes (27.8% of diabetes is undiagnosed) • 1.4 million Americans aged 20 years or older are newly diagnosed with diabetes each year, 3,835/day, one every 23 seconds • Age 20 years or older: 12.3% of all people in this age group have diabetes • Age 65 years or older: 11.2 million, or 25.9% of all people in this age group, have diabetes Diabetes in Youth • About 208,000 people younger than 20 years have diabetes (type 1 or type 2). This represents .25% of all people in this age group, or about 1 in 400 • 18,436 youth are newly diagnosed with type 1 diabetes annually • 5,089 youth are newly diagnosed with type 2 diabetes annually Prediabetes • 37% of U.S. adults aged 20 years or older have prediabetes • 86 million Americans aged 20 years or older have prediabetes. Only 11.1% of Americans with prediabetes have been told they have it Racial Disparities • Compared to non-Hispanic whites, the risk of diagnosed diabetes is 1.2 times higher among Asian Americans, 1.7 times higher among Hispanics, and 1.7 times higher among non-Hispanic blacks • 12.8% of Hispanic/Latino adults in the United States have diagnosed diabetes 13.2% of non-Hispanic black adults in the United States have diagnosed diabetes • Among Hispanic adults, the age-adjusted rate of diagnosed diabetes was 8.5% for Central and South Americans, 9.3% for Cubans, 13.9% for Mexican Americans, and 14.8% for Puerto Ricans • Among Asian American adults, the age-adjusted rate of diagnosed diabetes was 4.4% for Chinese, 11.3% for Filipinos, 13% for Asian Indians, and 8.8% for other Asians • 39.7% of diabetes in Asian Americans is undiagnosed, 36.8% in Hispanics, 32.8% in non-Hispanic blacks, and 24.6% in non-Hispanic whites • Among American Indian and Alaska Native adults, the age-adjusted rate of diagnosed diabetes varied by region from 6% among Alaska Natives to 24.1% among American Indians in southern Arizona Diabetes as Cause of Death • Diabetes is the primary cause of death for 69,071 Americans each year • Diabetes contributes to the death of 234,051 Americans annually (combining death certificates that list diabetes as the primary and a contributing cause of death) Revised 12/2015 For more information and references, visit professional.diabetes.org/facts FAST FACTS Cost of Diabetes • \$245 billion, the total economic burden in 2012 in the U.S. of the cost of diagnosed diabetes, including \$176 billion in direct costs and \$69 billion in indirect costs (disability, work loss, premature mortality) • \$322 billion, the total economic burden in 2012 in the U.S. of the cost of diagnosed diabetes, undiagnosed diabetes, prediabetes, and gestational diabetes • People with diagnosed diabetes have health care costs 2.3 times higher than what expenditures would be in the absence of diabetes • 1 in 10 health care dollars is spent treating diabetes and its complications • 1 in 5 health care dollars is spent caring for people with diabetes Complications of Diabetes • Hospitalization rates for heart attack were 1.8 times higher among adults with diabetes than among adults without diabetes • Hospitalization rates for stroke were 1.5 times higher among adults with diabetes compared to those without diabetes • In 2011, about 282,000 emergency room visits for adults aged 18 years or older had hypoglycemia as the first-listed diagnosis and diabetes as another diagnosis • In 2011,

about 175,000 emergency room visits for people of all ages had hyperglycemic crisis as the first-listed diagnosis • In 2005–2008, 4.2 million (28.5%) Americans with diabetes aged 40 years or older had diabetic retinopathy • Diabetes is the leading cause of kidney failure, accounting for 44% of all new cases of kidney failure • Annually, 49,677 Americans begin treatment for kidney failure due to diabetes • A total of 228,924 people with kidney failure due to diabetes are living on chronic dialysis or with a kidney transplant in the United States • About 60 to 70% of people with diabetes have mild to severe forms of neuropathy • Hearing loss is about twice as common in adults with diabetes as those who do not have diabetes • More than 60% of nontraumatic lower-limb amputations occur in people with diabetes • About 73,000 nontraumatic lower-limb amputations are performed in people with diabetes annually

Other Statistics • In the United States, approximately 5% of the population with diagnosed diabetes has type 1 diabetes; approximately 90-95% has type 2 diabetes (1-5% have other, rare types) • Approximately 1.25 million American children and adults have type 1 diabetes • Up to 9.2% of pregnancies are affected by gestational diabetes (GDM). Women who have had GDM have up to a 70% lifetime risk of developing type 2 diabetes • Among adults with diagnosed diabetes, 14% take insulin only, 14.7% take both insulin and oral medication, 56.9% take oral medication only, and 14.4% do not take either insulin or oral medication • Approximately 6 million Americans use insulin • 85.2% of people with type 2 diabetes are overweight or obese • As many as 1 in 3 American adults will have diabetes by 2050 if present trends continue • Diabetes kills more Americans every year than AIDS and breast cancer combined • A person with diagnosed diabetes at age 50 dies, on average, 6 years earlier than a counterpart without diabetes Revised 12/2015 For more information and references, visit professional.diabetes.org/facts

Q410 True/False: The risk of diabetes is the same regardless of race or ethnicity.

- ☐ True (1)
- ☐ False (2)
-

Q411 Which conditions can complicate diabetes? Select all that apply.

- ☐ Hypoglycemia (1)
 - ☐ Hyperglycemia (2)
 - ☐ Hypothermia (3)
 - ☐ Hospitalization (4)
-

Q412 True/False: Most people diagnosed with diabetes in the U.S. have Type 2 diabetes.

- ☐ True (1)
- ☐ False (2)

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Start of Block: Health: fs_men_heart

Q746 Timing

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Q413 HHS logo Men and Heart Disease Fact Sheet CDC logo Heart Disease Death Rates in Men, 2011-2013 Age adjusted average annual deaths per 100,000 among men ages 35 and older, by county. Rates range from 108.9 to 1262.6 per 100,000. The map shows that concentrations of counties with the highest heart disease death rates - meaning the top quintile - are located primarily in Alabama, Mississippi, Louisiana, Oklahoma, southern Georgia, eastern Kentucky, and parts of Arkansas and Tennessee. Source: Interactive Atlas of Heart Disease Facts on Men and Heart Disease . Heart disease is the leading cause of death for men in the United States, killing 307,225 men in 2009—that's 1 in every 4 male deaths.¹ . Heart disease is the leading cause of death for men of most racial/ethnic groups in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and whites. For Asian American or Pacific Islander men, heart disease is second only to cancer.² . About 8.5% of all

white men, 7.9% of black men, and 6.3% of Mexican American men have coronary heart disease.³ . Half of the men who die suddenly of coronary heart disease have no previous symptoms.³ Even if you have no symptoms, you may still be at risk for heart disease. . Between 70% and 89% of sudden cardiac events occur in men.³ Risk Factors High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.⁴ Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including: . Diabetes . Overweight and obesity . Poor diet . Physical inactivity . Excessive alcohol use

CDC's Public Health Efforts . State Public Health Actions to Prevent and Control Chronic Diseases . Million Hearts® For More Information For more information on men and heart disease, visit the following Web sites— . Centers for Disease Control and Prevention . American Heart Association . National Heart, Lung, and Blood Institute

References 1. Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung HC. Deaths: final data for 2009. National vital statistics reports. 2011;60(3). 2. Heron M. Deaths: Leading causes for 2008. National vital statistics reports. 2012;60(6). 3. Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics— 2012 update: a report from the American Heart Association. Circulation. 2012;125(1):e2–220. 4. CDC. Million Hearts: strategies to reduce the prevalence of leading cardiovascular disease risk factors. United States, 2011. MMWR 2011;60(36):1248–51. *Links to non–Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

Q414 True/False: You are not at risk for heart disease if you have no symptoms.

- ☐ True (1)
- ☐ False (2)
-

Q415 Which of the following conditions increases your risk of heart disease? Select all that apply.

- ☐ Diabetes (1)
 - ☐ Obesity (2)
 - ☐ Drinking too much alcohol (3)
 - ☐ Regular exercise (4)
-

Q416 What is not a risk factor for heart disease?

- ☐ High blood pressure (1)
- ☐ High LDL cholesterol (2)
- ☐ Smoking or living with someone who smokes frequently (3)
- ☐ Having a family member who also has heart disease (4)

End of Block: Health: fs_men_heart

Start of Block: Health: Fs_pad

Q747 Timing

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Q417 Page background Heading background Peripheral Arterial Disease in the Legs

Peripheral Arterial Disease (PAD) in the Legs or lower extremities is the narrowing or blockage of the vessels that carry blood from the heart to the legs. It is primarily caused by the buildup of fatty plaque in the arteries, which is called atherosclerosis. PAD can occur in any blood vessel, but it is more common in the legs than the arms. man walking on beach Bar Chart Title:

Prevalence of PAD (%) by Age Group (years) The chart reflects the prevalence of PAD in men

and women by age group and how it increases with age. Age Groups: 40-49: Men - 1.28%; Women - 1.89% 50-59: Men - 2.33%; Women - 3.97% 60-69: Men - 6.2%; Women - 5.41% 70-79: Men - 11.01%; Women - 9.5% ≥ 80 : Men - 26.59%; Women - 20.79% Men Women The prevalence of PAD increases with age for both men and women.¹ Prevalence of PAD(%) by Age Group (years) 05101520253040-4950-5960-6970-79 ≥ 80 Risk Factors for PAD Smoking Diabetes High Blood Pressure High Cholesterol Atherosclerosis Older than Age 60 Image of a normal artery vs. the same artery narrowed by atherosclerosis, causing PAD. The artery is narrowed by plaque on the right and left artery walls, which causes decreased blood flow. A normal artery is shown on the left. The right shows an artery narrowed by atherosclerosis, causing PAD. Photo courtesy of Michigan Medical Report. (www.michiganmedicalreport.com) Men and women are equally affected by PAD; however, black race/ethnicity is associated with an increased risk of PAD. People of Hispanic origin may have similar to slightly higher rates of PAD compared to non-Hispanic whites. Approximately 8 million people in the United States have PAD, including 12–20% of individuals older than age 60. General population awareness of PAD is estimated at 25%, based on prior studies.² Other clinical conditions and disorders of arteries can mimic the symptoms of PAD, and not all PAD is due to atherosclerosis.³⁻⁴ National Center for Chronic Disease Prevention and Health Promotion Division for Heart Disease and Stroke Prevention Page background Picture of a couple. A man playing golf. Signs and Symptoms of PAD The classic symptom of PAD is pain in the legs with exertion such as walking, which is relieved by resting. However, up to 40% of individuals with PAD have no leg pain. Symptoms of pain, ache, or cramp with walking (claudication) can occur in the buttock, hip, thigh, or calf.³ Physical signs in the leg that may indicate peripheral arterial disease include muscle atrophy, hair loss, smooth shiny skin, skin that is cool to the touch especially if accompanied by pain while walking (which is relieved by stopping walking), decreased or absent pulses in the feet, non-healing ulcers or sores on the legs or feet, and cold or numb toes.^{3 4} Preventing PAD background. Preventing PAD • Physical activity and exercise are important for preventing PAD and for improving symptoms of PAD.³ • Avoid use of tobacco—smoking increases the risk of PAD by 2–6 times and it worsens the symptoms of PAD.⁵ • Control high blood pressure, cholesterol, and diabetes. Supervised exercise training programs can improve and prolong walking distance in individuals with PAD. two men walking Diagnosis and Treatment of PAD In patients with symptoms of PAD, the ankle-brachial index (ABI) is a non-invasive test that measures the blood pressure in the ankles and compares it with the blood pressure in the arms at rest and after exercise. Imaging tests such as ultrasound, magnetic resonance angiography (MRA), and computed tomographic (CT) angiography can provide additional information in diagnosing PAD.²⁻⁴ • Individuals with PAD are at risk for developing coronary artery disease and cerebrovascular disease, which could lead to a heart attack or stroke.⁵ • Aspirin or other similar anti-platelet medications may prevent the development of serious complications from PAD and associated atherosclerosis.^{3,5} • All efforts must be made to stop smoking. • Severe cases may require surgery to bypass blocked arteries. References 1. Allison MA, Ho E, Denenberg JO, et al. Ethnic-specific prevalence of peripheral arterial disease in the United States. 2007 American Journal of Preventive Medicine 2007;32:328-333. 2. Roger VL, Go AS, Lloyd-Jones DM, et. al. Heart Disease and Stroke Statistics 2011 Update: A Report From the American Heart Association. Circulation 2011;123:e18-e209. 3. Creager MA, Loscalzo J. Vascular Diseases of

the Extremities. In: Fauci AS, Braunwald E, Kasper DL, et al., eds. Harrison's Principles of Internal Medicine. 17e ed. New York: McGraw Hill, 2008. 4. Rooke TW, Wennberg PW. Diagnosis and Management of Diseases of the Peripheral Arteries and Veins. In: Walsh RA, Simon DI, Hoit BD, et al., eds.: Hurst's The Heart. 12e ed. New York: McGraw Hill, 2007. 5. Hirsch AT, Haskal ZJ, Hertzner NR, et al. ACC/AHA 2005 Practice guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): Circulation. 2006;113:e463-654. For more information please contact Centers for Disease Control and Prevention 1600 Clifton Road NE, Atlanta, GA 30333 Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-63548 Email: cdcinfo@cdc.gov Web: www.cdc.gov References background box.

Q418 What is Peripheral Arterial Disease (PAD) in the legs?

- ☐ It is a blockage of the vessels that carry blood from the heart to the legs (1)
 - ☐ It is a blood disease that attacks your legs, starting from the toes and working up the legs (2)
 - ☐ It is an infection in your arteries that affects the legs only (3)
 - ☐ It is swelling in your legs that is caused by various factors (4)
-

Q419 True/False: PAD is more common in the legs even though it can happen in your arms as well.

- ☐ True (1)
 - ☐ False (2)
-

Q420 Which of the following can increase your risk of developing PAD? Select all that apply.

- ☐ Smoking (1)
- ☐ Diabetes (2)
- ☐ High blood pressure (3)
- ☐ Low cholesterol (4)

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Start of Block: Health: AbdominalAdhesions

Q748 Timing

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Q421 Abdominal Adhesions National Digestive Diseases Information Clearinghouse Logo of the U.S. Department of Health and Human Services. Logo of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). What are abdominal adhesions? Abdominal adhesions are bands of fibrous tissue that can form between abdominal tissues and organs. Normally, internal tissues and organs have slippery surfaces, preventing them from sticking together as the body moves. However, abdominal adhesions cause tissues and organs in the abdominal cavity to stick together. What is the abdominal cavity? The abdominal cavity is the internal area of the body between the chest and hips that contains the lower part of the esophagus, stomach, small intestine, and large intestine. The esophagus carries food and liquids from the mouth to the stomach, which slowly pumps them into the small and large intestines. Abdominal adhesions can kink, twist, or pull the small and large intestines out of place, causing an intestinal obstruction. Intestinal obstruction, also called a bowel obstruction, results in the partial or complete blockage of movement of food or stool through the intestines. Drawing of the gastrointestinal tract showing the esophagus, stomach, and large intestine. Inset shows abdominal adhesions on the small intestine. Abdominal adhesions are bands of fibrous tissue that can form between abdominal tissues and organs. What causes abdominal adhesions? Abdominal surgery is the most frequent cause of abdominal adhesions. Surgery-related causes include • cuts involving internal organs • handling of internal organs • drying out of internal organs and tissues • contact of internal tissues with foreign materials, such as gauze, surgical gloves, and stitches • blood or

blood clots that were not rinsed away during surgery. Abdominal adhesions can also result from inflammation not related to surgery, including:

- appendix rupture
- radiation treatment
- gynecological infections
- abdominal infections

Rarely, abdominal adhesions form without apparent cause. How common are abdominal adhesions and who is at risk? Of patients who undergo abdominal surgery, 93 percent develop abdominal adhesions.¹ Surgery in the lower abdomen and pelvis, including bowel and gynecological operations, carries an even greater chance of abdominal adhesions. Abdominal adhesions can become larger and tighter as time passes, sometimes causing problems years after surgery. 1Ward BC, Panitch A. Abdominal adhesions: current and novel therapies. *Journal of Surgical Research*. 2011;165(1):91–111.

What are the symptoms of abdominal adhesions? In most cases, abdominal adhesions do not cause symptoms. When symptoms are present, chronic abdominal pain is the most common. What are the complications of abdominal adhesions? Abdominal adhesions can cause intestinal obstruction and female infertility—the inability to become pregnant after a year of trying. Abdominal adhesions can lead to female infertility by preventing fertilized eggs from reaching the uterus, where fetal development takes place. Women with abdominal adhesions in or around their fallopian tubes have an increased chance of ectopic pregnancy—a fertilized egg growing outside the uterus. Abdominal adhesions inside the uterus may result in repeated miscarriages—a pregnancy failure before 20 weeks. Seek Help for Emergency Symptoms

A complete intestinal obstruction is life threatening and requires immediate medical attention and often surgery. Symptoms of an intestinal obstruction include:

- severe abdominal pain or cramping
- nausea
- vomiting
- bloating
- loud bowel sounds
- abdominal swelling
- the inability to have a bowel movement or pass gas
- constipation—a condition in which a person has fewer than three bowel movements a week; the bowel movements may be painful

A person with these symptoms should seek medical attention immediately. How are abdominal adhesions and intestinal obstructions diagnosed? Abdominal adhesions cannot be detected by tests or seen through imaging techniques such as x rays or ultrasound. Most abdominal adhesions are found during surgery performed to examine the abdomen. However, abdominal x rays, a lower gastrointestinal (GI) series, and computerized tomography (CT) scans can diagnose intestinal obstructions.

- Abdominal x rays use a small amount of radiation to create an image that is recorded on film or a computer. An x ray is performed at a hospital or an outpatient center by an x-ray technician, and the images are interpreted by a radiologist—a doctor who specializes in medical imaging. An x ray does not require anesthesia. The person will lie on a table or stand during the x ray. The x-ray machine is positioned over the abdominal area. The person will hold his or her breath as the picture is taken so that the picture will not be blurry. The person may be asked to change position for additional pictures.
- A lower GI series is an x-ray exam that is used to look at the large intestine. The test is performed at a hospital or an outpatient center by an x-ray technician, and the images are interpreted by a radiologist. Anesthesia is not needed. The health care provider may provide written bowel prep instructions to follow at home before the test. The person may be asked to follow a clear liquid diet for 1 to 3 days before the procedure. A laxative or an enema may be used before the test. A laxative is medication that loosens stool and increases bowel movements. An enema involves flushing water or laxative into the rectum using a special squirt bottle. For the test, the person will lie on a table while the radiologist inserts a flexible tube into the person's anus. The large intestine is

filled with barium, making signs of underlying problems show up more clearly on x rays. •

CT scans use a combination of x rays and computer technology to create images. The procedure is performed at a hospital or an outpatient center by an x-ray technician, and the images are interpreted by a radiologist. Anesthesia is not needed. A CT scan may include the injection of a special dye, called contrast medium. The person will lie on a table that slides into a tunnel-shaped device where the x rays are taken. How are abdominal adhesions and intestinal obstructions treated? Abdominal adhesions that do not cause symptoms generally do not require treatment. Surgery is the only way to treat abdominal adhesions that cause pain, intestinal obstruction, or fertility problems. More surgery, however, carries the risk of additional abdominal adhesions. People should speak with their health care provider about the best way to treat their abdominal adhesions. Complete intestinal obstructions usually require immediate surgery to clear the blockage. Most partial intestinal obstructions can be managed without surgery. How can abdominal adhesions be prevented? Abdominal adhesions are difficult to prevent; however, certain surgical techniques can minimize abdominal adhesions. Laparoscopic surgery decreases the potential for abdominal adhesions because several tiny incisions are made in the lower abdomen instead of one large incision. The surgeon inserts a laparoscope—a thin tube with a tiny video camera attached—into one of the small incisions. The camera sends a magnified image from inside the body to a video monitor. Patients will usually receive general anesthesia during this surgery. If laparoscopic surgery is not possible and a large abdominal incision is required, at the end of surgery a special filmlike material can be inserted between organs or between the organs and the abdominal incision. The filmlike material, which looks similar to wax paper and is absorbed by the body in about a week, hydrates organs to help prevent abdominal adhesions. Other steps taken during surgery to reduce abdominal adhesions include • using starch- and latex-free gloves • handling tissues and organs gently • shortening surgery time • using moistened drapes and swabs • occasionally applying saline solution

Eating, Diet, and Nutrition

Researchers have not found that eating, diet, and nutrition play a role in causing or preventing abdominal adhesions. A person with a partial intestinal obstruction may relieve symptoms with a liquid or low-fiber diet, which is more easily broken down into smaller particles by the digestive system. Points to Remember • Abdominal adhesions are bands of fibrous tissue that can form between abdominal tissues and organs. Abdominal adhesions cause tissues and organs in the abdominal cavity to stick together. • Abdominal surgery is the most frequent cause of abdominal adhesions. Of patients who undergo abdominal surgery, 93 percent develop abdominal adhesions. • In most cases, abdominal adhesions do not cause symptoms. When symptoms are present, chronic abdominal pain is the most common. • A complete intestinal obstruction is life threatening and requires immediate medical attention and often surgery. • Abdominal adhesions cannot be detected by tests or seen through imaging techniques such as x rays or ultrasound. However, abdominal x rays, a lower gastrointestinal (GI) series, and computerized tomography (CT) scans can diagnose intestinal obstructions. • Surgery is the only way to treat abdominal adhesions that cause pain, intestinal obstruction, or fertility problems.

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts and supports basic and clinical research into many digestive disorders. Clinical trials are research studies involving people. Clinical trials look at safe and effective new ways to prevent, detect, or treat disease. Researchers also use clinical

trials to look at other aspects of care, such as improving the quality of life for people with chronic illnesses. To learn more about clinical trials, why they matter, and how to participate, visit the NIH Clinical Research Trials and You website at www.nih.gov/health/clinicaltrials. For information about current studies, visit www.ClinicalTrials.gov. For More Information American College of Gastroenterology 6400 Goldsboro Road, Suite 200 Bethesda, MD 20817-5846 Phone: 301-263-9000 Email: info@acg.gi.org Internet: www.gi.org International Foundation for Functional Gastrointestinal Disorders 700 West Virginia Street, Suite 201 Milwaukee, WI 53204 Phone: 1-888-964-2001 or 414-964-1799 Fax: 414-964-7176 Email: iffgd@iffgd.org Internet: www.iffgd.org Acknowledgments Publications produced by the Clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. This publication was originally reviewed by James M. Becker, M.D., F.A.C.S., Boston University School of Medicine; Arthur F. Stucchi, Ph.D., Boston University School of Medicine; and Karen L. Reed, Ph.D., Boston University School of Medicine. You may also find additional information about this topic by visiting MedlinePlus at www.medlineplus.gov. This publication may contain information about medications and, when taken as prescribed, the conditions they treat. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (1-888-463-6332) or visit www.fda.gov. Consult your health care provider for more information. National Digestive Diseases Information Clearinghouse 2 Information Way Bethesda, MD 20892-3570 Phone: 1-800-891-5389 TTY: 1-866-569-1162 Fax: 703-738-4929 Email: nddic@info.niddk.nih.gov Internet: www.digestive.niddk.nih.gov The National Digestive Diseases Information Clearinghouse (NDDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1980, the Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals, and the public. The NDDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about digestive diseases. This publication is not copyrighted. The Clearinghouse encourages users of this publication to duplicate and distribute as many copies as desired. This publication is available at www.digestive.niddk.nih.gov. Logo of the U.S. Department of Health and Human Services. Logo of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). NIH Publication No. 13-5037 September 2013 Image of the recycle logo. The NIDDK prints on recycled paper with bio-based ink.

Q422 True/False: Abdominal adhesions can cause organs to stick together.

- ☐ True (1)
- ☐ False (2)

Q423 What is the abdominal cavity?

- ☐ An ulcer in your abdomen. (1)
 - ☐ The internal area of the body between the chest and hips. (2)
 - ☐ It is the same thing as your abdomen. (3)
 - ☐ It is a problem with your teeth. (4)
-

Q424 What can cause abdominal adhesions? Select all that apply.

- ☐ Having abdominal surgery (1)
- ☐ Eating things that are too acidic (2)
- ☐ Radiation treatment (3)
- ☐ A ruptured appendix (4)

End of Block: Health: AbdominalAdhesions

Start of Block: Health: AutismSpectrum

Q749 Timing

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Q425 Left hand holding piece of jigsaw puzzle with several pieces floating above hand in background. Autism Spectrum Disorder What is autism spectrum disorder? Autism spectrum disorder (ASD) is a term for a group of developmental disorders described by: • Lasting problems with social communication and social interaction in different settings • Repetitive behaviors and/or not wanting any change in daily routines • Symptoms that begin in

early childhood, usually in the first 2 years of life • Symptoms that cause the person to need help in his or her daily life The term “spectrum” refers to the wide range of symptoms, strengths, and levels of impairment that people with ASD can have. The diagnosis of ASD now includes these other conditions: • Autistic disorder • Asperger’s syndrome • Pervasive developmental disorder not otherwise specified Although ASD begins in early development, it can last throughout a person’s lifetime. What are the signs and symptoms of ASD? Not all people with ASD will show all of these behaviors, but most will show several. People with ASD may: • Repeat certain behaviors or have unusual behaviors • Have overly focused interests, such as with moving objects or parts of objects • Have a lasting, intense interest in certain topics, such as numbers, details, or facts • Be upset by a slight change in a routine or being placed in a new or overstimulating setting • Make little or inconsistent eye contact • Tend to look and listen less to people in their environment • Rarely seek to share their enjoyment of objects or activities by pointing or showing things to others • Respond unusually when others show anger, distress, or affection • Fail or be slow to respond to their name or other verbal attempts to gain their attention • Have difficulties with the back and forth of conversations • Often talk at length about a favorite subject but won’t allow anyone else a chance to respond or notice when others react indifferently • Repeat words or phrases that they hear, a behavior called echolalia • Use words that seem odd, out of place, or have a special meaning known only to those familiar with that person’s way of communicating • Have facial expressions, movements, and gestures that do not match what they are saying • Have an unusual tone of voice that may sound sing-song or flat and robot-like • Have trouble understanding another person’s point of view, leaving him or her unable to predict or understand other people’s actions People with ASD may have other difficulties, such as sensory sensitivity (being sensitive to light, noise, textures of clothing, or temperature), sleep problems, digestion problems, and irritability. People with ASD can also have many strengths and abilities. For instance, people with ASD may: • Have above-average intelligence • Be able to learn things in detail and remember information for long periods of time • Be strong visual and auditory learners • Excel in math, science, music, and art

NOTICING ASD IN YOUNG CHILDREN Some babies with ASD may seem different very early in their development. Others may seem to develop typically until the second or even third year of life, but then parents start to see problems. Learn more about developmental milestones that young children should reach at www.cdc.gov/ncbddd/actearly/milestones. How is ASD diagnosed? Doctors diagnose ASD by looking at a child’s behavior and development. Young children with ASD can usually be reliably diagnosed by age 2. Older children and adolescents should be screened for ASD when a parent or teacher raises concerns based on observations of the child’s social, communicative, and play behaviors. Diagnosing ASD in adults is not easy. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as schizophrenia or attention deficit hyperactivity disorder (ADHD). However, getting a correct diagnosis of ASD as an adult can help a person understand past difficulties, identify his or her strengths, and obtain the right kind of help.

Diagnosis in Young Children Diagnosis in young children is often a two-stage process: General Developmental Screening During Well-Child Checkups Every child should receive well-child check-ups with a pediatrician or an early childhood health care provider. Specific ASD screening should be done at the 18- and 24-month visits. Earlier screening might

be needed if a child is at high risk for ASD or developmental problems. Those at high risk include those who:

- Have a sister, brother, or other family member with ASD
- Have some ASD behaviors
- Were born premature, or early, and at a low birth weight

Parents' experiences and concerns are very important in the screening process for young children. Sometimes the doctor will ask parents questions about the child's behaviors and combine this information with his or her observations of the child. Read more about screening instruments at www.cdc.gov/ncbddd/autism/hcp-screening.html. Children who show some developmental problems during this screening process will be referred for another stage of evaluation.

Additional Evaluation This evaluation is with a team of doctors and other health professionals with a wide range of specialties who are experienced in diagnosing ASD. This team may include:

- A developmental pediatrician—a doctor who has special training in child development
- A child psychologist and/or child psychiatrist—a doctor who knows about brain development and behavior
- A speech-language pathologist—a health professional who has special training in communication difficulties

The evaluation may assess:

- Cognitive level or thinking skills
- Language abilities
- Age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting

Because ASD is a complex disorder that sometimes occurs along with other illnesses or learning disorders, the comprehensive evaluation may include:

- Blood tests
- A hearing test

The outcome of the evaluation will result in recommendations to help plan for treatment.

Diagnosis in Older Children and Adolescents Older children who begin showing symptoms of ASD after starting school are often first recognized and evaluated by the school's special education team and can be referred to a health care professional. Parents may talk with their child's pediatrician about their child's difficulties with social interaction, including problems with subtle communication, such as understanding tone of voice or facial expressions, body language, and lack of understanding of figures of speech, humor, or sarcasm. Parents may also find that their child has trouble forming friendships with peers. At this point, the pediatrician or a child psychologist or psychiatrist who has expertise in ASD can screen the child and refer the family for further evaluation and treatment.

Diagnosis in Adults Adults who notice the signs and symptoms of ASD should talk with a doctor and ask for a referral for an ASD evaluation. While testing for ASD in adults is still being refined, adults can be referred to a psychologist or psychiatrist with ASD expertise. The expert will ask about concerns, such as social interaction and communication challenges, sensory issues, repetitive behaviors, and restricted interests. Information about the adult's developmental history will help in making an accurate diagnosis, so an ASD evaluation may include talking with parents or other family members. Learn the signs and ask for help if you're concerned.

Female doctor holding stethoscope on baby's back.

What are the treatments for ASD? Treating ASD early and getting proper care can reduce a person's difficulties and increase his or her ability to maximize strengths and learn new skills. While there is no single best treatment for ASD, working closely with the doctor is an important part of finding the right treatment program.

Medications There are a few classes of medications that doctors may use to treat some difficulties that are common with ASD. With medication, a person with ASD may have fewer problems with:

- Irritability
- Aggression
- Repetitive behaviors
- Hyperactivity
- Attention problems
- Anxiety and depression

Read more about the latest news and information on medication warnings, patient medication guides, or newly approved medications at the Food and Drug Administration's (FDA) website at

www.fda.gov. Who is affected by ASD? ASD affects many people, and it has become more commonly diagnosed in recent years. More boys than girls receive an ASD diagnosis. What causes ASD? Scientists don't know the exact causes of ASD, but research suggests that genes and environment play important roles. • Researchers are starting to identify genes that may increase the risk for ASD. • ASD occurs more often in people who have certain genetic conditions, such as Fragile X syndrome or tuberous sclerosis. • Many researchers are focusing on how genes interact with each other and with environmental factors, such as family medical conditions, parental age and other demographic factors, and complications during birth or pregnancy. • Currently, no scientific studies have linked ASD and vaccines.

Q426 Which of the following conditions can also be part of an ASD diagnosis?

- ☐ Asperger's syndrome (1)
 - ☐ ADHD (2)
 - ☐ Bipolar disorder (3)
 - ☐ Celiac disease (4)
-

Q427 True/False: ASD symptoms often begin in early childhood, but may last throughout a person's life.

- ☐ True (1)
 - ☐ False (2)
-

Q428 What challenges do people with ASD often have? Select all that apply.

- ☐ Sensitivity to light, noise, or temperature (1)
- ☐ Difficulty laughing (2)
- ☐ Irritability (3)
- ☐ Problems sleeping (4)

End of Block: Health: AutismSpectrum

Start of Block: Health: CeliacDisease

Q750 Timing

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Q429 What is celiac disease? Celiac disease* is an immune disease in which people can't eat gluten because it will damage their small intestine. Gluten is a protein found in wheat, rye, and barley. Gluten may also be used in products such as vitamin and nutrient supplements, lip balms, and some medicines. Other names for celiac disease are celiac sprue and gluten intolerance. Your body's natural defense system, called the immune system, keeps you healthy by fighting against things that can make you sick, such as bacteria and viruses. When people with celiac disease eat gluten, their body's immune system reacts to the gluten by attacking the lining of the small intestine. The immune system's reaction to gluten damages small, fingerlike growths called villi. When the villi are damaged, the body cannot get the nutrients it needs.

*See page 10 for tips on how to say the words in bold type. Celiac disease is hereditary, meaning it runs in families. Adults and children can have celiac disease. As many as 2 million Americans may have celiac disease, but most don't know it. Drawing of villi on the lining of the small intestine. A cutaway section shows the various tissue of the small intestine. An enlarged inset drawing shows fine details of the villi. Villi on the lining of the small intestine help absorb nutrients. Is celiac disease serious? Yes. Celiac disease can be very serious. It often causes long-lasting digestive problems and keeps your body from getting all the nutrition it needs. Over time, celiac disease can cause anemia, infertility, weak and brittle bones, an itchy skin rash, and other health problems. What are the symptoms of celiac disease? Symptoms of celiac disease include . stomach pain . gas . diarrhea . extreme tiredness . change in mood . weight loss . an itchy, blistering skin rash . slowed growth Some people with celiac disease may

not feel sick or have symptoms. Or if they feel sick, they don't know celiac disease is the cause. Most people with celiac disease have one or more symptoms. Not all people with celiac disease have digestive problems. Having one or more of these symptoms does not always mean a person has celiac disease because other disorders can cause these symptoms. How is celiac disease diagnosed? Celiac disease can be hard to diagnose because some of its symptoms are like the symptoms of other diseases. People with celiac disease may go undiagnosed and untreated for many years. If your doctor thinks you have celiac disease, you will need a blood test. You must be on your regular diet before the test. If not, the results could be wrong. If your blood test results show you might have celiac disease, your doctor will perform a biopsy, which involves taking a tiny piece of tissue from your small intestine. A biopsy may be performed at a hospital or outpatient center. Drawing of a female health care provider drawing blood from a woman's arm. The drawing includes a close-up image of the needle being inserted into the woman's arm vein. Your doctor will provide you instructions about how to prepare for a biopsy. Generally, no eating or drinking is allowed 8 hours before a biopsy. Smoking and chewing gum are also prohibited during this time. Tell your doctor about any health conditions you may have, especially heart and lung problems, diabetes, and allergies. Also tell your doctor about any medicines you take. You may be asked to stop taking them for a short time before and after the test. To perform the biopsy, the doctor inserts a long, narrow tube into your mouth, down through your stomach, and into your small intestine. At the end of the tube are small tools that the doctor uses to snip out a bit of tissue. The tissue will then be viewed with a microscope to look for signs of celiac disease damage. You will take medicine before the biopsy that makes you sleepy and keeps you from feeling any pain. Many people sleep through the procedure. How is celiac disease treated? The only treatment for celiac disease is a gluten-free diet. If you avoid gluten, your small intestine will heal. If you eat gluten or use items that contain gluten, celiac disease will continue to harm your small intestine. Have regular checkups so your doctor can diagnose and treat problems from celiac disease. Celiac disease can cause problems, such as weak or brittle bones, even if you are on a gluten-free diet. Eating, Diet, and Nutrition A dietitian can help you select gluten-free foods. A dietitian is an expert in food and healthy eating. You will learn how to check labels of foods and other items for gluten. The following chart lists examples of foods you can eat and foods you should stay away from if you have celiac disease. This list is not complete. A dietitian can help you learn what other foods you can and can't eat on a gluten-free diet. Drawing of a man talking with a female dietitian. They are seated across from one another at a desk. The dietitian is showing the man a document. Foods You Can Eat Amaranth Arrowroot Buckwheat Cassava Corn Flax Indian rice grass Job's tears Legumes Millet Nuts Potatoes Quinoa Rice Sago Seeds Soy Sorghum Tapioca Wild Rice Yucca Foods that Contain Gluten Wheat • Including einkorn, emmer, spelt, kamut • Wheat starch, wheat bran, wheat germ, cracked wheat, hydrolyzed wheat protein Barley Rye Triticale (a cross between wheat and rye) Other Wheat Products that Contain Gluten Bromated flour Durum flour Enriched flour Farina Graham flour Phosphated flour Plain flour Self-rising flour Semolina White flour Processed Foods that May Contain Wheat, Barley, or Rye* Bouillon cubes Brown rice syrup Chips/potato chips Candy Cold cuts, hot dogs, salami, sausage Communion wafer French fries Gravy Imitation fish Matzo Rice mixes Sauces Seasoned tortilla chips Self-basting turkey Soups Soy sauce Vegetables in sauce *Most of these foods can be found gluten-free. When in doubt, check with the food manufacturer. Source: Thompson T. Celiac Disease

Nutrition Guide, 2nd ed. Chicago: American Dietetic Association; 2006. © American Dietetic Association. Adapted with permission. For a complete copy of the Celiac Disease Nutrition Guide, please visit www.eatright.org. Points to Remember . Celiac disease is an immune disease in which people can't eat gluten or use items with gluten in them. . Celiac disease harms the small intestine. . People with untreated celiac disease can't get needed nutrients. . Without treatment, people with celiac disease can develop other health problems. . Celiac disease is diagnosed by blood tests and a biopsy of the small intestine. . The only treatment for celiac disease is to avoid gluten. . A dietitian can help people choose the right foods.

Q430 For those with Celiac disease, which organ is damaged by gluten?

- ☐ The heart (1)
 - ☐ The small intestine (2)
 - ☐ The stomach (3)
 - ☐ The liver (4)
-

Q431 What is gluten?

- ☐ An amino acid (1)
 - ☐ A vitamin (2)
 - ☐ A protein (3)
 - ☐ A glucose (4)
-

Q432 True/False: Celiac disease is not a serious condition and can be managed with drugs.

- ☐ True (1)
- ☐ False (2)

Q751 Timing
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Q433 DHHS, NIH, and NCI logosHow can we help?National Cancer Institute's Cancer
Information ServicePhone: 1-800-422-6237 (1-800-4-CANCER)Web:
www.cancer.govOnline Chat: www.cancer.gov/livehelpNCI has a series of 18
Chemotherapy Side Effects Sheets at:www.cancer.gov/chemo-side-effects
ArrowRevised February 2012
Managing Chemotherapy Side Effects
National Cancer Institute
ConstipationI had a difficult time going to the bathroom. Eating prunes and other high-fiber
foods, such as fruits and vegetables, helped me. I also drank lots of water. What is
constipation?Are you having bowel movements that come less often than normal for you, are
painful, or are hard to pass? This is called constipation.Let your doctor or nurse know if you
have not had a bowel movement in 2 days.Take these steps:Eat high-fiber foods such
as:..Whole-grain breads and cereals
..Fruits and vegetables
..Nuts and seeds

Turn this sheet over to learn what other foods may help.Drink lots of liquids...Most people need
to drink at least 8 cups of liquid every day. Water is a good choice. So are fruit and vegetable
juices, such as prune juice.
..Warm liquids such as coffee or tea may help.

Try to be active every day...Walk or ride an exercise bike for 15 to 30 minutes a day.
..Talk with your doctor to learn about other exercises that can help you.

Q434 True/False: Constipation is a condition in which you have fewer bowel movements than usual, which can also be painful and difficult to pass.

- ☐ True (1)
- ☐ False (2)
-

Q435 When should you contact your doctor or nurse?

- ☐ If you haven't had a bowel movement in 2 weeks. (1)
- ☐ If you haven't had a bowel movement in 2 days. (2)
- ☐ If you have diarrhea that lasts longer than 2 days. (3)
- ☐ If you haven't had enough water to drink in 8 days. (4)
-

Q436 Which of the following can help when you have constipation? Select all that apply.

- ☐ Drink at least 8 cups of liquids every day, such as water and prune juice. (1)
- ☐ Eat foods with high fiber, such as whole grains, fruits, and vegetables. (2)
- ☐ Be active every day. (3)
- ☐ Eat nuts and seeds. (4)

End of Block: Health: ChemoConstipation

Start of Block: Health: DiabetesEyeHealth

Q752 Timing

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Q437 What are diabetes problems? Too much glucose in the blood for a long time can cause diabetes problems. This high blood glucose, also called blood sugar, can damage many parts of the body, such as the heart, blood vessels, eyes, and kidneys. Heart and blood vessel disease can lead to heart attacks and strokes. You can do a lot to prevent or slow down diabetes problems. This booklet is about eye problems caused by diabetes. You will learn the things you can do each day and during each year to stay healthy and prevent diabetes problems. Drawing of a cross section of the eye with the retina, blood vessels on the retina, the optic nerve, the vitreous, and the lens labeled. High blood glucose can cause eye problems.

What should I do each day to stay healthy with diabetes? Drawing of a bowl containing bananas, grapes, and an apple. Follow the healthy eating plan that you and your doctor or dietitian have worked out. Drawing of a silhouette of a woman who is walking. Be active a total of 30 minutes most days. Ask your doctor what activities are best for you. Drawing of an open pill container on its side with some pills spilling out and an insulin bottle. Take your medicines as directed. Drawing of a hand holding a blood glucose meter that reads 114. Check your blood glucose every day. Each time you check your blood glucose, write the number in your record book. Drawing of two hands holding a bare foot. Check your feet every day for cuts, blisters, sores, swelling, redness, or sore toenails. Drawing of a toothbrush with toothpaste on it and an open container of floss with some floss hanging out. Brush and floss your teeth every day. Drawing of two arms with a blood pressure cuff around one arm. The hand of the other arm is holding the pump connected to the cuff. Control your blood pressure and cholesterol. Drawing of a lit cigarette in a circle covered by a slash sign to show that smoking is not allowed. Don't smoke.

What can I do to prevent diabetes eye problems? You can do a lot to prevent diabetes eye problems. . Keep your blood glucose and blood pressure as close to normal as you can.

- . Have an eye care professional examine your eyes once a year. Have this exam even if your vision is OK. The eye care professional will use drops to make the black part of your eyes' pupils' bigger. This process is called dilating* your pupil, which allows the eye care professional to see the back of your eye. Finding eye problems early and getting treatment right away will help prevent more serious problems later on.

- . Ask your eye care professional to check for signs of cataracts and glaucoma. See page 10 to learn more about cataracts and glaucoma.

- . If you are planning to get pregnant soon, ask your doctor if you should have an eye exam.

- . If you are pregnant and have diabetes, see an eye care professional during your first 3 months of pregnancy.

- . Don't smoke.

*See page 11 for tips on how to say the words in bold type. Drawing of an eye with a dilated pupil. Dilated eye. Drawing of an eye with an undilated pupil. Undilated eye.

How can diabetes hurt my eyes? High blood glucose and high blood pressure from diabetes can

hurt four parts of your eye: . Retina. The retina is the lining at the back of the eye. The retina's job is to sense light coming into the eye.

Q438 True/False: Diabetes problems can be a consequence of a lack of glucose in the blood.

- ☐ True (1)
- ☐ False (2)
-

Q439 What can you do to prevent diabetes eye problems? Select all that apply.

- ☐ Have an eye exam once a year even if you have no vision problems. (1)
- ☐ Keep your blood sugar and blood pressure as close to normal as you can. (2)
- ☐ Don't smoke. (3)
- ☐ Don't use eye drops, even if you are having eye issues. (4)
-

Q440 Which parts of your eye can diabetes hurt? Select all that apply.

- ☐ Retina (1)
- ☐ Pupil (2)
- ☐ Lens (3)
- ☐ Optic nerve (4)

End of Block: Health: DiabetesEyeHealth

Start of Block: Health: FitandFabulous

Q753 Timing
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Q441 Sisters Together: Move More, Eat Better Fit and FabulousAS YOU MATURESisters Together logo An elderly couple standing under a tree next to their bicycles. U.S. Department of Health and Human Services logo National Institutes of Health; National Institute of Diabetes and Digestive and Kidney Diseases logo Weight-control Information Network Contents How can I start feeling fit and fabulous?.....2 Why should I move more and eat better?.....3 How can I add more movement to my daily routine?4 What are some simple ideas for eating well?.....8 How can reading the Nutrition Facts label help me?.....11 What should I do if I'm a vegetarian?.....15 How can I eat well when away from home?16 I can do it!.....16 Resources.....17 How can I start feeling fit and fabulous? Did you know that people tend to gain body fat as they get older? Many women notice that they put on weight in the years leading to menopause (when menstrual periods end). They may find that losing the extra weight is not easy. Overweight and obesity are also major health problems for black women. More than 82 percent of U.S. black women age 20 and older are overweight or obese. And over 58 percent of black women are obese. This brochure is part of a series of materials and program designed to encourage black women to move more and eat better. You may use this brochure and others in the Sisters Together Series to help you and other black women become physically active and make healthy food choices. Being physically active and eating well may help you to stay fit and feel fabulous over the years. If you are overweight or inactive, you may have a higher risk for these health problems: ..type 2 diabetes (high blood sugar) ..high blood pressure ..heart disease ..stroke ..certain forms of cancer Two middle-aged women hugging. No matter what your age, you may be able to improve your health if you move more and eat better! This booklet gives you tips on how to get moving and eat well throughout your life. Why should I move more and eat better? Being physically active and making healthier food choices are good for you. In addition to improving your physical health, moving more and eating better may also do the following: ..Reduce stress. ..Set an example for your family. Your family and friends can be great sources of support as you adopt a healthier lifestyle. Ask them to join you in healthy eating and physical activity. Being healthy is important for them, too! By making healthy choices together, you may find it is easier to move more and eat better! How can I add more movement to my daily routine? Talk to your health care provider You may have a chronic health problem that makes it difficult to move more in the ways suggested in this brochure. If so, talk to your health care provider about setting your own goals. Aim to move more for 30 minutes a day Try to do at least 30 minutes of moderately intense physical activity on most or all days of the week. Moderately intense activities, like brisk walking or dancing, speed up your heart rate and breathing. Getting 150 total minutes spread

over the week is suggested. But even 60 total minutes a week of activity that is moderately intense may bring you health benefits. Start with 10

Fitting in physical activity is not as hard as you may think. You don't have to do the whole 30 minutes at one time. Start with a 10-minute session three times a day, then move to 15 minutes twice a day. Strengthen your muscles Also try to do activities to strengthen your muscles at least two times a week. If you have weights or a rubber exercise band, they are good options to use. You can also lift canned food as weights for strengthening your arms and back. These activities are important because older adults—especially women—tend to lose muscle and bone every year. Activities to strengthen your muscles may help prevent or reduce this loss. Battle your barriers Several reasons may occur to you about why you find being physically active difficult. If some of the thoughts below sound familiar to you, try the tips after each comment to overcome things that may keep you from being active. “It’s too late for me to get physically active.” It is never too late to start moving more! Physical activity may help you manage your arthritis and osteoporosis (bone loss). Being more active may also help you do the following:

- ..Keep your body flexible.
- ..Help you to improve your balance.
- ..Control high blood sugar, especially if you lose weight.
- ..Let you keep living in your own home without help.

Middle-aged couple jogging. TIP If you are over age 50 or have heart disease, high blood pressure, diabetes, osteoporosis, or obesity, talk to your health care provider before starting an intense physical activity program. In most cases, you don’t need to talk to your provider before starting a less strenuous activity like walking. “Physical activity is a chore.” ..Physical activity can be fun once you figure out what you like to do. The more enjoyable it is, the more likely you are to stick with it. Walk or take an exercise class with a friend or a group. That way, you can cheer each other on, have company, and feel safer when you are outdoors. ..Start a small garden in your yard or in a community space. ..Break physical activity into short blocks of time. Taking three 10-minute walks during your day may be easier than taking one 30-minute walk. ..Vary what you do from day to day so you can stay interested. ..You may not like being active outdoors because of safety concerns. If this is true for you, join your local recreation or fitness center or go to a relative’s neighborhood to walk. “I spend time and money on my hair and don’t want to mess it up.” ..Talk with your stylist about hairstyles that fit your budget and your activity level. ..Try a natural hairstyle. ..Wrap or pull hair away from your face when you exercise. ..Get a short or easy-care hairstyle. ..Try braids, twists, weaves, or locs. ..To remove salt that builds up in hair from day-to-day activities, shampoo with a mild, PH-balanced product at least once a week. Hair stylist putting curlers in a woman's hair. TIP For more tips on keeping natural, relaxed, or braided hairstyles looking good during and after exercise, see Hair Care Tips for Sisters On The Move at <http://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/sisters.pdf>. “It’s too expensive.” There are lots of ways to be physically active that are free or low cost:

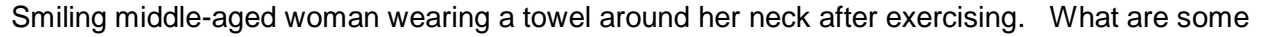
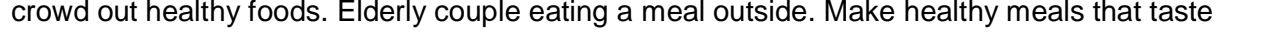
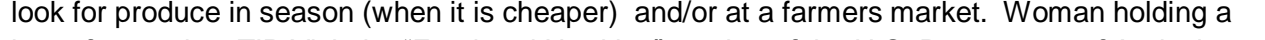
- ..Find a local park or school track where you can walk.
- ..Walk around a mall.
- ..Be active with your grandchildren— take a walk, toss a softball, or ride bikes (don’t forget the helmets).

“I don’t have enough time.” No matter how busy you are, there are ways to fit in 30 minutes or more of physical activity each day:

- ..Spread exercise throughout the day, rather than doing it all at once.
- ..Set aside time to be active. For instance, make it part of your daily routine to walk after breakfast or dinner.
- ..Get up and move. Take breaks from sitting at the computer or watching TV.
- ..If you have a job that requires a lot of sitting, walk around the block when you take your break. Send computer files to the printer farthest from your desk so you can move around a little more.

“I’m not an athlete, so why

strength train?” Activities to build strength are good for everyone, including older adults. For example, lifting weights may help protect your bones. Strength training may also help you perform your daily activities with more ease. In addition to weight lifting, there are many ways to become stronger: ..Use canned foods or filled water bottles as weights to work your arms, shoulders, and back. ..If you are able to, walk up stairs—lifting your body weight strengthens your legs and hips. TIP To avoid injury, it is important to use good form when you do strengthening activities. You can learn about proper form in Go4Life, a physical activity program for older adults. See the Resources section at the end of this publication for more information.

 What are some simple ideas for eating well? ..Start every day with breakfast. Try oatmeal or a whole-grain cereal with fat-free or low-fat milk. Smear fruit spread or fat-free or low-fat yogurt on whole-wheat toast. Enjoy some fruit with your breakfast, too. ..Make half of what's on your plate fruit and vegetables. ..Choose fat-free or low-fat milk, yogurt, and cheese instead of full-fat dairy products. ..Choose whole grains more often than refined grains. Whole-wheat bread and pasta, oatmeal, and brown rice have more dietary fiber than white bread, rice, and pasta. Dietary fiber helps keep you regular. ..Don't let sweets like cookies, candy, or sugary sodas and fruit juices crowd out healthy foods.  Make healthy meals that taste good. Fried foods and fatty meats may taste good, but they are high in saturated fat, which is not healthy for your heart. There are other ways to add flavor to your food: ..Bake, roast, broil, grill, or oven-fry chicken or fish—season with herbs, spices, lemon, lime, or vinegar (but not salt). ..Cook collard greens or kale with onions, garlic, chicken broth, or bouillon. Try olive oil instead of butter, margarine, or high-fat meats. Use broth, bouillon, and cured meats like turkey bacon or ham in small amounts because they are high in sodium (salt). Or you can buy low-sodium versions. ..Top baked potatoes with salsa, a small amount of fat-free sour cream, or low-fat cottage cheese. Grilled salmon and rice. TIP Most Americans need more calcium, which builds strong bones and teeth. If you can't digest milk, try lactose-free milk that is fat-free or low-fat. Fat-free or low-fat yogurt and hard cheeses like cheddar may also be easier to digest than milk. You can also get calcium from fruit juices, cereals, and soy beverages that have been enriched with calcium. Eating dark leafy vegetables can also help you meet your body's calcium needs. Good sources include collard greens and kale. Canned fish with soft bones like salmon or sardines is also a good source of calcium. Save time and money when you cook. You don't have to spend a lot of time in the kitchen or a lot of money to eat well: ..Cook enough to last. Casseroles and a whole cooked chicken may last for several days. (Be sure to freeze or refrigerate leftovers right away to keep them safe to eat). ..Buy frozen or canned vegetables (no salt added) and canned fruit packed in juice rather than syrup. To reduce the amount of salt in canned vegetables, rinse them in plain water. These foods are just as good for you as fresh produce. They also last longer on the shelf or in the freezer and make quick and easy additions to your meals. ..Check the grocery newspaper advertisements for specials, clip coupons, and look for produce in season (when it is cheaper) and/or at a farmers market.  TIP Visit the “Food and Nutrition” section of the U.S. Department of Agriculture (USDA) website for tips on a number of topics related to healthy food, shopping, and affordable meal planning. See <http://www.usda.gov> and the Resources section at the end of this brochure for more information on federal dietary guidelines. How can reading the Nutrition Facts label help me? The U.S. Food and Drug Administration (FDA) Nutrition Facts label appears on most

packaged foods. It tells you how many calories and servings are in a box or can. The label also shows how many nutrients like fat, fiber, sodium, and sugar are in one serving of food. You can use these facts to figure out how many calories you are eating and to make healthy food choices.¹ Here are some tips on how reading food labels can help you make healthy food choices: Nutrition Facts label with Calories and % Daily Value information highlighted in color.

¹For more information on reading food labels, see the brochure *Using the Nutrition Facts Label: A How-to Guide for Older Adults*, listed under Resources.

Calories All the information on a food label is based on the serving size. Be careful— one serving may be much smaller than you think. If you have two servings, you will be eating two times the calories and nutrients noted in the label.

% Daily Value The % Daily Value (% DV) is a general guide to help you get the right amount of nutrients in your diet. This number tells you whether a food is high or low in nutrients. Foods that have more than 20% DV of a nutrient are high in that nutrient. Foods that have 5% DV or less are low in that nutrient. Limit the amount of cholesterol and sodium (salt) by looking for low DV percentages for these items.

Nutrition Facts label with Fat and Added Sugar information highlighted in color.

Oils, Solid Fats, and Added Sugars Solid fats like butter, shortening, and margarine can have high levels of saturated or trans fats, which are not heart healthy. You can read the ingredients list and choose foods that are low in saturated fat (5% DV or less per serving). Instead of solid fats, choose liquid fats or soft margarines. Good sources are plant-based oils like sunflower, corn, soybean, cottonseed, and safflower. Keep track of the added sugars that you eat. Added sugars may often be “disguised” in ingredients lists (for example, corn syrup). Choose foods with little or no added sugar, like low-sugar cereals. Limit drinks sweetened with sugar.

Trans Fat This type of fat is created when liquid oils are changed into solid fats, like shortening and some margarines, so they will last longer without going bad. This type of fat may be found in crackers, cookies, and snack foods. Trans fat raises your LDL (bad) cholesterol and lowers your HDL (good) cholesterol. Try not to eat much trans fat.

Nutrition Facts label with Sodium and Dietary Fiber information highlighted in color.

Sodium (Salt) Salt contains sodium. Eating less sodium may help lower blood pressure, which may help reduce the risk of heart disease. Eat less than 1,500 mg per day, or about 2/3 of a teaspoon of table salt. This includes sodium within foods you eat as well as extra salt you may add at the table or while cooking. When comparing food labels, choose foods that are low in sodium (5% DV or less per serving).

Fiber There are different types of dietary fiber. Insoluble fiber, found in food like whole grains and vegetables, helps with digestion and keeping you regular. Soluble fiber, found in foods like oatmeal and beans (such as navy, black, and pinto beans), may improve your cholesterol and blood sugar. Other sources of fiber are peas, lentils, fruits, vegetables, whole grains, bran, and nuts. Leaving the peels on your fruits and vegetables, such as apples and tomatoes, can add extra fiber as well. Choose foods that are high in fiber (20% DV or more per serving).

Nutrition Facts label with Calcium, Vitamin D, and Vitamin B12 information highlighted in color.

Calcium Lack of calcium can lead to bone loss. Choose foods that are high in calcium (at least 20% DV) and low in fat.

Vitamins

Vitamin D. This vitamin helps your body absorb calcium. Choose foods high in vitamin D, like fresh, frozen, or canned salmon, shrimp, and light tuna. Be active outside in the sunlight (with sunscreen) to improve vitamin D levels naturally. Ask your health care provider if you should take vitamin D.

Vitamin B12. This vitamin helps the body make red blood cells and maintain healthy nerve cells. Older adults often have difficulty absorbing enough vitamin B12. Eat foods with added vitamin

B12, such as cereals made from oat bran or whole-grain wheat bran. Ask your health care provider if you should take vitamin B12. TIP Many food labels say “low-fat,” “reduced fat,” or “light.” But these claims don’t always mean the food is low in calories. Remember, fat-free does not mean calorie-free, and calories do count! What should I do if I’m a vegetarian? Many people are now getting more vegetables on their plates by enjoying “meatless Mondays” or becoming vegetarians. If you’re a vegetarian, you can get the nutrients you need in a vegetarian diet by eating a variety of foods. Just make sure you watch your portions and work within the calorie guidelines based on your sex, age, and activity level. Here are some ideas for people who prefer to eat mostly plant-based foods: ..Build meals around sources of protein that are naturally low in fat, like beans, lentils, or peas. ..Try veggie burgers instead of hamburgers. Many different kinds are available, made with soybeans, vegetables, and/or rice. ..To get enough calcium, try foods that have been enriched with calcium, such as soymilk, tofu, breakfast cereals, and orange juice. ..If you don’t eat any animal products at all, choose foods that are high in iron, like spinach and lentils, and foods with added vitamin B12 (check the Nutrition Facts label). Salad with mandarin orange slices. How can I eat well when away from home? In real life, you can’t always cook your meals. Here are some ways to make healthy choices when you are away from home: ..Use a small plate to help keep you from eating too much. ..At restaurants, share a meal with a friend or take half of it home. ..Order one or two appetizers or side dishes instead of a whole meal. TIPS • Use oils or soft margarine (margarine in tub or liquid form) instead of butter. Choose a soft margarine that has less than 2 grams of saturated fat per tablespoon and has 0 grams of trans fat. “Liquid vegetable oil” should be first on the ingredient list. (American Heart Association) • Try keeping a food diary. Write down what you eat, when you eat, and how you feel when you eat. Keeping a diary can help you understand your eating habits. You may be able to see ways to make your eating habits healthier.

Q442 If a person is overweight or obese, which of the following conditions are they at a higher risk of developing? Select all that apply.

- ☐ Heart disease (1)
 - ☐ Type 2 diabetes (2)
 - ☐ Some types of cancer (3)
 - ☐ Stroke (4)
-

Q443 True/False: Less than 80% of black women are overweight or obese.

- ☐ True (1)
- ☐ False (2)
-

Q444 What types of foods should you avoid in order to eat in a more healthy manner? Select all that apply.

- ☐ Solid fats like butter and margarine (1)
- ☐ Fried foods and fatty meats (2)
- ☐ Added sugars (3)
- ☐ Fibers and hearty grains (4)

End of Block: Health: FitandFabulous

Start of Block: Health: FoodFactsProduce

Q754 Timing

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Q446 FOODFACTS From the U.S. Food and Drug Administration Raw Produce Selecting and Serving it Safely Grouping of fresh produce photo. As you enjoy fresh produce, follow these safe handling tips to help protect yourself and your family. Fruits and vegetables are an important part of a healthy diet. Your local markets carry a wide variety of nutritious fresh fruits and vegetables. However, harmful bacteria that may be in the soil or water where produce grows can come in contact with fruits and vegetables and contaminate them. Fresh produce may also become contaminated after it is harvested, such as during storage or preparation. Eating contaminated produce can lead to foodborne illness, often called “food poisoning.” So as you enjoy fresh produce, follow these safe handling tips to help protect yourself and your family. Buy Right Hand holding fruit in grocery store photo. You can help keep produce safe by

making wise buying decisions. • Choose produce that is not bruised or damaged. •

When buying pre-cut, bagged or packaged produce — such as half of a watermelon or bagged salad greens — choose only those items that are refrigerated or surrounded by ice. • Bag fresh fruits and vegetables separately from raw meat, poultry, and seafood when packing them to take home from the market. Store Properly Produce in refrigerator with thermometer reading 40 degrees photo. Proper storage of fresh produce can affect both quality and safety. • Store perishable fresh fruits and vegetables (like strawberries, lettuce, herbs, and mushrooms) in a clean refrigerator at a temperature of 40° F or below. Use a refrigerator thermometer to check! If you're not sure whether an item should be refrigerated to keep its quality, ask your grocer. • Refrigerate all produce that is purchased pre-cut or packaged. Separate for Safety Separate meat and vegetables on cutting boards photo. Keep fruits and vegetables that will be eaten raw separate from raw meat, poultry, and seafood — and from kitchen utensils used for those products. • Wash cutting boards, dishes, utensils, and countertops with soap and hot water between preparing raw meat, poultry, and seafood and preparing produce that will not be cooked. • If possible, use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood. • If you use plastic or other non-porous cutting boards, run them through the dishwasher after use. Prepare Safely Hands washing produce in running sink water. When preparing any fresh produce, begin with clean hands. Wash your hands for at least 20 seconds with soap and warm water before and after preparation. • Cut away any damaged or bruised areas on fresh fruits and vegetables before preparing and/or eating. Throw away any produce that looks rotten. • Wash all produce thoroughly under running water before preparing and/or eating, including produce grown at home or bought from a grocery store or farmers' market. Washing fruits and vegetables with soap, detergent, or commercial produce wash is not recommended. • Even if you do not plan to eat the skin, it is still important to wash produce first so dirt and bacteria are not transferred from the surface when peeling or cutting produce. • Scrub firm produce, such as melons and cucumbers, with a clean produce brush. • After washing, dry produce with a clean cloth towel or paper towel to further reduce bacteria that may be present on the surface. What About Pre-Washed Produce? Many pre-cut, bagged, or packaged produce items are pre-washed and ready-to-eat. If so, it will be stated on the packaging, and you can use the produce without further washing. If you choose to wash produce marked as "pre-washed" or "ready-to-eat," be sure that it does not come in contact with unclean surfaces or utensils. This will help to avoid cross contamination. Pre-washed salad bag photo. Sprouts on a sandwich photo. Sprouts: What You Should Know Like any fresh produce that is consumed raw or lightly cooked, sprouts that are served on salads, wraps, sandwiches, and in some Asian food may contain bacteria that can cause foodborne illness. But unlike other fresh produce, sprouts are grown from seeds and beans under warm and humid conditions. These conditions are also ideal for the growth of bacteria, including Salmonella, Listeria, and E. coli. If just a few harmful bacteria are present in or on the seed, the bacteria can grow to high levels during sprouting, even if you are growing your own sprouts under sanitary conditions at home. Children, older adults, pregnant women, and people with weakened immune systems (such as transplant patients and individuals with HIV/AIDS, cancer, or diabetes) should avoid eating raw or lightly cooked sprouts of any kind (including onion, alfalfa, clover, radish, and mung bean sprouts). When eating out, you can ask that raw sprouts not be added to your food. If you purchase a sandwich or salad at a restaurant or

delicatessen, check to make sure that raw sprouts have not been added. What can consumers do to reduce the risk of illness if they want to eat sprouts? • Wash sprouts thoroughly under running water before eating or cooking. Washing may reduce bacteria that may be present, but it will not eliminate it. • Cook sprouts thoroughly. Cooking kills harmful bacteria and reduces the risk of illness.

About Foodborne Illness Know the Symptoms Consuming dangerous foodborne bacteria will usually cause illness within 1 to 3 days of eating the contaminated food. However, sickness can also occur within 20 minutes or up to 6 weeks later. Although most people will recover from a foodborne illness within a short period of time, some can develop chronic, severe, or even life-threatening health problems. Foodborne illness can sometimes be confused with other illnesses that have similar symptoms. The symptoms of foodborne illness can include: • Vomiting, diarrhea, and abdominal pain • Flu-like symptoms, such as fever, headache, and body ache

Take Action If you think that you or a family member has a foodborne illness, contact your healthcare provider immediately. Also, report the suspected foodborne illness to FDA in either of these ways: • Contact the Consumer Complaint Coordinator in your area. Locate a coordinator here: <http://www.fda.gov/Safety/ReportaProblem/ConsumerComplaintCoordinators> • Contact MedWatch, FDA's Safety Information and Adverse Event Reporting Program: By Phone: 1-800-FDA-1088 Online: File a voluntary report at <http://www.fda.gov/medwatch>

Safe Food Handling: Four Simple Steps

Clean Separate Cook Chill 4C icons. **CLEAN** Wash hands and surfaces often Wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom, changing diapers, and handling pets. Wash your cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item. Consider using paper towels to clean up kitchen surfaces. If you use cloth towels, launder them often in the hot cycle. Rinse fresh fruits and vegetables under running tap water, including those with skins and rinds that are not eaten. Scrub firm produce with a clean produce brush. With canned goods, remember to clean lids before opening.

SEPARATE Separate raw meats from other foods Separate raw meat, poultry, seafood, and eggs from other foods in your grocery shopping cart, grocery bags, and refrigerator. Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs unless the plate has been washed in hot, soapy water. Don't reuse marinades used on raw foods unless you bring them to a boil first.

COOK Cook to the right temperature Color and texture are unreliable indicators of safety. Using a food thermometer is the only way to ensure the safety of meat, poultry, seafood, and egg products for all cooking methods. These foods must be cooked to a safe minimum internal temperature to destroy any harmful bacteria. Cook eggs until the yolk and white are firm. Only use recipes in which eggs are cooked or heated thoroughly. When cooking in a microwave oven, cover food, stir, and rotate for even cooking. If there is no turntable, rotate the dish by hand once or twice during cooking. Always allow standing time, which completes the cooking, before checking the internal temperature with a food thermometer. Bring sauces, soups and gravy to a boil when reheating.

CHILL Refrigerate foods promptly Use an appliance thermometer to be sure the temperature is consistently 40° F or below and the freezer temperature is 0° F or below. Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables within 2 hours of cooking or purchasing. Refrigerate within 1 hour if the temperature outside is above 90° F.

Never thaw food at room temperature, such as on the counter top. There are three safe ways to defrost food: in the refrigerator, in cold water, and in the microwave. Food thawed in cold water or in the microwave should be cooked immediately. Always marinate food in the refrigerator. Divide large amounts of leftovers into shallow containers for quicker cooling in the refrigerator. November 2015 For more information, contact the U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition's Food and Cosmetic Information Center at 1-888-SAFEFOOD (toll free), Monday through Friday 10 AM to 4 PM ET (except Thursdays from 12 PM to 1 PM ET and Federal Holidays). Or, visit the FDA website at <http://www.fda.gov/educationresource/library>

Q447 True/False: Fruits and vegetables can be contaminated with harmful bacteria that was in the soil or water where the produce was given.

- ☐ True (1)
 - ☐ False (2)
-

Q448 What can cause foodborne illness?

- ☐ Eating bruised fruit or vegetables. (1)
 - ☐ Eating contaminated produce. (2)
 - ☐ Handling contaminated produce. (3)
 - ☐ Coming into contact with someone who has food poisoning. (4)
-

Q449 What can you do to keep produce safe? Select all that apply.

☐

(1)

Bag fresh fruits and vegetables separately from raw meat, poultry, and seafood.

☐

(2)

Store produce in a clean refrigerator at a temperature of 40 degrees Fahrenheit or below.

☐

(3)

Wash all produce thoroughly under running water before preparing and/or eating.

☐

Eat produce immediately after buying it. (4)

End of Block: Health: FoodFactsProduce

Start of Block: Health: HealthyMouthBaby

Q755 Timing

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Q450 A Healthy Mouth for Your Baby Illustration of a baby boy with a wide smile that shows his white teeth. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health Healthy teeth are important— even baby teeth. Children need healthy teeth to help them chew and to speak clearly. And baby teeth hold space for adult teeth. This booklet can help you keep your baby's mouth healthy and give him a healthy start! A pregnant woman reading A Healthy Mouth for Your Baby. A Healthy Mouth for Your Baby A father and mother with their baby. 1. Protect your baby's teeth with fluoride. 2. Check and clean your baby's teeth. 3. Feed your baby healthy food. 4. Don't put your baby to bed with a bottle. 5. Take your child to the dentist by age 1. Ann talking to Maria: "When do you have to start taking care of a baby's teeth?" Ann and her friend Maria were watching Maria's children play. "What are you doing?" asked Ann. "I'm cleaning my baby's teeth," said Maria. "But your baby hardly has any teeth!" said Ann. "Yes, but the dentist said there are things I can do to keep my baby from getting cavities," said Maria. "But don't baby teeth just fall out?" asked Ann. "Yes, but before they fall out baby teeth can decay and cause pain for the baby. And baby teeth are important—they hold space for adult teeth," said Maria. "What else did the dentist say?" asked Ann. "She told me that fluoride protects teeth. She also said to feed my baby healthy foods and not to put my baby to bed with a bottle," said Maria. "When do you have to start taking care of a

baby's teeth?" asked Ann. "As soon as they come in. Teeth can start to decay as soon as they appear in the mouth," said Maria. "I'll have to start thinking of those things soon!" said Ann. Maria and Ann walking with their children. "The dentist said to clean by baby's teeth as soon as they come in." 1 Protect your baby's teeth with fluoride. Fluoride (said like floor-eyed) protects teeth from tooth decay. It can even heal early decay. Fluoride is in the drinking water of many towns and cities. Ask a dentist or doctor if your water has fluoride in it. If it doesn't, ask about other kinds of fluoride (such as fluoride varnish or drops) that can help keep your baby's teeth healthy. Mother on the phone saying "Does my water have fluoride in it? while her baby sits in a highchair. 2 Check and clean your baby's teeth. Check your baby's teeth. Healthy teeth should be all one color. If you see spots or stains on the teeth, take your baby to a dentist. Clean your baby's teeth. Clean them as soon as they come in with a clean, soft cloth or a baby's toothbrush. Clean the teeth at least once a day. It's best to clean them right before bedtime. A baby getting his teeth cleaned with a soft cloth. At about age 2 (or sooner if a dentist or doctor suggests it) you should start putting fluoride toothpaste on your child's toothbrush. Use only a pea-sized drop of toothpaste about as big as this— A toothbrush with a pea-sized amount of toothpaste. Young children cannot get their teeth clean by themselves. Until they are 7 or 8 years old, you will need to help them brush. Try brushing their teeth first and then letting them finish. 3 Feed your baby healthy food. 4 Choose foods without a lot of sugar in them. 4 Give your child fruits and vegetables for snacks. 4 Save cookies and other treats for special occasions. A baby in a highchair eating a banana. 4 Don't put your baby to bed with a bottle. Milk, formula, juice, and other drinks such as soda all have sugar in them. If sugary liquids stay on your baby's teeth too long, it can lead to tooth decay. (And decayed teeth can cause pain for your baby.) What's one of the most important things you can do to keep your baby from getting cavities? Avoid putting him to bed with a bottle—at night or at nap time. (If you do put your baby to bed with a bottle, fill it only with water.) Faucet filling up a bottle with tap water. here are some other things you can do: 4 Between feedings, don't give your baby a bottle or sippy cup filled with sweet drinks to carry around. A baby holding a sippy cup. 4 Near his first birthday, teach your child to drink from an open cup. 4 If your baby uses a pacifier, don't dip it in anything sweet like sugar or honey. A pacifier. 5 Take your child to the dentist. Your child should have a dental visit by his first birthday. At this visit, the dentist will: 4 Check your child's teeth. 4 Show you the best way to clean your child's teeth. 4 Talk to you about other things such as a healthy diet and fluoride that can keep your child's mouth healthy. A dentist examining a child's teeth For additional copies of this booklet, contact: National Institute of Dental and Craniofacial Research National Oral Health Information Clearinghouse 1 NOHIC Way Bethesda, MD 20892-3500 1-866-232-4528 <http://www.nidcr.nih.gov> This publication is not copyrighted. You may make as many photocopies as you need. U.S. Department of Health and Human Services Logo. National Institutes of Health logo. National Institute of Dental and Craniofacial Research. NIH Publication No. 14-2884 August 2014 NIH...Turning Discovery Into Health®

Q451 True/False: Fluoride helps to protect teeth from decay.

- ☐ True (1)
- ☐ False (2)
-

Q452 How can you keep your baby's teeth healthy? Select all that apply.

- ☐ Check that baby's teeth are all one color (1)
- ☐ Clean your baby's teeth at least once a day (2)
- ☐ Do not let your baby fall asleep with a bottle (3)
- ☐ Feed your baby healthy foods without added sugar (4)
-

Q453 When should your baby have their first dental visit?

- ☐ Within the first 6 months of life (1)
- ☐ At around his first birthday (2)
- ☐ By age 2 (3)
- ☐ When the first tooth comes in (4)

End of Block: Health: HealthyMouthBaby

Start of Block: Health: OCDTrifold

Q756 Timing

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Last Click (2)

Page Submit (3)

Click Count (4)

Q458 Cover of NIMH brochure Obsessive-Compulsive Disorder: When Unwanted Thoughts Take Over, including image of abstract painting Obsessive-Compulsive Disorder: When Unwanted Thoughts Take Over Do you feel the need to check and re check things over and over? Do you have the same thoughts constantly? Do you feel a very strong need to perform certain rituals repeatedly and feel like you have no control over what you are doing? If so, you may have a type of anxiety disorder called obsessive compulsive disorder (OCD). national institute of mental Health .U.S. Department of Health and Human Services .national institutes of Health . Obsessive-Compulsive Disorder (OCD) What is OCD? Everyone double checks things sometimes. For example, you might double check to make sure the stove or iron is turned off before leaving the house. But people with OCD feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over. The thoughts and rituals associated with OCD cause distress and get in the way of daily life. The frequent upsetting thoughts are called obsessions. To try to control them, a person will feel an overwhelming urge to repeat certain rituals or behaviors called compulsions. People with OCD can't control these obsessions and compulsions. For many people, OCD starts during childhood or the teen years. Most people are diagnosed by about age 19. Symptoms of OCD may come and go and be better or worse at different times. What are the signs and symptoms of OCD? People with OCD generally: Have repeated thoughts or images about many different things, such as fear of germs, dirt, or intruders; acts of violence; hurting loved ones; sexual acts; conflicts with religious beliefs; or being overly tidy Do the same rituals over and over such as washing hands, locking and unlocking doors, counting, keeping unneeded items, or repeating the same steps again and again Can't control the unwanted thoughts and behaviors Don't get pleasure when performing the behaviors or rituals, but get brief relief from the anxiety the thoughts cause Spend at least 1 hour a day on the thoughts and rituals, which cause distress and get in the way of daily life. What causes OCD? OCD sometimes runs in families, but no one knows for sure why some people have it, while others don't. Researchers have found that several parts of the brain are involved in fear and anxiety. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role. How is OCD treated? First, talk to your doctor about your symptoms. Your doctor should do an exam to make sure that another physical problem isn't causing the symptoms. The doctor may refer you to a mental health specialist. OCD is generally treated with psychotherapy, medication, or both. Psychotherapy. A type of psychotherapy called cognitive behavior therapy is especially useful for treating OCD. It teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious or fearful without having obsessive thoughts or acting compulsively. One type of therapy called exposure and response prevention is especially helpful in reducing compulsive behaviors in OCD. Detail of cover image of abstract painting Medication. Doctors also may prescribe medication to help treat OCD. The most commonly prescribed medications for OCD are anti-anxiety medications and antidepressants. Anti-anxiety medications are powerful and there are different types. Many types begin working right away, but they generally should not be taken for long periods. Antidepressants are used to treat depression, but they are also particularly helpful for OCD, probably more so than anti-anxiety medications. They may take several weeks—10 to 12 weeks for some—to start working. Some

of these medications may cause side effects such as headache, nausea, or difficulty sleeping. These side effects are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time. Talk to your doctor about any side effects you may have. It's important to know that although antidepressants can be safe and effective for many people, they may be risky for some, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start treatment with medications. Some people with OCD do better with cognitive behavior therapy, especially exposure and response prevention. Others do better with medication. Still others do best with a combination of the two. Talk with your doctor about the best treatment for you. What is it like having OCD? "I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a 'bad' number." "Getting dressed in the morning was tough, because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. I knew that was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me." "I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I got treatment." National Institute of Mental Health logo Contact us to find out more about Obsessive-Compulsive Disorder. National Institute of Mental Health Science Writing, Press & Dissemination Branch 6001 Executive Boulevard Room 8184, MSC 9663 Bethesda, MD 20892-9663 Phone: 301-443-4513 or 1-866-615-NIMH (6464) toll-free TTY: 301-443-8431 or 1-866-415-8051 toll-free E-mail: nimhinfo@nih.gov Website: www.nimh.nih.gov U.S. Department of Health and Human Services logo National Institutes of Health logo U.S. Department of Health and Human Services national institutes of Health NIH publication no. tr 10-4676 revised 2010

Q459 What is a symptom of OCD?

- ☐ Inability to focus on the person or subject. (1)
 - ☐ Inability to control unwanted thoughts or behaviors. (2)
 - ☐ Insomnia that lasts more than 2 weeks. (3)
 - ☐ Weight loss and overall loss of appetite. (4)
-

Q460 True/False: OCD is caused by too much stress and anxiety.

- ☐ True (1)
- ☐ False (2)
-

Q461 How is OCD treated? Select all that apply.

- ☐ A type of psychotherapy called cognitive behavior therapy (1)
- ☐ Medication such as anti-anxiety medicine or antidepressants (2)
- ☐ Specific diet and exercise routines (3)
- ☐ Treatment at a rehabilitation facility (4)

End of Block: Health: OCDTrifold

Start of Block: Health: PainAlcohol

Q757 Timing

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Q454 Department of Health and Human Services logo National Institute on Alcohol Abuse and Alcoholism Using Alcohol to Relieve Your Pain: What Are the Risks? People have used alcohol to relieve pain since ancient times. Laboratory studies confirm that alcohol does indeed reduce pain in humans and in animals. Moreover, recent research suggests that as many as 28 percent of people experiencing chronic pain turn to alcohol to alleviate their suffering. Despite this, using alcohol to alleviate pain places people at risk for a number of harmful health consequences. What Are the Risks? Mixing Alcohol and Pain Medicines Can Be Harmful »» Mixing alcohol and acetaminophen can cause acute liver failure »» Mixing alcohol and aspirin increases risk for gastric bleeding »» Alcohol increases analgesic, reinforcing, and sedative effects of opiates, elevating risk for combined misuse of alcohol and opiates as well as overdose. If you're taking

medications to manage your pain, talk to your doctor or pharmacist about any reactions that may result from mixing them with alcohol. Analgesic Doses of Alcohol Exceed Moderate Drinking Guidelines »» The greatest pain-reducing effects occur when alcohol is administered at doses exceeding guidelines for moderate daily alcohol use.* »» Tolerance develops to alcohol's analgesic effects so that it takes more alcohol to produce the same effects. Increasing alcohol use to stay ahead of tolerance can lead to other problems, including the development of alcohol dependence. *According to the Dietary Guidelines for Americans, drinking in moderation is defined as having no more than 1 drink per day for women and no more than 2 drinks per day for men. Chronic Alcohol Drinking Makes Pain Worse »» Withdrawal from chronic alcohol use often increases pain sensitivity which could motivate some people to continue drinking or even increase their drinking to reverse withdrawal-related increases in pain. »» Prolonged, excessive alcohol exposure generates a painful small fiber peripheral neuropathy, the most common neurologic complication associated with alcoholism. If you use alcohol to relieve your pain, it is important to learn about possible adverse health effects. Ask your health care provider if any alcohol use is safe for you. References: USDA/DHHS. Chapter 9: Alcoholic beverages. In: Dietary Guidelines for Americans. Washington, DC: U.S. Government Printing Office, 2005, p. 43–46. Brennan, P.L.; Schutte, K.K.; and Moos, R.H. Pain and use of alcohol to manage pain: Prevalence and 3-year outcomes among older problem and non-problem drinkers. *Addiction* 100:777–786, 2005. Riley III, J.L., and King, C. Self-report of alcohol use for pain in a multi-ethnic community sample. *Journal of Pain* 10:944–952, 2009. NIH . . . Turning Discovery Into Health® National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov • 301.443.3860 Updated July 2013

Q455 True/False: Mixing alcohol and acetaminophen can cause acute kidney failure.

- ☐ True (1)
- ☐ False (2)
-

Q456 What are the risks of using alcohol to relieve pain? Select all that apply.

- ☐ Mixing alcohol with pain medication can be harmful (1)
 - ☐ Alcohol increases the effects of opiates, which can lead to overdose (2)
 - ☐ Tolerance can develop, leading to alcohol dependence (3)
 - ☐ The amount of alcohol needed to relieve pain exceeds guidelines for moderate daily use (4)
-

Q457 Why can chronic alcohol use worsen pain?

- ☐ It can cause a painful small fiber peripheral neuropathy (1)
- ☐ It can cause lesions and bruises, making overall pain higher (2)
- ☐ It can cause aneurysms (3)
- ☐ It can burn the esophagus (4)

End of Block: Health: PainAlcohol

Start of Block: Health: PreventingFASD

Q758 Timing

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Q463 Alcohol abuse is a serious public health concern. Did you know that alcohol can harm a fetus at any point in its development, often before a woman knows she's pregnant? "Fetal alcohol spectrum disorders" (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal

alcohol syndrome(FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects(ARBD). If women do not drink alcohol during pregnancy, FASD is 100 percent preventable. The SurgeonGeneral issued an advisory in February 2005 to help share this important message and to urge healthprofessionals to identify and assist women who are drinking or at risk of drinking during pregnancy. WHO IS AT RISK?Any pregnant woman who drinks alcohol is at risk of havinga child with an FASD, regardless of her education, income,or ethnicity. Women who are at particularly high risk ofdrinking during pregnancy and having a child with an FASDinclude:•Women with substance abuse or mental health problems•Women who have already had a child with an FASD1,2•Recent drug users•Smokers•Women who have multiple sex partners•Recent victims of abuse and violenceAlcohol is a potent teratogen, a substance that can damagea developing fetus. There is no known safe level of alcoholuse during pregnancy, so pregnant women or women whomay become pregnant should not drink any alcohol fromconception to birth.TREATMENT FOR WOMENMany women who need alcohol treatment may not receiveit due to lack of money or child care, fear of losing custodyof their children, or other barriers. For successful recovery,women often need a continuum of care for an extendedperiod of time, including:•Comprehensive inpatient or outpatient treatment foralcohol and other drugs•Case management•Counseling and other mental health treatment•Medical and prenatal care•Child care•Transportation•Followup pediatric and early intervention services forchildren•Services that respond to women’s needs regardingreproductive health, sexuality, relationships, and victimization PREVENTING FASD: HEALTHY WOMEN, HEALTHY BABIES FASD Center logo and a line image of a pregnant woman with her hands on her belly what you need to know Surgeon General’s Advisory on Alcohol Use in Pregnancy •A pregnant woman should not drink alcohol during pregnancy. •A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk. •A woman who is considering becoming pregnant should abstain from alcohol. •Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure. •Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy. —Surgeon General Richard Carmona, February 2005

Q464 True/False: FASD is 100% preventable.

- ☐ True (1)
- ☐ False (2)
-

Q465 Who is at risk of FASD?

- ☐ Pregnant women who drink alcohol (1)
 - ☐ Pregnant women with a family history of FASD (2)
 - ☐ Pregnant women who misuse prescription medication (3)
 - ☐ Pregnant women who have gestational diabetes (4)
-

Q466 How can FASD be prevented? Select all that apply.

- ☐ If you're pregnant, limit your alcohol drinking to one glass a day (1)
- ☐ If you're pregnant, limit your alcohol drinking to one glass a week (2)
- ☐ If you're pregnant, do not drink alcohol (3)
- ☐ If you're planning to become pregnant, abstain from drinking alcohol (4)

End of Block: Health: PreventingFASD

Start of Block: Health: RadiationDiarrhea

Q759 Timing

First Click (1)

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Click Count (4)

Q467 National Cancer Institute National Institutes of Health U.S. Department of Health and Human Services Managing Radiation Therapy Side Effects What to do when you have loose stools (diarrhea) Picture of a man's face "Diarrhea kept me from going out and doing things. My nurse told me how important it was to drink more liquids. Drinking more water and avoiding certain foods helped me feel a lot better." What is diarrhea? Do you have bowel movements more often than normal? Are they soft, loose, or watery? Then you may have diarrhea. n Call your doctor or nurse if you have diarrhea, stomach pain, or feel dizzy. n Ask about foods and

medicine that can help. Take these steps to feel better: Drink more liquids each day. Drinking will help you feel better. Although it won't stop the diarrhea, it will help prevent dehydration (loss of too much water from the body). n Drink lots of clear liquids, such as water, ginger ale, and clear soup. n Most people who have diarrhea need to drink 8 to 12 cups of liquid each day. Ask your doctor or nurse how much you should drink. Eat small meals that are easy on your stomach. n Eat small meals throughout the day, instead of 3 large meals. n Your doctor or nurse may suggest the BRAT foods. BRAT stands for: Bananas Rice Applesauce Toast Limit or avoid foods and drinks that can make your diarrhea worse. n Don't eat spicy, greasy, or fried foods. n Don't have milk or dairy products such as cheese or ice cream. Check food labels to see if milk products are listed. n Don't have drinks with caffeine or alcohol. n You may need to avoid or have less raw fruit, vegetables, and whole wheat breads and cereals. n Ask your doctor or nurse what foods you may need to avoid.

Managing Radiation Therapy Side Effects: When you have loose stools (diarrhea) These foods and drinks may be easy on your stomach until you feel better: Soups (clear liquids) Drinks (clear liquids) Meals and snacks Fruits and other foods • Clear broth, such as • Clear soda, such as • Chicken—broiled • Applesauce chicken, vegetable, ginger ale or baked, without • Bananas and beef • Cranberry or grape juice • Oral rehydration solution drinks, such as Pedialyte® • Tea • Water the skin • Crackers • Cream of wheat or rice cereal • Noodles • Oatmeal • Potatoes—boiled, without the skin • Pretzels • White rice • White toast • Canned fruit, such as peaches and pears • Gelatin (such as Jell-O®) Most canned or cooked fruits and vegetables without seeds or skins are easy on your stomach. Taking care of your bottom (rectal area): n Use a baby wipe that is alcohol free and unscented. n It may help to sit in a shallow, warm bath (sitz bath). n Let your doctor or nurse know if your rectal area is sore or bleeds. Questions to ask your doctor or nurse: 1. What problems should I call you about? 2. How much liquid should I drink each day? 3. What foods and drinks should I limit or avoid? 4. What are oral rehydration solution drinks? Where can I find them? 5. What is a sitz bath? Should I take these? 6. What products can I use if my bottom is sore or bleeds? What should I not use?

DHHS, NIH, and NCI Logos How can we help? National Cancer Institute's Cancer Information Service Phone: 1-800-422-6237 (1-800-4-CANCER) Web: www.cancer.gov Online Chat: www.cancer.gov/livehelp nih publication no. 11-6102 NCI has a series of 9 Radiation Therapy Side Effects Fact Sheets at: revised December 2010 www.cancer.gov/radiation-side-effects

Q468 What steps can you take to feel better when you have diarrhea? Select all that apply.

- ☐ Drink plenty of liquids, such as water (1)
 - ☐ Eat small meals (2)
 - ☐ Avoid spicy foods (3)
 - ☐ Avoid the food you ate before getting sick (4)
-

Q469 Which of the following foods can help you feel better?

- ☐ Clear liquids like soups or broth (1)
 - ☐ Thick drinks like milk or soymilk (2)
 - ☐ Foods that are high in protein (3)
 - ☐ Foods that are deep fried (4)
-

Q470 True/False: When you have diarrhea, you have too few bowel movements, which tend to be hard or painful.

- ☐ True (1)
- ☐ False (2)

End of Block: Health: RadiationDiarrhea

Start of Block: Health: RadiationWhatItIsHowItHelps

Q760 Timing
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Last Click (2)
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Radiation Therapy What It Is, How It Helps What's in this guide If your doctor has told you that you have cancer, you may have a lot of questions. Can I be cured? What kinds of treatment would be best for me? Will it hurt? How long will treatment take? How much will it cost? How will my life change while I'm being treated and after treatment ends? These are all normal questions for people with cancer. This guide will explain one type of treatment – radiation therapy – a little better. We'll try to help you know what radiation therapy is and what it will be like. If you have more questions, ask your cancer care team to help you. It's always best to be open and honest with them. That way, they can help you decide which treatment is best for you. Questions about radiation therapy What is radiation therapy? Radiation (RAY-dee-A-shun) therapy (THER-uh-pee) is the use of radiation to treat cancer and other problems. There are different types of radiation. One that you may know about is x-rays. If you've ever had an x-ray of your chest or any other body part, you've had some radiation. Radiation is used in much higher doses to treat some cancers. How does radiation therapy work? Special equipment sends high doses of radiation to cancer cells or tumors. This kills the cancer cells and keeps them from growing and making more cancer cells. Radiation can also affect normal cells near the tumor. But normal cells can repair themselves – cancer cells can't. Sometimes radiation is the only treatment needed. Other times it's used along with chemo (KEY-mo) or surgery. Sometimes radiation can cure cancer. Other times the goal may be to slow the cancer's growth to help you feel better. Be sure to talk to your cancer care team about the goal of your treatment. How much does radiation therapy cost? Radiation therapy costs a lot. How much yours costs depends on the type of treatment you get and the number of treatments you need. Most health insurance plans cover radiation therapy. Find out who you can talk to about your coverage and how much you'll have to pay. Try to do this before you start treatment. If your income is low and you can get Medicaid, it will help pay for treatments. If you don't have insurance or Medicaid, talk with your hospital's social service office. Or call your American Cancer Society at 1-800-227-2345 to find out what help there might be for you. What should I ask my doctor? Your radiation therapy will be planned just for you. Work closely with your cancer care team to decide what's best for you. Ask the doctor, nurses, and others on your team all the questions you have. They know the most about radiation and how it works. Be ready. Write down questions ahead of time. Take them with you, and don't be afraid to say you need to know more. Nothing you say will sound silly or strange to your team. They know you want to learn as much about radiation as you can. All patients who get radiation have questions. Here are some you might want to ask:

- What kind of radiation do you think will work best for me?
- What's the goal of radiation in my case?
- Will it stop the spread of cancer?
- Will it kill or shrink the tumor?
- How will we know if the radiation is working?
- If I'm getting radiation after surgery, will it kill any cancer cells left behind? Could radiation alone be used instead of surgery?
- Are there other ways to treat the cancer?
- How will I get radiation, how often, and for how long?
- What side effects should I watch for?
- Will any of these side effects change my eating, drinking, exercise, work, or sex life?
- Will the treatment or side effects change the way I look?
- How long might the side effects last?
- What's the chance

that the cancer will spread or come back if I get radiation? What's the chance that the cancer will spread or come back if I don't get it? • Does my insurance cover radiation? If not, how will I pay for it? • Will I still be able to work (or go to school) during treatment? Will I be able to work during treatment? Some people work all the way through treatment, and others don't. Even if you do work, you may need to take some extra time off. It's good to know about your rights at work and how to keep your health insurance. If you have any questions about work or your insurance, please call your American Cancer Society at 1-800-227-2345. If you have stopped working, you can go back to your job as soon as you and your doctor believe you're up to it, even while getting radiation. Make sure you tell your cancer care team what you do each day at work and how it affects your body. If you have to do a lot of lifting or heavy work, you may need to find out if you can change what you do until you get your strength back. Talk with your team or call us if you have questions about going back to work. How is radiation given? Radiation can be given in 3 ways. They are: • External beam radiation • Internal radiation • Systemic radiation Some people get more than 1 type of radiation. External beam radiation therapy Radiation that comes from outside your body is called external beam radiation. (External means outside.) A big machine sends high-energy beams to the tumor and some of the area around the tumor. How long does the treatment take? For most people, treatments are given 5 days a week for 1 to 10 weeks. The number of treatments you need depends on the size and type of cancer, where the cancer is, how healthy you are, and what other treatments you're getting. Most people get a break on weekends so their normal cells can recover. What happens during each treatment visit? External radiation therapy is like getting an x-ray. There's no pain and only takes a few minutes. But it takes time to get the machine set up, so it may take 15 to 30 minutes to get each treatment. It's often given in a walk-in clinic, so you don't have to be in the hospital. You'll lie flat on a treatment table, under the radiation machine. The radiation therapist may put special shields or blocks between the machine and other parts of your body. These protect your other body parts from the radiation. You'll be asked to stay still during the treatment, but you don't have to hold your breath. Once you're all set and the machine is ready, the therapist goes into a nearby room to run the machine. The therapist can see you and talk to you the whole time. While the machine is working, you'll hear clicking, whirring, and something that sounds like a vacuum cleaner as the machine moves around you to aim the radiation. The radiation therapist controls this movement and checks to make sure the machine is working the way it should. It will not touch you. If you're worried about anything that happens while the machine is on, talk to the radiation therapist. If you start to feel sick or scared, let the therapist know right away. The machine can be stopped at any time. Internal radiation therapy When a radiation source is put inside you, it's called internal radiation therapy. (Internal means inside.) This lets the doctor give a large dose of radiation right to the cancer cells and/or tumor. The radioactive source is called an implant. It might look like a wire, pellet, or seeds. The implant is put very near or right into the tumor, and the radiation travels only a very short distance. The implant can be left in place forever or just for a short time. How are implants put in the body? Some implants are put in the body with needle-like tubes. This might be done in an operating room, and drugs may be used to make you relax or sleep. Other implants are put in a body opening, like the uterus (womb) or rectum. These are only left in for a short time. Some implants are left in. If you have implants that will be left in your body, you may not be allowed to do some things, such as be close to children or pregnant women, for a certain time. But you can

go back to the other normal things you do right away. The implants give off less and less radiation over time. They stop giving off radiation after a few weeks to a few months. Once the radiation is gone, the implants just stay in and cause no harm. Some implants are taken out. Some implants are taken out after they have been in for many hours or days. While the implants are in place, you'll stay in a private hospital room. Doctors and nurses will take care of you, but they'll need to limit how much time they spend with you. Many times, these implants are taken out right in your hospital room. The treated area may be sore for some time, but most people get back to normal quickly.

Systemic radiation therapy Systemic (sis-TEM-ick) radiation uses radioactive drugs to treat certain types of cancer. These drugs can be given by mouth or put into a vein; they then travel throughout the body. They collect where the cancer is to give off their radiation and kill the cancer cells.

Safety issues Because systemic radiation uses a radioactive liquid that goes through your whole body, some radiation will be in your body for a few days until your body has a chance to get rid of it. The radioactive materials can leave your body through saliva, sweat, blood, and urine, making these fluids radioactive. You may need to stay in the hospital for a few days. Your cancer care team will tell you what you need to do to be safe until your body no longer contains radiation that might affect others. What you must do depends on the radioactive drug used. Be sure you understand what you need to do to protect the people around you.

What about radiation side effects? Some people have no side effects at all, while others do. The most common side effects are:

- Feeling very tired (fatigue [fuh-TEEG])
- Skin changes over the treated area
- Not wanting to eat (appetite loss)

Other side effects depend on the part of the body being treated. For instance, if you get radiation to your head, you might have hair loss. Or if you get radiation to your chest, you might have a cough or sore throat. Most side effects go away in time. But there are ways to help you feel better. If you have bad side effects, the doctor may stop your treatments for a while, change the schedule, or change the type of treatment you're getting. Tell your cancer care team about any side effects you have so they can help you with them.

Next we will talk about a few of the more common side effects.

How do I deal with fatigue? Fatigue (fuh-TEEG) means you feel very tired. It can last for a long time and keep you from doing the things you want and need to do. It's not like the fatigue a person feels at the end of a long, hard day. That kind gets better after a good night's sleep. The fatigue caused by cancer and/or cancer treatment is worse and causes more problems. Rest does not always make it go away. Cancer fatigue is very common. By knowing about fatigue, you can cope with it better. No lab tests or x-rays can show fatigue or tell how bad it is for you. Only you know if you have fatigue and how bad it is. If you have fatigue, be sure to tell your cancer care team. You can say it's mild, moderate, or severe. Or, you can use a scale from 0 to 10. A 0 means you have no fatigue, and a 10 means you have the worst fatigue ever. This weak or weary feeling will go away over time after your treatment ends. Until then there are some things you can do to help reduce your fatigue:

- Do the things that you need to get done when you feel your best.
- Ask for help, and let people help you.
- Put things that you use often within easy reach.
- Set up a daily routine.
- Try to relax to reduce stress. Many people feel better with deep breathing, prayer, talking with others, reading, listening to music, and painting, among other things.
- Balance rest and activity. Don't spend too much time in bed, which can make you weak. Don't let rest or daytime naps keep you from sleeping at night. A few short rest breaks are better than one long one.
- Talk to your cancer care team about how to keep your pain and nausea – if you have these – under control.
- Depression can make you

feel more tired. Talk with your doctor about treatment if you think you may be depressed. Feeling sad or worthless, losing interest in life, thinking about death a lot, or thinking of hurting yourself are some signs of depression.

- Get some exercise each day. Talk to your cancer care team before you start.
- You may be told to eat a special diet. If so, try to do it. It's good to include protein (meat, milk, eggs, and beans). It's also good to drink about 8 to 10 glasses of water a day.

Let your cancer care team know about your fatigue and talk with them if:

- It doesn't get better, keeps coming back, or gets worse.
- You're more tired than usual during or after an activity.
- Your fatigue doesn't get better with rest or sleep.
- You become confused or can't think.
- You can't get out of bed for more than 24 hours.
- You can't do the things you need or want to do.

What can I do about skin changes? Skin over the part of your body being treated may look red, swollen, blistered, sunburned, or tanned. After a few weeks, your skin may become dry, flaky, itchy, or it may peel. Be sure to let your cancer care team know about any skin changes. They can suggest ways to ease the discomfort, help keep it from getting worse, and try to prevent infection. Most skin changes slowly go away after treatment ends. In some cases, though, the treated skin will stay darker and might be more sensitive than it was before. You need to be gentle with your skin. Here are some ways to do this:

- Wear loose clothes made from soft, smooth fabrics.
- Do not rub, scrub, scratch, or use tape on treated skin. If your skin must be covered or bandaged, use paper tape or other tape for sensitive skin. Try to put the tape outside the treatment area, and don't put the tape in the same place each time.
- Do not put heat or cold (such as a heating pad, heat lamp, or ice pack) on the treated skin.
- Protect the treated area from the sun. It may be extra sensitive to sunlight. Protect your skin from the sun even after radiation therapy ends. Wear clothes that cover the skin, or use sunscreen with an SPF of 30 or higher.
- Use only lukewarm water and mild soap. Just let water run over the treated area. Do not rub. Also be careful not to rub away the ink marks needed for your radiation therapy until it's done.
- Do not use a pre-shave or after-shave lotion or hair-removal products. Use an electric shaver if you must shave the area, but first check with your cancer care team.
- Ask your cancer care team before using anything on the skin in the treatment area. This includes powders, creams, perfumes, deodorants, body oils, ointments, lotions, or home remedies while you're being treated and for several weeks afterward.

Q472 How does radiation therapy work?

- ☐ Special equipment uses x-rays to take pictures of the cancer cells (1)
- ☐ Special equipment sends high doses of radiation to cancer cells or tumors (2)
- ☐ Special equipment is used to change your behavior (3)
- ☐ Special equipment is used to diagnose the source of the cancer so future treatment targets the cancer (4)

Q473 True/False: Radiation is not always used to treat cancer.

- ☐ True (1)
- ☐ False (2)
-

Q474 How can radiation be given? Select all that apply.

- ☐ External beam radiation (1)
- ☐ Internal radiation (2)
- ☐ System radiation (3)
- ☐ Cyclic radiation (4)

End of Block: Health: RadiationWhatItIsHowItHelps

Start of Block: Health: RaynaudsPhenomenon

Q761 Timing
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Q475 U.S. Department of Health and Human Services Public Health Service National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institutes of Health 1 AMS Circle Bethesda, MD 20892-3675 Phone: 301-495-4484 Toll free: 877-22-NIAMS TTY: 301-565-2966 Fax: 301-718-6366 Email: NIAMSinfo@mail.nih.gov Website: www.niams.nih.gov What Is Raynaud's Phenomenon? Fast Facts: An Easy-to-Read Series of Publications for the Public Raynaud's phenomenon is a disorder that affects blood vessels, mostly in the fingers and toes. It causes the blood vessels to narrow when you are: . Cold. . Feeling stress. Primary Raynaud's phenomenon happens on its own. Secondary Raynaud's phenomenon happens along with some other health problem. Who Gets Raynaud's Phenomenon? People of all ages

can have Raynaud's phenomenon. Raynaud's phenomenon may run in families, but more research is needed. The primary form is the most common. It most often starts between age 15 and 25. It is most common in:

- Women.
- People living in cold places.

The secondary form tends to start after age 35 to 40. It is most common in people with connective tissue diseases, such as scleroderma, Sjögren's syndrome, and lupus. Other possible causes include:

- Carpal tunnel syndrome, which affects nerves in the wrists.
- Blood vessel disease.
- Some medicines used to treat high blood pressure, migraines, or cancer.
- Some over-the-counter cold medicines.
- Some narcotics.

People with certain jobs may be more likely to get the secondary form:

- Workers who are around certain chemicals.
- People who use tools that vibrate, such as a jackhammer.

What Are the Symptoms of Raynaud's Phenomenon? The body saves heat when it is cold by slowing the supply of blood to the skin. It does this by making blood vessels more narrow. With Raynaud's phenomenon, the body's reaction to cold or stress is stronger than normal. It makes blood vessels narrow faster and tighter than normal. When this happens, it is called an "attack."

November 2014 What Is Raynaud's Phenomenon? Fast Facts: An Easy-to-Read Series of Publications for the Public During an attack, the fingers and toes can change colors. They may go from white to blue to red. They may also feel cold and numb from lack of blood flow. As the attack ends and blood flow returns, fingers or toes can throb and tingle. After the cold parts of the body warm up, normal blood flow returns in about 15 minutes.

What Is the Difference Between Primary and Secondary Raynaud's Phenomenon? Primary Raynaud's phenomenon is often so mild a person never seeks treatment. Secondary Raynaud's phenomenon is more serious and complex. It is caused when diseases reduce blood flow to fingers and toes.

How Does a Doctor Diagnose Raynaud's Phenomenon? It is fairly easy to diagnose Raynaud's phenomenon. But it is harder to find out whether a person has the primary or the secondary form of the disorder. Doctors will diagnose which form it is using a complete history, an exam, and tests. Tests may include:

- Blood tests.
- Looking at fingernail tissue with a microscope.

What Is the Treatment for Raynaud's Phenomenon? Treatment aims to:

- Reduce how many attacks you have.
- Make attacks less severe.
- Prevent tissue damage.
- Prevent loss of finger and toe tissue.

Primary Raynaud's phenomenon does not lead to tissue damage, so nondrug treatment is used first. Treatment with medicine is more common with secondary Raynaud's. Severe cases of Raynaud's can lead to sores or gangrene (tissue death) in the fingers and toes. These cases can be painful and hard to treat. In severe cases that cause skin ulcers and serious tissue damage, surgery may be used.

Nondrug Treatments and Self-Help Measures To reduce how long and severe attacks are:

- Keep your hands and feet warm and dry.
- Warm your hands and feet with warm water.
- Avoid air conditioning.
- Wear gloves to touch frozen or cold foods.
- Wear many layers of loose clothing and a hat when it's cold.
- Use chemical warmers, such as small heating pouches that can be placed in pockets, mittens, boots, or shoes.

What Is Raynaud's Phenomenon? Fast Facts: An Easy-to-Read Series of Publications for the Public

- Talk to your doctor before exercising outside in cold weather.
- Don't smoke.
- Avoid medicines that make symptoms worse.
- Control stress.
- Exercise regularly.

See a doctor if:

- You worry about attacks.
- You have questions about self-care.
- Attacks happen on just one side of your body.
- You have sores or ulcers on your fingers or toes.

Treatment With Medications People with secondary Raynaud's phenomenon are often treated with:

- Blood pressure medicines.
- Medicines that relax blood vessels.

One kind can be put on the fingers to heal ulcers. If blood

flow doesn't return and finger loss is a risk, you will need other medicines. Pregnant woman should not take these medicines. Sometimes Raynaud's phenomenon gets better or goes away when a woman is pregnant. What Research Is Being Conducted to Help People Who Have Raynaud's Phenomenon? Current research is being done on: . New ways to find and treat the problem . New medicines to improve blood flow . Supplements and herbal treatments, but these have been found ineffective in most studies . Causes. For More Information About Raynaud's Phenomenon and Other Related Conditions: National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse National Institutes of Health 1 AMS Circle Bethesda, MD 20892-3675 Phone: 301-495-4484 Toll free: 877-22-NIAMS (226-4267) TTY: 301-565-2966 Fax: 301-718-6366 Email: NIAMSinfo@mail.nih.gov Website: www.niams.nih.gov What Is Raynaud's Phenomenon? Fast Facts: An Easy-to-Read Series of Publications for the Public The information in this fact sheet was summarized in easy-to-read format from information in a more detailed NIAMS publication. To order the Raynaud's Phenomenon Q&A full-text version, please contact the NIAMS using the contact information above. To view the complete text or to order online, visit www.niams.nih.gov.

Q476 What is Raynaud's Phenomenon?

- ☐ It is a disorder that causes you to feel cold when you are stressed (1)
 - ☐ It is a disorder that causes the blood vessels to widen (2)
 - ☐ It is a disorder that causes the blood vessels to narrow (3)
 - ☐ It is a disorder that causes you to feel numb when you are cold (4)
-

Q477 True/False: Although Raynaud's Phenomenon can affect people of all ages, it is more common in the elderly.

- ☐ True (1)
 - ☐ False (2)
-

Q478 What are symptoms of Raynaud's Phenomenon? Select all that apply.

- ☐ Fingers and toes can change colors (1)
- ☐ Fingers and toes can feel cold and numb (2)
- ☐ Fingers and toes can get swollen or inflamed (3)
- ☐ Fingers and toes can feel like they're burning (4)

End of Block: Health: RaynaudsPhenomenon

Start of Block: Health: Walking

Q762 Timing

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Q384 Walking... A Step in the Right Direction African American woman walking outside with her young son senior African American couple walking and laughing African American woman stretching African American woman walking outside in a park senior African American woman walking with a young girl walking shoes Sisters Together Move More Eat Better Should I stretch before I walk? Most experts advise stretching only after you have warmed up. To warm up, walk slowly for a few minutes before picking up the pace. Stretching gently at the end of your walk may help build flexibility. Do not bounce or hold your breath when you stretch. Do each stretch slowly and move only as far as you feel comfortable. If you think that stretching before walking may help you, ask your doctor when and how to do so safely. You may want to discuss these exercises as examples. Side Reach Reach one arm over your head and to the side. Keep your hips steady and your shoulders straight to the side. Hold for 10 seconds and repeat on the other side. Illustration of a woman performing a side stretch Wall Push Lean your hands on a wall and place your feet about 3 to 4 feet away from the wall. Bend one knee and point it toward the wall. Keep your back leg straight with your foot flat and your toes pointed straight ahead. Hold for 10 seconds and repeat with the other leg. Illustration of a woman performing a wall push stretch Knee Pull Lean your back against a wall. Keep your head, hips, and feet in a straight line. Pull one knee toward your chest, hold for 10 seconds, and then repeat with the other leg. Illustration of a woman performing a knee pull stretch Leg Curl Pull your right foot toward your buttocks with your right hand. Stand straight and keep your bent knee pointing straight down. Hold for 10 seconds and repeat with your other foot and hand. Illustration of a woman performing a leg curl

stretch Hamstring Stretch Sit on a sturdy bench or hard surface so that one leg is stretched out on the bench with your toes pointing up. Keep your other foot flat on the surface below. Straighten your back, and if you feel a stretch in the back of your thigh, hold for 10 seconds and then change sides and repeat. If you do not feel a stretch, slowly lean forward from your hips until you feel a stretch. Illustration of a woman performing a hamstring stretch

A Sample Daily Walking Program This program is only a guide. Your walking sessions may be longer or shorter based on your ability and the advice of your doctor. If you are walking fewer than three times per week, give yourself more than 2 weeks before adding more.

Warm-up Time	Walk Slowly	Brisk-walk Time	Cool-down Time	Walk Slowly and Stretch	Total Time
WEEKS 1–2	5 minutes	5 minutes	5 minutes	15 minutes	WEEKS 3–4
5 minutes	10 minutes	5 minutes	20 minutes	WEEKS 5–6	
5 minutes	15 minutes	5 minutes	25 minutes	WEEKS 7–8	
5 minutes	20 minutes	5 minutes	30 minutes	WEEKS 9–10	
5 minutes	25 minutes	5 minutes	35 minutes	WEEKS 11–12	
5 minutes	30 minutes	5 minutes	40 minutes	WEEKS 13–14	
5 minutes	35 minutes	5 minutes	45 minutes	WEEKS 15–16	
5 minutes	40 minutes	5 minutes	50 minutes	WEEKS 17–18	
5 minutes	45 minutes	5 minutes	55 minutes	WEEKS 19–20	
5 minutes	50 minutes	5 minutes	60 minutes		

Q479 What are the benefits of walking? Select all that apply.

- ☐ Helps to lower your risk of heart disease (1)
 - ☐ Helps to strengthen your bones (2)
 - ☐ Helps you to burn more calories (3)
 - ☐ Helps to lift your mood (4)
-

Q480 True/False: Most experts advise stretching only after you have warmed up.

- ☐ True (1)
 - ☐ False (2)
-

Q481 According to the text, what is a benefit of stretching gently after you finish a walk?

- ☐ It helps to build flexibility (1)
- ☐ It helps to build resistance (2)
- ☐ It helps to burn more calories (3)
- ☐ It helps to prevent future injuries (4)

End of Block: Health: Walking

Start of Block: Health: WomenAlcohol

Q763 Timing

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Q482 Department of Health and Human Services logo National Institute on Alcohol Abuse and Alcoholism Women and Alcohol Women's drinking patterns are different from men's—especially when it comes to the type of beverage, amounts, and frequency. Women's bodies also react differently to alcohol than men's bodies. As a result, women face particular health risks and realities. Women should be aware of the health risks associated with drinking alcohol, especially because most women drink at least occasionally, and many women drink a lot. Why Do Women Face Higher Risk? Research shows that women start to have alcohol-related problems at lower drinking levels than men do. One reason is that, on average, women weigh less than men. In addition, alcohol resides predominantly in body water, and pound for pound, women have less water in their bodies than men do. So after a man and woman of the same weight drink the same amount of alcohol, the woman's blood alcohol concentration will tend to be higher, putting her at greater risk for harm. Other biological differences, including hormones, may contribute as well. What Are the Health Risks? Liver Damage: Women who drink are more likely to develop alcoholic hepatitis (liver inflammation) than men who drink the same amount of alcohol. Alcoholic hepatitis can lead to cirrhosis. Heart Disease: Chronic heavy drinking is a leading cause of heart disease. Among heavy drinkers, women are more Photo of three young women eating and laughing susceptible to alcohol-related heart disease than men, even though women drink less alcohol over a lifetime than men. Breast Cancer: There is an association between drinking alcohol and developing breast cancer. Women who consume about one drink per day have a 10 percent higher chance of developing breast cancer than women who do not drink at all. That risk rises another 10 percent for every extra drink they have per day.

Pregnancy: Any drinking during pregnancy is risky. A pregnant woman who drinks heavily puts her fetus at risk for learning and behavioral problems and abnormal facial features. Even moderate drinking during pregnancy can cause problems. Drinking during pregnancy also may increase the risk for preterm labor. Some women should never drink at all, including: »» Anyone under age 21 »» Anyone who takes medications that can interact negatively with alcohol »» Anyone who is pregnant or trying to conceive For more information, please visit: <http://www.rethinkingdrinking.niaaa.nih.gov/> How Much Is Too Much? In the United States, a standard drink is one that contains about 14 grams of pure alcohol, which is found in: »» 12 ounces of beer with 5 percent alcohol content »» 5 ounces of wine with 12 percent alcohol content »» 1.5 ounces of distilled spirits with 40 percent alcohol content The USDA defines moderate drinking as: »» Up to 1 drink per day for women »» Up to 2 drinks per day for men Unfortunately, although the “standard” drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes. A large cup of beer, an overpoured glass of wine, or a single mixed drink could contain much more alcohol than a standard drink. In addition, while the alcohol concentrations listed are “typical,” there is considerable variability in alcohol content within each type of beverage (e.g., beer, wine, distilled spirits). NIH . . . Turning Discovery Into Health® National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov • 301.443.3860

Selected consumption statistics for women and men: U.S. adults 18 years of age and older

	Women	Men	% who had at least 1 drink in the past year	49.9
69.4 » % who had at least 1 drink in their lifetime, but not in the past year	13.7	14.3	» % who had at least 1 drink in their lifetime	63.6 83.7
» % total lifetime abstainers (not even 1 drink)	26.2	15.9	» % of past-year drinkers, by usual number of drinks consumed per drinking day:	
1	48.2	28.7	2	29.9
29.0	3+	21.9	42.3 » % of past-year drinkers who drank 4+/5+ drinks on an occasion:	
Never in past year	71.2	56.9	Ever in past year	
28.8	43.1	1 to 11 times in past year (<monthly)	14.2	15.3
12+ times in past year (monthly or more often)	14.6	27.8	» % who drank 12+ drinks over the course of the past year	
43.8	60.2	» % who drank 12+ drinks over the course of some year, but not the past year	4.4	6.9
» % who never drank 12+ drinks over the course of any year	34.9	22.2	% of women who had a past-year pregnancy by drinking status:	
Did not drink at all in the past year	41.0	Drank during the past year, but not at all during pregnancy	49.3	Drank but in reduced quantities during pregnancy
8.1	Drank and did not reduce consumption during pregnancy	1.5		

SOURCES: Centers for Disease Control and Prevention (CDC). Summary Health Statistics for U.S. Adults: National Health Interview Survey 2012, Vital Health Statistics. Series 10, Number 260, February 2014, Table 25; National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Wave 1, data collected during 2001–2002. At Risk NIAAA also defines how much drinking may put people at risk for developing alcohol dependence. Low-risk drinking limits are: »» Women: No more than 7 drinks per week and no more than 3 drinks on any single day. »» Men: No more than 14 drinks per week and no more than 4 drinks on any single day. To stay low risk, you must keep within both the single-day and weekly limits. Low risk does not mean no risk. Even within these limits, you can have problems if you

drink too quickly or have other health issues. Drinking slowly, and making sure you eat enough while drinking, can help minimize alcohol's effects.

Q483 For women who consume alcohol, what are the health risks? Select all that apply.

- ☐ Liver damage (1)
 - ☐ Heart disease (2)
 - ☐ Breast cancer (3)
 - ☐ Tissue damage (4)
-

Q484 True/False: Women who drink no more than 7 alcoholic drinks per week and no more than 3 drinks on a given day are not at risk for alcohol related health problems.

- ☐ True (1)
 - ☐ False (2)
-

Q485 Why do women face higher health risks associated with alcohol than men?

- ☐ Men can consume more alcohol than women before becoming at-risk k. (1)
- ☐ Women have more water, pound for pound, in their bodies than men do. (2)
- ☐ Women who drink heavily can harm the fetus during pregnancy. (3)
- ☐ Men tend to drink less in a quantity and frequency than women. (4)

End of Block: Health: WomenAlcohol

Start of Block: Health: Choose50Ways

Q764 Timing
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Q486 ENGLISH Choose More than 50 Ways to Prevent Type 2 Diabetes Learn how to prevent or delay type 2 diabetes by losing a small amount of weight. To get started, use these tips to help you move more, make healthy food choices, and track your progress. Reduce Portion Sizes Portion size is the amount of food you eat, such as 1 cup of fruit or 6 ounces of meat. If you are trying to eat smaller portions, eat a half of a bagel instead of a whole bagel or have a 3-ounce hamburger instead of a 6-ounce hamburger. Three ounces is about the size of your fist or a deck of cards. Put less on your plate, Nate. 1. Drink a large glass of water 10 minutes before your meal so you feel less hungry. 2. Keep meat, chicken, turkey, and fish portions to about 3 ounces. 3. Share one dessert. Eat a small meal, Lucille. 4. Use teaspoons, salad forks, or child-size forks, spoons, and knives to help you take smaller bites and eat less. 5. Make less food look like more by serving your meal on a salad or breakfast plate. 6. Eat slowly. It takes 20 minutes for your stomach to send a signal to your brain that you are full. 7. Listen to music while you eat instead of watching TV (people tend to eat more while watching TV). How much should I eat? Try filling your plate like this: A plate with a cooked chicken filet, yellow rice, collard greens, and a sliced orange. The plate is labeled one half vegetables and fruit, one quarter grains, and one quarter protein. Near the plate is a glass of milk labeled dairy, low fat or skim milk. National Diabetes Education Program, a program of the National Institutes of Health and the Centers for Disease Control and Prevention. Move More Each Day Find ways to be more active each day. Try to be active for at least 30 minutes, 5 days a week. Walking is a great way to get started and you can do it almost anywhere at any time. Bike riding, swimming, and dancing are also good ways to move more. If you are looking for a safe place to be active, contact your local parks department or health department to ask about walking maps, community centers, and nearby parks. Dance it away, Faye. 8. Show your kids the dances you used to do when you were their age. 9. Turn up the music and jam while doing household chores. 10. Work out with a video that shows you how to get active. Let's go, Flo. 11. Deliver a message in person to a co-worker instead of sending an e-mail. 12. Take the stairs to your office. Or take the stairs as far as you can, and then take the elevator the rest of the way. 13. Catch up with friends during a walk instead of by phone. 14. March in place while you watch TV. 15. Choose a place to walk that is safe, such as your local mall. 16. Get off of the bus one stop early and walk the rest of the way home or to work if it is safe. Make Healthy Food Choices Find ways to make healthy food choices. This can help you manage your weight and lower your chances of getting type 2 diabetes. Choose to eat more vegetables, fruits, and whole grains. Cut back on high-fat foods like whole milk, cheeses, and fried foods. This will help you reduce the amount of fat and calories you take in each day. Snack on a veggie, Reggie. 17. Buy a mix of vegetables when you go food shopping. 18. Choose veggie toppings like spinach, broccoli, and peppers for your pizza. 19. Try eating foods from other countries. Many

of these dishes have more vegetables, whole grains, and beans. 20. Buy frozen and low-salt (sodium) canned vegetables. They may cost less and keep longer than fresh ones. 21. Serve your favorite vegetable and a salad with low-fat macaroni and cheese. Cook with care, Claire. 22. Stir fry, broil, or bake with non-stick spray or low-salt broth. Cook with less oil and butter. 23. Try not to snack while cooking or cleaning the kitchen. 24. Cook with smaller amounts of cured meats (smoked turkey and turkey bacon). They are high in salt. Cook in style, Kyle. 25. Cook with a mix of spices instead of salt. 26. Try different recipes for baking or broiling meat, chicken, and fish. 27. Choose foods with little or no added sugar to reduce calories. 28. Choose brown rice instead of white rice. Eat healthy on the go, Jo. 29. Have a big vegetable salad with low-calorie salad dressing when eating out. Share your main dish with a friend or have the other half wrapped to go. 30. Make healthy choices at fast food restaurants. Try grilled chicken (with skin removed) instead of a cheeseburger. 31. Skip the fries and chips and choose a salad. 32. Order a fruit salad instead of ice cream or cake. Rethink your drink, Linc. 33. Find a water bottle you really like (from a church or club event, favorite sports team, etc.) and drink water from it every day. 34. Peel and eat an orange instead of drinking orange juice. 35. If you drink whole milk, try changing to 2% milk. It has less fat than whole milk. Once you get used to 2% milk, try 1% or fat-free (skim) milk. This will help you reduce the amount of fat and calories you take in each day. 36. Drink water instead of juice and regular soda. Eat smart, Bart. 37. Make at least half of your grains whole grains, such as whole grain breads and cereals, brown rice, and quinoa. 38. Use whole grain bread for toast and sandwiches. 39. Keep a healthy snack with you, such as fresh fruit, a handful of nuts, and whole grain crackers. 40. Slow down at snack time. Eating a bag of low-fat popcorn takes longer than eating a candy bar. 41. Share a bowl of fruit with family and friends. 42. Eat a healthy snack or meal before shopping for food. Do not shop on an empty stomach. 43. Shop at your local farmers market for fresh, local food. Keep track, Jack. 44. Make a list of food you need to buy before you go to the store. 45. Keep a written record of what you eat for a week. It can help you see when you tend to overeat or eat foods high in fat or calories. Read the label, Mabel. 46. Compare food labels on packages. 47. Choose foods lower in saturated fats, trans fats, cholesterol (ko-LESS-tuh-ruhl), calories, salt, and added sugars. Take Care of Your Mind, Body, and Soul You can exhale, Gail. 48. Take time to change the way you eat and get active. Try one new food or activity a week. 49. Find ways to relax. Try deep breathing, taking a walk, or listening to your favorite music. 50. Pamper yourself. Read a book, take a long bath, or meditate. 51. Think before you eat. Try not to eat when you are bored, upset, or unhappy. Be Creative Honor your health as your most precious gift. There are many more ways to prevent or delay type 2 diabetes by making healthy food choices and moving more. Discover your own and share them with your family, friends, and neighbors. Make up your own, Tyrone or Simone. 52. _____ 53.

54.

_____ Track Your Progress Visit
www.YourDiabetesInfo.org or call 1-888-693-6337 / TTY: 1-866-569-1162 to get your free GAME PLAN to Prevent Type 2 Diabetes booklet. It has charts to help you track the foods you eat and how much you move each day. Things to Remember: u Talk to your doctor about your risk for getting type 2 diabetes and what you can do to lower your chances. u Take steps to prevent diabetes by making healthy food choices, staying at a healthy weight, and moving more

every day. u Find ways to stay calm during your day. Being active and reading a good book can help you lower stress. u Keep track of the many ways you are moving more and eating healthy by writing them down. National Diabetes Education Program 1-888-693-NDEP (1-888-693-6337) www.YourDiabetesInfo.org Janet O. Brown-Friday, RN, MSN, MPH, Clinical Trials Manager, Diabetes Clinical Trials Unit, Albert Einstein College of Medicine reviewed this material for accuracy. The U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations. By joining a research study, people can help improve their health and the health of others. See <http://www.niddk.nih.gov/health-information/clinical-trials> and www.cdc.gov/diabetes/projects/index.htm. Logos of the U S Department of Health and Human Services, the National Institutes of Health, and the Centers for Disease Control and Prevention. Revised September 2014 NIH Publication No. 12-5487 NDEP-71 The NIDDK prints on recycled paper with bio-based ink.

Q487 What are some ways of reducing your portion size? Select all that apply.

- ☐ Put less food on your plate (1)
 - ☐ Learn what appropriate portion sizes look like (2)
 - ☐ Share one dessert with someone else (3)
 - ☐ Drink a glass of water before you eat (4)
-

Q488 What is a good way to start moving more daily?

- ☐ Walk for at least 30 minutes daily (1)
 - ☐ Post on social media about your health goals (2)
 - ☐ Join a gym where you enjoy the amenities (3)
 - ☐ Sign up for a 5k (4)
-

Q489 True/False: Making healthy food choices can help you manage your weight and lower your chances of getting type 2 diabetes.

- ☐ True (1)
- ☐ False (2)

End of Block: Health: Choose50Ways

Start of Block: Health: Gas

Q765 Timing
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Q490 Gas in the Digestive Tract National Digestive Diseases Information Clearinghouse
Image of the U.S. Department of Health and Human Services logo U.S. Department of Health and Human Services NATIONAL INSTITUTES OF HEALTH Image of the National Institute of Diabetes and Digestive and Kidney Diseases logo What is gas? Gas is air in the digestive tract—the large, muscular tube that extends from the mouth to the anus, where the movement of muscles, along with the release of hormones and enzymes, allows for the digestion of food. Gas leaves the body when people burp through the mouth or pass gas through the anus. Gas is primarily composed of carbon dioxide, oxygen, nitrogen, hydrogen, and sometimes methane. Flatus, gas passed through the anus, may also contain small amounts of gases that contain sulfur. Flatus that contains more sulfur gases has more odor. Everyone has gas. However, many people think they burp or pass gas too often and that they have too much gas. Having too much gas is rare. What causes gas? Gas in the digestive tract is usually caused by swallowing air and by the breakdown of certain foods in the large intestine by bacteria. Everyone swallows a small amount of air when eating and drinking. The amount of air swallowed increases when people • eat or drink too fast • smoke • chew gum • suck on hard candy • drink carbonated or “fizzy” drinks • wear loose-fitting dentures Drawing of the digestive tract inside the outline of a man’s torso with labels pointing to the mouth, esophagus, stomach, small intestine, large intestine, colon, rectum, and anus The digestive tract Burping allows some gas to leave the stomach. The remaining gas moves into the small intestine, where it is partially absorbed. A small amount travels into the large intestine for release through the anus. The stomach and small intestine do not fully digest some carbohydrates—sugars, starches, and fiber found in many foods. This undigested food passes through the small intestine to the large intestine. Once there, undigested carbohydrates are broken down by bacteria in the large intestine, which release hydrogen and carbon dioxide in the process. Other types of bacteria in the large

intestine take in hydrogen gas and create methane gas or hydrogen sulfide, the most common sulfur gas in flatus. Studies have detected methane in the breath of 30 to 62 percent of healthy adults.¹ A larger percentage of adults may produce methane in the intestines, but the levels may be too low to be detected. Research suggests that people with conditions that cause constipation are more likely to produce detectable amounts of methane.¹ More research is needed to find out the reasons for differences in methane production and to explore the relationship between methane and other health problems. ¹SahakianAB,JeeSR,PimentelM. Methaneandthe gastrointestinal tract. *Digestive Diseases and Sciences*. 2010;55(8):2135–43. Epub 2009 Oct 15. Some of the gas produced in the intestines is absorbedby the bloodstream and carried to the lungs, where it is released in the breath. Normally, few bacteria live in the small intestine. Small intestinal bacterial overgrowth is an increase in the number of bacteria or a change in the type of bacteria in the small intestine. These bacteria can produce excess gas and may also cause diarrhea and weight loss. Small intestinal bacterial overgrowth is usually related to diseases or disorders that damage the digestive system or affect how it works, such as Crohn's disease—an inflammatory bowel disease that causes inflammation, or swelling, and irritation of any part of the gastrointestinal (GI) tract—or diabetes. Which foods cause gas? Most foods that contain carbohydrates can cause gas. In contrast, fats and proteins cause little gas. Foods that produce gas in one person may not cause gas in someone else, depending on how well individuals digest carbohydrates and the type of bacteria present in the intestines. Some foods that may cause gas include • beans • vegetables such as broccoli, cauliflower, cabbage, brussels sprouts, onions, mushrooms, artichokes, and asparagus • fruits such as pears, apples, and peaches • whole grains such as whole wheat and bran • sodas; fruit drinks, especially apple juice and pear juice; and other drinks that contain high-fructose corn syrup,a sweetener made from corn • milk and milk products such as cheese, ice cream, and yogurt • packaged foods—such as bread, cereal, and salad dressing—that contain small amountsof lactose,a sugar foundin milk and foods made with milk • sugar-free candies and gums that contain sugar alcohols such as sorbitol, mannitol, and xylitol What are the symptoms of gas? The most common symptoms of gas are burping, passing gas, bloating, and abdominal pain or discomfort. However, not everyone experiences these symptoms. Burping. Burping,or belching, onceina while, especially during and after meals, is normal. However, people who burp frequently may be swallowing too much air and releasing it before the air enters the stomach. Some people who burp frequently may have an upper GI disorder, such as gastroesophageal reflux disease—a chronic condition in which stomach contents flow back up into the esophagus. People may believe that swallowing air and releasing it will relieve the discomfort, and they may intentionally or unintentionally developa habit of burping to relieve discomfort. Passing gas. Passing gas around 13 to 21 timesadayis normal.² Flatulenceis excessive gas in the stomach or intestine that can cause bloating and flatus. Flatulence may be the result of problems digesting certain carbohydrates. ²Gas-related complaints. The Merck Manuals Online Medical Library. www.merckmanuals.com/professional/sec02/ch008/ch008d.html. Updated October 2007. Accessed June 26, 2012. Bloating. Bloatingisa feelingof fullnessand swelling in the abdomen, the area between the chest and hips. Problems digesting carbohydrates may cause increased gas and bloating. However, bloating is not always caused by too much gas. Bloating may result from diseases that affect how gas moves through the intestines, such as rapid gastric emptying, or from diseases that

cause intestinal obstruction, such as colon cancer. People who have had many operations, internal hernias, or bands of internal scar tissue called adhesions may experience bloating. Disorders such as irritable bowel syndrome (IBS) can affect how gas moves through the intestines or increase pain sensitivity in the intestines. IBS is a functional GI disorder, meaning that the symptoms are caused by changes in how the digestive tract works. The most common symptoms of IBS are abdominal pain or discomfort, often reported as cramping, along with diarrhea, constipation, or both. IBS may give a sensation of bloating because of increased sensitivity to normal amounts of gas. Eating a lot of fatty food can delay stomach emptying and cause bloating and discomfort, but not necessarily too much gas. Abdominal pain and discomfort. People may feel abdominal pain or discomfort when gas does not move through the intestines normally. People with IBS may be more sensitive to gas and feel pain when gas is present in the intestines. How is the cause of gas found? People can try to find the cause of gas on their own by keeping a diary of what they eat and drink and how often they burp, pass gas, or have other symptoms. A diary may help identify specific foods that cause gas. A health care provider should be consulted if

- symptoms of gas are bothersome
- symptoms change suddenly
- new symptoms occur, especially in people older than age 40
- gas is accompanied by other symptoms, such as constipation, diarrhea, or weight loss

The health care provider will ask about dietary habits and symptoms and may ask a person to keep a food diary. Careful review of diet and the amount of burping or gas passed may help relate specific foods to symptoms and determine the severity of the problem. Recording gas symptoms can help determine whether the problem is too much gas in the intestines or increased sensitivity to normal amounts of gas. If milk or milk products are causing gas, the health care provider may perform blood or breath tests to check for lactose intolerance, the inability or insufficient ability to digest lactose. Lactose intolerance is caused by a deficiency of the enzyme lactase, which is needed to digest lactose. The health care provider may suggest avoiding milk products for a short time to see if symptoms improve. The health care provider may perform a physical exam and order other types of diagnostic tests, depending on a person's symptoms. These tests can rule out serious health problems that may cause gas or symptoms similar to those of gas. How is gas treated? Gas can be treated by reducing swallowed air, making dietary changes, or taking over-the-counter or prescription medications. People who think they have too much gas can try to treat gas on their own before seeing a health care provider. Health care providers can provide advice about reducing gas and prescribe medications that may help. Reducing swallowed air. Swallowing less air may help reduce gas, especially for people who burp frequently. A health care provider may suggest eating more slowly, avoiding gum and hard candies, or checking with a dentist to make sure dentures fit correctly. Making dietary changes. People may be able to reduce gas by eating less of the foods that cause gas. However, many healthy foods may cause gas, such as fruits and vegetables, whole grains, and milk products. The amount of gas caused by certain foods varies from person to person. Effective dietary changes depend on learning through trial and error which foods cause a person to have gas and how much of the offending food one can handle. While fat does not cause gas, limiting high-fat foods can help reduce bloating and discomfort. Less fat in the diet helps the stomach empty faster, allowing gases to move more quickly into the small intestine. Taking over-the-counter medications. Some over-the-counter medications can help reduce gas or the symptoms associated with gas:

- Alpha-galactosidase (Beano), an over-the-counter

digestive aid, contains the sugar-digesting enzyme that the body lacks to digest the sugar in beans and many vegetables. The enzyme comes in liquid and tablet form. Five drops are added per serving or one tablet is swallowed just before eating to break down the gas-producing sugars. Beano has no effect on gas caused by lactose or fiber. • Simethicone (Gas-X, Mylanta Gas) can relieve bloating and abdominal pain or discomfort caused by gas. • Lactase tablets or drops can help people with lactose intolerance digest milk and milk products to reduce gas. Lactase tablets are taken just before eating foods that contain lactose; lactase drops can be added to liquid milk products. Lactose-free and lactose-reduced milk and milk products are available at most grocery stores. Taking prescription medications. Health care providers may prescribe medications to help reduce symptoms, especially for people with small intestinal bacterial overgrowth or IBS. For more information about IBS, see the Irritable Bowel Syndrome fact sheet from the National Digestive Diseases Information Clearinghouse at www.digestive.niddk.nih.gov. Eating, Diet, and Nutrition People's eating habits and diet affect the amount of gas they have. For example, eating and drinking too fast may increase the amount of air swallowed, and foods that contain carbohydrates may cause some people to have more gas. Tracking eating habits and symptoms can help identify the foods that cause more gas. Avoiding or eating less of these foods may help reduce gas symptoms. Points to Remember • Gas is air in the digestive tract. • Everyone has gas. However, many people think they pass gas too often and that they have too much gas. Having too much gas is rare. • Gas in the digestive tract is usually caused by swallowing air and by the breakdown of certain foods in the large intestine by bacteria. • Most foods that contain carbohydrates can cause gas. In contrast, fats and proteins cause little gas. • Foods that produce gas in one person may not cause gas for someone else. • The most common symptoms of gas are burping, passing gas, bloating, and abdominal pain or discomfort. • Gas can be treated by reducing swallowed air, making dietary changes, or taking over-the-counter or prescription medications.

Q491 True/False: Having too much gas is common.

- ☐ True (1)
- ☐ False (2)
-

Q492 Which foods can cause gas? Select all that apply.

- ☐ Beans (1)
 - ☐ Whole grains (2)
 - ☐ Milk (3)
 - ☐ Water (4)
-

Q493 How can gas be treated? Select all that apply.

- ☐ By making changes to your diet (1)
- ☐ By taking medication (2)
- ☐ By swallowing less ai (3)
- ☐ By chewing gum (4)

End of Block: Health: Gas

Start of Block: Health: HUS

Q766 Timing

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Q494 Hemolytic Uremic Syndrome in Children Logo of the U.S. Department of Health and Human Services. Logo of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). National Kidney and Urologic Diseases Information Clearinghouse What is hemolytic uremic syndrome? Hemolytic uremic syndrome, or HUS, is a kidney condition that happens when red blood cells are destroyed and block the kidneys' filtering system. Red blood cells contain hemoglobin—an iron-rich protein that gives blood its

red color and carries oxygen from the lungs to all parts of the body. When the kidneys and glomeruli—the tiny units within the kidneys where blood is filtered—become clogged with the damaged red blood cells, they are unable to do their jobs. If the kidneys stop functioning, a child can develop acute kidney injury—the sudden and temporary loss of kidney function. Hemolytic uremic syndrome is the most common cause of acute kidney injury in children. What are the kidneys and what do they do? The kidneys are two bean-shaped organs, each about the size of a fist. They are located just below the rib cage, one on each side of the spine. Every day, the two kidneys filter about 120 to 150 quarts of blood to produce about 1 to 2 quarts of urine, composed of wastes and extra fluid. Children produce less urine than adults and the amount produced depends on their age. The urine flows from the kidneys to the bladder through tubes called ureters. The bladder stores urine. When the bladder empties, urine flows out of the body through a tube called the urethra, located at the bottom of the bladder. Urinary tract inside the outline of the upper half of a child's human body

The kidneys are two bean-shaped organs, each about the size of a fist. They are located just below the rib cage, one on each side of the spine. What causes hemolytic uremic syndrome in children? The most common cause of hemolytic uremic syndrome in children is an *Escherichia coli* (*E. coli*) infection of the digestive system. The digestive system is made up of the gastrointestinal, or GI, tract—a series of hollow organs joined in a long, twisting tube from the mouth to the anus—and other organs that help the body break down and absorb food. Normally, harmless strains, or types, of *E. coli* are found in the intestines and are an important part of digestion. However, if a child becomes infected with the O157:H7 strain of *E. coli*, the bacteria will lodge in the digestive tract and produce toxins that can enter the bloodstream. The toxins travel through the bloodstream and can destroy the red blood cells. *E. coli* O157:H7 can be found in . undercooked meat, most often ground beef . unpasteurized, or raw, milk . unwashed, contaminated raw fruits and vegetables . contaminated juice . contaminated swimming pools or lakes Less common causes, sometimes called atypical hemolytic uremic syndrome, can include . taking certain medications, such as chemotherapy . having other viral or bacterial infections . inheriting a certain type of hemolytic uremic syndrome that runs in families Read more about foodborne illnesses and the digestive system at www.digestive.niddk.nih.gov. Which children are more likely to develop hemolytic uremic syndrome? Children who are more likely to develop hemolytic uremic syndrome include those who . are younger than age 5 and have been diagnosed with an *E. coli* O157:H7 infection . have a weakened immune system . have a family history of inherited hemolytic uremic syndrome Hemolytic uremic syndrome occurs in about two out of every 100,000 children. What are the signs and symptoms of hemolytic uremic syndrome in children? A child with hemolytic uremic syndrome may develop signs and symptoms similar to those seen with gastroenteritis—an inflammation of the lining of the stomach, small intestine, and large intestine—such as . vomiting . bloody diarrhea . abdominal pain . fever and chills . headache As the infection progresses, the toxins released in the intestine begin to destroy red blood cells. When the red blood cells are destroyed, the child may experience the signs and symptoms of anemia—a condition in which red blood cells are fewer or smaller than normal, which prevents the body's cells from getting enough oxygen. Signs and symptoms of anemia may include . fatigue, or feeling tired . weakness . fainting . paleness As the damaged red blood cells clog the glomeruli, the kidneys may become damaged and make less urine. When damaged, the kidneys work harder to remove wastes and extra fluid from the blood, sometimes

leading to acute kidney injury. Other signs and symptoms of hemolytic uremic syndrome may include bruising and seizures. When hemolytic uremic syndrome causes acute kidney injury, a child may have the following signs and symptoms: .. edema—swelling, most often in the legs, feet, or ankles and less often in the hands or face .. albuminuria—when a child’s urine has high levels of albumin, the main protein in the blood .. decreased urine output .. hypoalbuminemia—when a child’s blood has low levels of albumin .. blood in the urine

Seek Immediate Care Parents or caretakers should seek immediate care for a child experiencing any urgent symptoms, such as .. unusual bleeding .. swelling .. extreme fatigue .. decreased urine output .. unexplained bruises

How is hemolytic uremic syndrome in children diagnosed? A health care provider diagnoses hemolytic uremic syndrome with .. a medical and family history .. a physical exam .. urine tests .. a blood test .. a stool test .. kidney biopsy

Medical and Family History Taking a medical and family history is one of the first things a health care provider may do to help diagnose hemolytic uremic syndrome.

Physical Exam A physical exam may help diagnose hemolytic uremic syndrome. During a physical exam, a health care provider most often .. examines a child’s body .. taps on specific areas of the child’s body

Urine Tests A health care provider may order the following urine tests to help determine if a child has kidney damage from hemolytic uremic syndrome.

Dipstick test for albumin. A dipstick test performed on a urine sample can detect the presence of albumin in the urine, which could mean kidney damage. The child or caretaker collects a urine sample in a special container in a health care provider’s office or a commercial facility. For the test, a nurse or technician places a strip of chemically treated paper, called a dipstick, into the child’s urine sample. Patches on the dipstick change color when albumin is present in the urine.

Urine albumin-to-creatinine ratio. A health care provider uses this measurement to estimate the amount of albumin passed into the urine over a 24-hour period. The child provides a urine sample during an appointment with the health care provider. Creatinine is a waste product that is filtered in the kidneys and passed in the urine. A high urine albumin-to-creatinine ratio indicates that the kidneys are leaking large amounts of albumin into the urine.

Blood Test A blood test involves drawing blood at a health care provider’s office or a commercial facility and sending the sample to a lab for analysis. A health care provider will test the blood sample to .. estimate how much blood the kidneys filter each minute, called the estimated glomerular filtration rate, or eGFR. The test results help the healthcare provider determine the amount of kidney damage from hemolytic uremic syndrome. .. check red blood cell and platelet levels. .. check for liver and kidney function. .. assess protein levels in the blood.

Stool Test A stool test is the analysis of a sample of stool. The health care provider will give the child’s parent or caretaker a container for catching and storing the stool. The parent or caretaker returns the sample to the health care provider or a commercial facility that will send the sample to a lab for analysis. Stool tests can show the presence of E. coli O157:H7.

Kidney Biopsy Biopsy is a procedure that involves taking a small piece of kidney tissue for examination with a microscope. A health care provider performs the biopsy in an outpatient center or a hospital. The health care provider will give the child light sedation and local anesthetic; however, in some cases, the child will require general anesthesia. A pathologist—a doctor who specializes in diagnosing diseases—examines the tissue in a lab. The pathologist looks for signs of kidney disease and infection. The test can help diagnose hemolytic uremic syndrome.

What are the complications of hemolytic uremic syndrome in children? Most children who

develop hemolytic uremic syndrome and its complications recover without permanent damage to their health.¹ However, children with hemolytic uremic syndrome may have serious and sometimes life-threatening complications, including .. acute kidney injury .. high blood pressure .. blood-clotting problems that can lead to bleeding .. seizures .. heart problems .. chronic, or long lasting, kidney disease .. stroke .. coma

How is hemolytic uremic syndrome in children treated? A health care provider will treat a child with hemolytic uremic syndrome by addressing .. urgent symptoms and preventing complications .. acute kidney injury .. chronic kidney disease (CKD)

In most cases, health care providers do not treat children with hemolytic uremic syndrome with antibiotics unless they have infections in other areas of the body. With proper management, most children recover without long-term health problems.²

1Basic information about E. coli O157:H7 in drinking water. United States Environmental Protection Agency website. <http://water.epa.gov/drink/contaminants/basicinformation/ecoli.cfm>. Updated June 19, 2013. Accessed July 15, 2014.

2Tall MW, Chertow GM, Marsden PA, Skorecki K, Yu ASL, Brenner BM, eds. Brenner & Rector's The Kidney. 9th ed. Philadelphia: Elsevier Saunders; 2012.

Treating Urgent Symptoms and Preventing Complications

A health care provider will treat a child's urgent symptoms and try to prevent complications by .. observing the child closely in the hospital .. replacing minerals, such as potassium and salt, and fluids through an intravenous (IV) tube .. giving the child red blood cells and platelets—cells in the blood that help with clotting—through an IV .. giving the child IV nutrition .. treating high blood pressure with medications

Treating Acute Kidney Injury

If necessary, a health care provider will treat acute kidney injury with dialysis—the process of filtering wastes and extra fluid from the body with an artificial kidney. The two forms of dialysis are hemodialysis and peritoneal dialysis. Most children with acute kidney injury need dialysis for a short time only. Read more about dialysis at www.kidney.niddk.nih.gov.

Treating Chronic Kidney Disease

Some children may sustain significant kidney damage that slowly develops into CKD. Children who develop CKD must receive treatment to replace the work the kidneys do. The two types of treatment are dialysis and transplantation. In most cases, health care providers treat CKD with a kidney transplant. A kidney transplant is surgery to place a healthy kidney from someone who has just died or a living donor, most often a family member, into a person's body to take over the job of the failing kidney. Though some children receive a kidney transplant before their kidneys fail completely, many children begin with dialysis to stay healthy until they can have a transplant. Read more in **Treatment Methods for Kidney Failure in Children** at www.kidney.niddk.nih.gov.

How can hemolytic uremic syndrome in children be prevented?

Parents and caregivers can help prevent childhood hemolytic uremic syndrome due to E. coli O157:H7 by .. avoiding unclean swimming areas .. avoiding unpasteurized milk, juice, and cider .. cleaning utensils and food surfaces often .. cooking meat to an internal temperature of at least 160° F .. defrosting meat in the microwave or refrigerator .. keeping children out of pools if they have had diarrhea .. keeping raw foods separate .. washing hands before eating .. washing hands well after using the restroom and after changing diapers

When a child is taking medications that may cause hemolytic uremic syndrome, it is important that the parent or caretaker watch for symptoms and report any changes in the child's condition to the health care provider as soon as possible.

Eating, Diet, and Nutrition

At the beginning of the illness, children with hemolytic uremic syndrome may need IV nutrition or supplements to help maintain fluid balance in the body. Some children may need

to follow a low-salt diet to help prevent swelling and high blood pressure. Health care providers will encourage children with hemolytic uremic syndrome to eat when they are hungry. Most children who completely recover and do not have permanent kidney damage can return to their usual diet. Points to Remember .. Hemolytic uremic syndrome, or HUS, is a kidney condition that happens when red blood cells are destroyed and block the kidneys' filtering system. .. The most common cause of hemolytic uremic syndrome in children is an Escherichia coli (E. coli) infection of the digestive system. .. Normally, harmless strains, or types, of E. coli are found in the intestines and are an important part of digestion. However, if a child becomes infected with the O157:H7 strain of E. coli, the bacteria will lodge in the digestive tract and produce toxins that can enter the bloodstream. .. A child with hemolytic uremic syndrome may develop signs and symptoms similar to those seen with gastroenteritis, an inflammation of the lining of the stomach, small intestine, and large intestine. .. Most children who develop hemolytic uremic syndrome and its complications recover without permanent damage to their health. .. Some children may sustain significant kidney damage that slowly develops into chronic kidney disease (CKD). .. Parents and caregivers can help prevent childhood hemolytic uremic syndrome due to E. coli O157:H7 by – avoiding unclean swimming areas – avoiding unpasteurized milk, juice, and cider – cleaning utensils and food surfaces often – cooking meat to an internal temperature of at least 160° F – defrosting meat in the microwave or refrigerator – keeping children out of pools if they have had diarrhea – keeping raw foods separate – washing hands before eating – washing hands well after using the restroom and after changing diapers

Q495 What is hemolytic uremic syndrome?

- ☐ Red blood cells are destroyed and block the kidneys' filtering system (1)
 - ☐ Red blood cells contain hemoglobin and carry oxygen from the lungs (2)
 - ☐ Blood is filtered through the kidneys, causing complications (3)
 - ☐ Red blood cells are destroyed and get stuck in the kidney (4)
-

Q496 True/False: Hemolytic uremic syndrome is the most common cause of acute liver injury in children.

- ☐ True (1)
- ☐ False (2)

Q497 Where can E. Coli be found? Select all that apply.

- ☐ In uncooked meat (1)
- ☐ In contaminated juice (2)
- ☐ In unpasteurized milk (3)
- ☐ In fish and seafood (4)

End of Block: Health: HUS

Start of Block: Health: WilsonDisease

Q767 Timing

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Q498 Wilson Disease National Digestive Diseases Information Clearinghouse Logo of the U.S. Department of Health and Human Services. Logo of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). What is Wilson disease? Wilson disease is a genetic disease that prevents the body from removing extra copper. The body needs a small amount of copper from food to stay healthy; however, too much copper is poisonous. Normally, the liver filters extra copper and releases it into bile. Bile is a fluid made by the liver that carries toxins and wastes out of the body through the gastrointestinal tract. In Wilson disease, the liver does not filter copper correctly and copper builds up in the liver, brain, eyes, and other organs. Over time, high copper levels can cause life-threatening organ damage. What is the liver? The liver is the body's largest internal organ. The liver is called the body's metabolic factory because of the important role it plays in metabolism—the way cells change food into energy after food is digested and absorbed into the blood. The liver has many important functions, including • taking up, storing, and processing nutrients from food—including fat, sugar, and protein—and delivering them to the rest of the body when needed. • making new proteins, such as clotting factors and immune factors. • producing bile. In addition to carrying toxins and waste products out of the body, bile helps the body digest fats and the fat-soluble vitamins A, D, E, and K. • removing waste products the kidneys cannot remove, such as fats, cholesterol, toxins, and medications.

Drawing of the digestive tract and liver within an outline of a human body. The liver is labeled. The liver is the body's largest internal organ. A healthy liver is necessary for survival. The liver can regenerate most of its own cells when they become damaged. However, if injury to the liver is too severe or long lasting, regeneration is incomplete and the liver creates scar tissue. What causes Wilson disease? Wilson disease is caused by an inherited autosomal recessive mutation, or change, in the ATP7B gene. In an autosomal recessive disease, the child has to inherit the gene mutation from both parents to have an increased likelihood for the disease. The chance of a child inheriting autosomal recessive mutations from both parents with a gene mutation is 25 percent, or one in four. If only one parent carries the mutated gene, the child will not get the disease, although the child may inherit one copy of the gene mutation. The child is called a "carrier" of the disease and can pass the gene mutation to the next generation. Genetic testing is a procedure that identifies changes in a patient's genes and can show whether a parent or child is a carrier of a mutated gene. Autosomal recessive diseases are typically not seen in every generation of an affected family. The following chart shows the chance of inheriting an autosomal recessive mutation from parents who both carry the mutated gene. A chart showing how parents pass autosomal recessive mutations to children. The chance of a child inheriting autosomal recessive mutations from both parents with a gene mutation is 25 percent, or one in four. Genetic Diseases Each cell contains thousands of genes that provide the instructions for making proteins for growth and repair of the body. If a gene has a mutation, the protein made by that gene may not function properly. Not all gene mutations cause a disease. People have two copies of most genes; they inherit one copy from each parent. A genetic disease occurs when one or both parents pass a mutated gene to a child at conception. A genetic disease can also occur through a spontaneous gene mutation, meaning neither parent carries a copy of the mutated gene. Once a spontaneous gene mutation has occurred in a person, that person can pass the gene mutation on to a child. Read more about genes and genetic conditions in the U.S. National Library of Medicine's Genetics Home Reference at www.ghr.nlm.nih.gov. Who is more likely to develop Wilson disease? Men and women develop Wilson disease at equal rates. About one in 30,000 people have Wilson disease. Symptoms usually appear between ages 5 and 35; however, new cases have been reported in people ages 3 to 72.¹ Rosencrantz R, Schilsky M. Wilson disease: pathogenesis and clinical considerations in diagnosis and treatment. *Seminars in Liver Disease*. 2011;31:245–259. A person's risk of being a carrier or having Wilson disease increases when his or her family has a known history of Wilson disease. Some people may not know about a family history of the condition because the mutation is often passed to a child by a parent who is a carrier. A person's chances of having Wilson disease increase if a health care provider has diagnosed one or both parents with the condition. What are the signs and symptoms of Wilson disease? The signs and symptoms of Wilson disease vary, depending on what organs of the body are affected. Wilson disease is present at birth; however, the signs and symptoms of the disease do not appear until the copper builds up in the liver, the brain, or other organs. When people have signs and symptoms, they usually affect the liver, the central nervous system, or both. The central nervous system includes the brain, the spinal cord, and nerves throughout the body. Sometimes a person does not have symptoms and a health care provider discovers the disease during a routine physical exam or blood test, or during an illness. Children can have Wilson disease for several years before any signs and symptoms occur. People with Wilson disease

may have • liver-related signs and symptoms • central nervous system-related signs and symptoms • mental health-related signs and symptoms • other signs and symptoms

Liver-related Signs and Symptoms People with Wilson disease may develop signs and symptoms of chronic, or long lasting, liver disease: • weakness • fatigue, or feeling tired • loss of appetite • nausea • vomiting • weight loss • pain and bloating from fluid accumulating in the abdomen • edema—swelling, usually in the legs, feet, or ankles and less often in the hands or face • itching • spiderlike blood vessels, called spider angiomas, near the surface of the skin • muscle cramps • jaundice, a condition that causes the skin and whites of the eyes to turn yellow Some people with Wilson disease may not develop signs or symptoms of liver disease until they develop acute liver failure—a condition that develops suddenly.

Central Nervous System-related Signs and Symptoms Central nervous system-related symptoms usually appear in people after the liver has retained a lot of copper; however, signs and symptoms of liver disease may not be present. Central nervous system-related symptoms occur most often in adults and sometimes occur in children.¹ Signs and symptoms include • tremors or uncontrolled movements • muscle stiffness • problems with speech, swallowing, or physical coordination A health care provider may refer people with these symptoms to a neurologist—a doctor who specializes in nervous system diseases.

Mental Health-related Signs and Symptoms Some people will have mental health-related signs and symptoms when copper builds up in the central nervous system. Signs and symptoms may include • personality changes • depression • feeling anxious, or nervous, about most things • psychosis—when a person loses contact with reality

Other Signs and Symptoms Other signs and symptoms of Wilson disease may include • anemia, a condition in which red blood cells are fewer or smaller than normal, which prevents the body's cells from getting enough oxygen • arthritis, a condition in which a person has pain and swelling in one or more joints • high levels of amino acids, protein, uric acid, and carbohydrates in urine • low platelet or white blood cell count • osteoporosis, a condition in which the bones become less dense and more likely to fracture

Q499 True/False: The body needs copper to stay healthy, but too much copper can be harmful.

- ☐ True (1)
- ☐ False (2)
-

Q500 What are the liver's functions? Select all that apply.

- ☐ Processes nutrients (1)
 - ☐ Makes new proteins (2)
 - ☐ Produces bile (3)
 - ☐ Removes waste (4)
-

Q501 What causes Wilson disease?

- ☐ A recessive gene inherited from one or both parents. (1)
- ☐ A mutation in a gene inherited from both parents. (2)
- ☐ Improper nutrition during the first year of life. (3)
- ☐ A protein deficiency in the liver. (4)

End of Block: Health: WilsonDisease

Start of Block: Health: social-phobia

Q768 Timing

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Q502

National Institute of Mental Health Social Phobia Anxiety Disorders People with anxiety disorders feel extremely fearful and unsure. Most people feel anxious about something for a short time now and again, but people with anxiety disorders feel this way most of the time. Their fears and worries make it hard for them to do everyday tasks. About 18% of American adults have anxiety disorders. Children also may have them. Treatment is available for people

with anxiety disorders. Researchers are also looking for new treatments that will help relieve symptoms. This booklet is about one kind of anxiety disorder called social phobia. Some people also call it social anxiety disorder. For information about other kinds of anxiety disorders, please see the end of this booklet.

Social Phobia

Social phobia is a strong fear of being judged by others and of being embarrassed. This fear can be so strong that it gets in the way of going to work or school or doing other everyday things. People with social phobia are afraid of doing common things in front of other people; for example, they might be afraid to sign a check in front of a cashier at the grocery store, or they might be afraid to eat or drink in front of other people. All of us have been a little bit nervous, at one time or another, about things like meeting new people or giving a speech. But people with social phobia worry about these and other things for weeks before they happen. Most of the people who have social phobia know that they shouldn't be as afraid as they are, but they can't control their fear. Sometimes, they end up staying away from places or events where they think they might have to do something that will embarrass them. That can keep them from doing the everyday tasks of living and from enjoying times with family and friends. Most people who have social phobia know they shouldn't be as afraid as they are, but they can't control their fear. This is a list of common symptoms. People with social phobia:

- are very anxious about being with other people.
- are very self-conscious in front of other people; that is, they are very worried about how they themselves will act.
- are very afraid of being embarrassed in front of other people.
- are very afraid that other people will judge them.
- worry for days or weeks before an event where other people will be.
- stay away from places where there are other people.
- have a hard time making friends and keeping friends.
- may have body symptoms when they are with other people, such as: blushing, heavy sweating, trembling, nausea, and having a hard time talking.

When does social phobia start? Social phobia usually starts during the child or teen years, usually at about age 13. A doctor can tell that a person has social phobia if the person has had symptoms for at least six months. Without treatment, social phobia can last for many years or a lifetime. Is there help? There is help for people with social phobia. The first step is to go to a doctor or health clinic to talk about symptoms. People who think they have social phobia may want to bring this booklet to the doctor to help them talk about the symptoms in it. The doctor will do an exam to make sure that another physical problem isn't causing the symptoms. The doctor may make a referral to a mental health specialist. Doctors may prescribe medication to help relieve social phobia. It's important to know that some of these medicines may take a few weeks to start working. In most states only a medical doctor (a family doctor or psychiatrist) can prescribe medications. Treatment can help people with social phobia feel less anxious and fearful. The kinds of medicines used to treat social phobia are listed below. Some of these medicines are used to treat other problems, such as depression, but also are helpful for social phobia:

- antidepressants,
- anti-anxiety medicines, and
- beta blockers.

Doctors also may ask people with social phobia to go to therapy with a licensed social worker, psychologist, or psychiatrist. This treatment can help people with social phobia feel less anxious and fearful. There is no cure for social phobia yet, but treatments can give relief to people who have it and help them live a more normal life. If you know someone with signs of social phobia, talk to him or her about seeing a doctor. Offer to go along for support. To find out more about social phobia, call 1-866-615-NIMH (1-866-615-6464) to have free information mailed to you. Who pays for treatment? Most insurance plans cover treatment for

anxiety disorders. People who are going to have treatment should check with their own insurance companies to find out about coverage. For people who don't have insurance, local city or county governments may offer treatment at a clinic or health center, where the cost is based on income. Medicaid plans also may pay for social phobia treatment. Why do people get social phobia? Social phobia sometimes runs in families, but no one knows for sure why some people have it, while others don't. When chemicals in the brain are not at a certain level it can cause a person to have social phobia. That is why medications often help with the symptoms because they help the brain chemicals stay at the correct levels. To improve treatment, scientists are studying how well different medicines and therapies work. In one kind of research, people with social phobia choose to take part in a clinical trial to help doctors find out what treatments work best for most people, or what works best for different symptoms. Usually, the treatment is free. Scientists are learning more about how the brain works so that they can discover new treatments.

Q503 True/False: Most people who have social phobia know they shouldn't be as afraid as they are, but they can't control their fear.

- ☐ True (1)
- ☐ False (2)
-

Q504 What are common symptoms of social phobia? Select all that apply.

- ☐ Staying away from places where there are other people (1)
- ☐ Being worried they are rude in front of other people (2)
- ☐ Being afraid that other people will judge them (3)
- ☐ Being worried about how they will act in front of others (4)
-

Q505 When does social phobia usually start?

- ☐ After middle age (1)
- ☐ During childhood or teen years (2)
- ☐ After a big change in routine (3)
- ☐ After menopause (4)

End of Block: Health: social-phobia

Start of Block: Security: Zorin

Q769 Timing

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Q601

Zorin OS is an alternative to Windows and macOS, designed to make your computer faster, more powerful and secure as it's easy to use. With the Zorin Desktop environment, it's easy to do just about anything with your computer. Zorin Appearance lets you change the desktop to resemble the environment you're familiar with, whether it's Windows, macOS or Linux. Zorin OS has been designed to fit the way you use your computer, so you won't need to learn a thing to get started. Rock solid & reliable. Built on an Ubuntu Linux foundation, Zorin OS runs on the same Open Source software that powers everything from the U.S. Department of Defense to systems on the International Space Station. Safe from viruses. You won't need to worry about malware or spyware when using Zorin OS. This is thanks to Linux's advanced security features which help make it safe from PC viruses. A world of apps & games. From a full office suite to professional photo editing software, Zorin OS comes pre-loaded with powerful apps out of the box which let you do extraordinary things. Even more apps and games are available from the built-in Software store, so you can do just about anything with your Zorin OS computer. Take back your privacy. We don't collect personal data, so advertisers and governments can't spy on your activity. Zorin OS also comes with a built-in firewall, so you can stay safe from any attempts to compromise your information. With Zorin OS, you can finally take back control of your digital life. Moving to Zorin OS is a breeze. Your office documents, music, videos and photos simply work. You can even run many Windows apps inside Zorin OS using Wine. Zorin OS gives you the flexibility to install alongside your existing operating system. You can choose which OS to use at start-up. Zorin OS is translated into over 50 languages and comes pre-

loaded with assistive technologies, so everyone can have access to a powerful computing experience.

Q602 True or False? Zorin OS comes with a built-in firewall.

- ☐ True (1)
 - ☐ False (2)
-

Q603 Which is NOT a feature of Zorin OS according to this article?

- ☐ you can dual install alongside your current operating system (1)
 - ☐ they don't collect personal data (2)
 - ☐ it lets you change your desktop to look similar to how your current OS is (3)
 - ☐ has excellent file management system (4)
-

Q604 How can you run Windows apps inside of your Zorin OS?

- ☐ dual boot with a windows computer (1)
- ☐ through the internet (2)
- ☐ using the Wine software (3)
- ☐ you can't. You must re-download windows or get a Zorin equivalent app. (4)

End of Block: Security: Zorin

Start of Block: Security: CloudPets

Q770 Timing
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Click Count (4)

Q591

Hackers can do some cool things at times. We've seen important information come to light and trolls exposed, but they dark side of things well, its pretty dark. The latest breach has affected a popular toy as a CloudPets hack has comprised millions of users data.

If you are wondering what a CloudPet is, lets get that out of the way first. It is a connected plush toy that talks and has become quite popular with children. According to a new report from Troy Hunt, it has also been hacked. A hacked stuff toy may not sound like big deal, but once you know how they work, its a different story. You can actually send messages wirelessly to the animal for your child to listen to which means it records as well. Not good.

The report says that the central database of CloudPets was hacked. The hackers left actual ransom notes asking for bitcoins, and it apparently wasnt too difficult to get in. Several agencies had warned the company that changes needed to be made, but they didnt move swiftly enough as consumers and the company are both dealing with the CloudPets hack. While we dont know the full scoop, it sounds like a combination of a poor product and shoddy security was to blame along with slow moving suits.

We do live in a connected world now, and while its rare to see these types of things happen, this is far from the first time. Needless to say, it pays to know who is making that connected gadget in your childrens room these days, including cute stuffed animals that can talk.

Q592 True or False? CloudPets should not be blamed for the hack because they had appropriate security in place.

- ☐ True (1)
- ☐ False (2)
-

Q593 What was NOT a factor leading up to the CloudPets hack?

- ☐ poor product (1)
 - ☐ slow moving suits (2)
 - ☐ insecure wifi connections (3)
 - ☐ bad security practices (4)
-

Q594 How did the hackers gain access to CloudPets?

- ☐ By hacking the wifi connection (1)
- ☐ Exploiting a weakness in the design of the CloudPets (2)
- ☐ Hacking the central database of CloudPets (3)
- ☐ Tricking a child using CloudPets to give her username and password (4)

End of Block: Security: CloudPets

Start of Block: Security: Privacy Online

Q771 Timing

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Q600

Protect Your Privacy Online

The internet has brought so many advantages into Protect Your Privacy Online our daily lives. It has changed everything from the way we communicate to the way we spend and do business. However, as great as it is, there are also a few problems that have come with it. One in particular that is proving to be a major issue worldwide is online identity theft. The more information that you put online, the easier it is for potential fraudsters to take your identity. The good news is, there are ways to protect yourself. Below you'll discover 5 top tips for protecting your online privacy.

1. Beware of social media

Social media has been one of the biggest developments in the online world and it is used by millions of people every day. However, its also one of the easiest ways for people to get their hands on your details. As a general rule you should never post private information on your social media profile such as addresses, telephone numbers or holiday dates. Another way to protect your privacy is to adjust your security settings. On Facebook for example, going into your account settings enables you to change who can see your posts and who can find you. Just click the small tab at the top right hand corner that features a padlock symbol to get to your settings.

2. Make sure you have a strong password

Perhaps one of the biggest mistakes people make online is choosing a password thats easy to guess. This includes birthdays, names, favourite places and personal interests. As a general rule it helps to make sure your password contains both letters and numbers. It also helps to use something completely random that would be hard for somebody to guess.

3. Beware of Phishing Emails

Phishing emails have become extremely clever in recent years. No company will ever ask for your personal account details or password via email. So if you receive an email telling you that your account has been violated or that you need to confirm your details, do not click on the link. If in doubt, telephone the company directly to see if the request is genuine.

4. Use a good virus and spyware protector

Make sure your computer is protected against hackers by installing good anti-virus and anti-spyware software. It is possible to get free ones online software that works just as well as some of the paid ones. The key is to read online consumer reviews to see which offer the best results. We offer a free 60 day trial of Bullguard Internet Security please click here to download.

5. Check the web address

When making payments online, always ensure the website address starts with website as this means the page is secure. If it simply says website your details arent guaranteed to be safe from prying eyes.

These are some of the simplest ways to protect your online identity. You dont have to be computer savvy to protect your privacy. Understanding strong passwords and ensuring all social media details are private is a good start. Also remember to change your password frequently and never use the same one for all of your accounts.

Q588 True or False? Having a good virus and spyware protector will completely protect your online information.

- ☐ True (1)
- ☐ False (2)

Q589 Which of the following characteristics are NOT commonly found in passwords that are easy to guess?

- ☐ slang words (1)
 - ☐ birthdays (2)
 - ☐ favorite places (3)
 - ☐ personal interests (4)
-

Q590 Which of the following things shared on social media is NOT likely to give someone useful private details?

- ☐ addresses (1)
- ☐ holiday dates (2)
- ☐ telephone numbers (3)
- ☐ occupation updates (4)

End of Block: Security: Privacy Online

Start of Block: Security: Virus

Q772 Timing

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Q583

If you click on the wrong link on Facebook, a virus may find its way into your bank account and drain it of all your money. The New York Times Bits Blogs details how a 6-year-old virus called Zeus is all over Facebook right now. Heres how to avoid it.

After a malicious link is clicked, Zeus will remain inactive on your computer until someone logs

into a bank account, swiping usernames and passwords so hackers can access it. A security firm called Trend Micro has found Zeus-laden links with increasingly frequency on Facebook, including on one football fan pages.

Of course, there is no fool-proof way to avoid viruses like this one. But there are three ways to avoid becoming the victim of this particular one:

1. Avoid Windows computers if possible.

Business Insiders Kevin Smith notes that Zeus targets machines running on Windows, and does not work on Mac OS X or Linux. Its usually not feasible to switch operating systems, but its one way of avoiding the virus. However, variants of Zeus that can infect Android and Blackberry smartphones have been found, so it is possible that a modified version of the virus is at work here as well.

2. Dont click on unknown links.

This is Virus Avoidance 101, but its still important to reiterate. Many people dont realize that all it takes is clicking on a bad link to infect their computer with malware. Rule of thumb: If you dont know the links sender or the link looks strange at all, do not click. Its not worth the risk.

3. Make sure your bank has 2-step verification.

The more secure your banks website is, the safer your money is. Talk to your bank and find the safest way to access your statements, which may be by phone or in person. If you are using online banking, make sure that you never leave yourself logged-in.

Q584 True or False? If you accidentally click on the wrong link, you can automatically correct your mistake by exiting the webpage.

- ☐ True (1)
- ☐ False (2)
-

Q585 What's the most practical way to ensure your bank account is safe?

- ☐ Make sure you have a Macintosh computer (1)
- ☐ Don't use a smartphone (2)
- ☐ Don't click links on your computer/smartphone (3)
- ☐ Make sure your bank has 2-step verification (4)

Q586 When does the Zeus virus take effect?

- ☐ When you click on the malicious link (1)
- ☐ When you log into your bank account (2)
- ☐ When you update your computer (3)
- ☐ When you log onto Facebook (4)

End of Block: Security: Virus

Start of Block: Security: Antivirus

Q773 Timing

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Click Count (4)

Q579

Antivirus is a program that detects and prevents your PC or laptop from malicious programs or malware that are often referred to as a virus. It is recommended to install and use relevant and genuine antivirus in your PC or laptop in order to prevent it from any kind of virus attack that can cause permanent damage to your machine. Before installing the antivirus on your laptop or PC, you need to first understand what kind of malware that you want to block. The modern day antivirus software are well equipped to combat multiple malware programs especially which are spread via the internet. This article reviews some of the important and effective antivirus software that you can download or buy for securing your PC and laptop. Both paid and free antivirus software are available. The level of security of paid antivirus is quite high compared to the ones that are available for free in the market. The choice is yours.

Avast Antivirus

Avast is one of the most trusted names in the genre of free antivirus available in the market. More than 220 million people have chosen this antivirus to keep their PC safe online. Recently the security system has celebrated its 100 millionth download of its mobile security and antivirus worldwide.

Norton Antivirus

Norton antivirus from Symantec is one of the most popular antiviruses that are used all over the world. Many corporates placed their trust on this popular security software. This is a patented

antivirus that protects your PC from any kind of online and offline threats. This antivirus offers social networking protection and 24/7 support.

McAfee Antivirus

It offers antivirus security for home usage, home offices and also large organizations. The company offers a range of security technology including Data Center Security, Database Security, Endpoint Protection, Mobile Security and much more. It delivers proactive and proven solutions and services in order to keep your systems safe and secure.

Eset Antivirus

This antivirus is available both for home as well for business. Their fast and award-winning antivirus software give you peace of mind while surfing the internet. The evasive threats and exploitation of browser and application are protected when you use Eset antivirus in your computers. The Social Media Scanner helps to protect your Facebook and Twitter accounts.

TrendMicro Antivirus

You can secure your home PC as well as your business data by using the TrendMicro antivirus. This antivirus is smart, simple and secure that fits all your security requirements. This antivirus offers smart protection for your PC and is simple to use. It also offers mobile security and it does not slow down the processing of your machine.

Bitdefender Antivirus

This antivirus is regarded as one click antivirus because of its feature of removing the virus from your PC in just one click. This antivirus is simple yet powerful. It offers both total and internet security antivirus software for your PC that comes with loads of features and specifications for optimized security.

Webroot Antivirus

This is the numero uno brand name in the US in the field of internet security. The latest antivirus software has the capability to combat not only against viruses but also against spyware and phishing attacks. It protects your PC from unsafe websites and also protects your identity and social network thefts.

Avira Antivirus

Avira offers free and paid antivirus software ranges for both Mac and PC. The software maker uses the same award-winning technology for building both free and premium antivirus software. The antivirus helps you keep your PC malware-free. The antivirus is light yet powerful and simple and easy to use.

Kaspersky Antivirus

This popular antivirus software offers security against computer viruses, Trojans, spyware, rootkits and many others. The best part is this antivirus does not undermine the performance of your PC. Your PC will respond as fast it used to before installation of Kaspersky antivirus. The heuristic scanner rapidly reacts to the new and emerging threats as well.

F-Secure Antivirus

This antivirus is always up-to-date and offers high-end protection against malware. This software instantly responds against any kind of threats and stops intrusions. It does not slow down your PC and this antivirus is easy to install and simple to use. This software offers advanced protection for your PC against any kind of online threat.

AVG Antivirus

The AVG antivirus is available for your PC, Mac, Tablet and also mobile. Their award-winning

antivirus software is a must have for any kind of device that you want to protect. The best part is it is a free antivirus and offers the range of service that equals any paid antivirus software.

Bullguard Antivirus

Bullguard Antivirus

The Bullguard internet security comes with a 60-day free trial offer that you can use for protecting your PC. Its simple interface has a low impact on the system resources. This antivirus offers the best protection against malware. The antivirus auto scans your PC for cleaning purpose and makes your PC virus-free.

G Data Antivirus

The G Data antivirus is not just an antivirus that only protects your PC from viruses, Trojans, spyware and malware but also offers some extra features like encryption of your personal data and reliable device control. This antivirus protects your system from every other threat that the online transaction can pose for you.

Panda Security Antivirus

If you have Panda Security antivirus on your computer your computer is safe from any kind of viruses. This software also safeguards your from any kind of online fraud and prevent data theft from your computer. This also offers your to backup your valuable data. You can download the free trial to test the effectiveness of it.

Norman Antivirus

This is an effective antivirus that protects your PC from any kind of malicious software. The new interface of the software is easy to navigate and it contains smart default settings. The latest version of the software has a simple user interface and offers better protection by its blocking and cleaning tools.

EScan Antivirus

eScan antivirus and internet security suites are designed and developed to support home, small office setups and also for large enterprises. This software offers comprehensive antivirus and content security solutions that protect your machine from any kind of online threats. You can try the free trial version before buying the complete antivirus suite.

Vipre Antivirus

This is one of the top antivirus software that ensures the protection of your PC but wont slow it down. The 2014 version of the antivirus software is an all-in-one security solution to protect your PC from any kind of online threats. The always-on feature of the software scans and protects your PC from real-time threats.

LavaSoft Security

The Ad-Aware Pro Security suite from LavaSoft is one of the most comprehensive and all-in-one security suite that any system should have. This security suite offers a complete line of defense mechanism that protects your PC from any kind of extreme malware and other cyber threats. This suite offers the most advanced kind of defense.

TrustPort Antivirus

This is an ideal basic protection antivirus that you can have on your PC in order to protect it from spyware and viruses. The best part of this antivirus is that it gets automatically updated from the online resource and is always ready to stop latest, viruses, Trojans, malware and worms. Try the free trial version today.

Total Defense Antivirus

Total Defense antivirus offers the most comprehensive spyware and virus protection for your PC. It has best-in-class rootkit protection as well. The design of this software is based on intuitive interface and it has a central control as well. Its quick scan feature is one of its kind and it is convenient to install in just one click.

Pareto Logic Antivirus

The antivirus software from Pareto Logic is a trusted name in the field of security of PCs across the world. Its defense mechanism against spyware is commendable and the XoftSpy antivirus of this software maker is used by millions of users across the world. This software keeps the malware away from your computer.

F.Prot Antivirus

This antivirus is a power antivirus for your Windows PC. This antivirus program is reliable, easy-to-use and does not slow down the performance of your computer. The software offers a subscription for 1 year that you can use for up to 5 computers at a single cost. This antivirus program offers real-time file system protection.

Zone Alarm Antivirus

This is an advanced antivirus software that offers advanced real-time protection from malware and updates the program automatically. This program offers advanced two-way firewall protection along with identity protection and Facebook privacy scan. Enhanced Browser Protection is the new feature that is included in the program.

CyberDefender Antivirus

The interesting part of this website is that it offers a free diagnosis before you actually buy the antivirus software from the manufacturer. First, diagnose your computer then decide on what is the requirement of security. The manufacturer offers a range of security suites for your PC that you can choose from after running the free diagnose a system on the website.

ViRobot Antivirus

This antivirus offers loads of features like anti-spyware, anti-SPAM, network protection, folder protection, and vulnerability analysis along with the antivirus feature. This means it is the one-stop shop for all your security requirements. This program gives you logs and reports with multi-language support from the manufacturer. This is a powerful antivirus program that you should have.

In this article, we had a rundown of some of the important and useful antivirus programs that offer great protection to your PC and other devices. All of them offer the basic antivirus feature along with few additional features to protect your computer. As there are a lot of choices in the market today in this segment, it sometimes becomes difficult to make a choice. However, if you are clear about your requirement and the level of protection you need, it would be easy for you to make the right choice. Every day, new and advanced features are getting added to the existing anti-virus software that makes it more powerful in protecting your computer and your identity.

Updated On Oct 2016: Made changes per user comments and latest software added.

Q580 True or False? There is not a notable increase in security with paid versus unpaid antivirus software.

- ☐ True (1)
- ☐ False (2)
-

Q581 Which antivirus program(s) specifically protect your social media accounts? Select all that apply.

- ☐ Norton Antivirus (1)
- ☐ Panda Security (2)
- ☐ Eset Antivirus (3)
- ☐ Webroot Antivirus (4)
-

Q582 Which antivirus program does NOT offer a free trial?

- ☐ Bullgard Antivirus (1)
- ☐ Panda Security Antivirus (2)
- ☐ EScan Antivirus (3)
- ☐ CyberDefender Antivirus (4)

End of Block: Security: Antivirus

Start of Block: Security: Do No Harm Project

Q774 Timing
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Q506

And the Local Capacities for Peace Project

As of 2015, The Do No Harm Program has been incorporated into CDAs Conflict-Sensitivity practice area.

Do No Harm

The Local Capacities for Peace (LCP) Project was formed in 1993 in order to help aid workers find ways to address human needs in conflict contexts without making the conflict worse. NGOs, experts, donors, and policy makers collaborated through the project to identify common patterns of interaction between aid and conflict. CDA aimed to support efforts to prevent the inadvertent and unintentional negative impacts of aid on conflict.

CDA developed a framework for analyzing the impacts of aid on conflict and for taking action to reduce negative impacts and maximize positive impacts. The Do No Harm Framework came from the experiences of people participating in CDA consultations and feedback workshops.

In order to further the spread of the knowledge gained by the project, CDA detailed the framework and its use in *Do No Harm: How Aid Can Contribute to Peace or War* by Mary B. Anderson. With the release of the book, the Local Capacities for Peace Project became the Do No Harm Program.

Options in Aid

In the late 1990s, CDA organized the Implementation Phase of the DNH Program. In this phase, 13 agencies collaborated directly with DNH in testing the usefulness and practicality of the framework. They used it in their project design, implementation, monitoring, evaluation and redesign. CDA provided a liaison for each project to train organization staff, provide advice on how to use the framework, and return to the project site every three to four months to perform additional facilitation or training as needed, and to keep the approach foremost in the minds of project teams. DNH liaisons also documented the learning process and outcomes and reported the experiences gathered to the project. The lessons from this phase are captured in *Options for Aid in Conflict: Lessons from Field Experience*.

Starting in 2001, building on the lessons learned through implementation, the DNH program focused on mainstreaming DNH, by providing training, accompaniment and advice to organizations throughout the world.

From Principle to Practice

In 2006, CDA took up the task of finding out the current state of knowledge of DNH and what impact it had made on the way assistance workers designed and implemented programs. This task began with a series of case studies exploring how organizations had trained staff and used DNH in their programming. Many of the lessons from these case studies, as well as the experience of implementing DNH over twenty years, are presented in *From Principle to*

Practice: a Users Guide.

Q507 True or False?

The Do No Harm Program was originally formed in 1993 in order to help aid workers find ways to address human needs in conflict contexts using whatever tools necessary.

- ☐ True (1)
- ☐ False (2)
-

Q508 Which of the following collaborated through the project to identify common patterns of interaction between aid and conflict? Select all that apply.

- ☐ Non-Government Organisations (NGOs) (1)
- ☐ Doctors (3)
- ☐ Donors (5)
- ☐ Policy makers (6)
-

Q509 What was the Do No Harm Program originally called?

- ☐ How Aid Can Contribute to Peace or War (1)
- ☐ Options for Aid in Conflict (2)
- ☐ From Principle to Practice (3)
- ☐ Local Capacities for Peace (4)

End of Block: Security: Do No Harm Project

Start of Block: Security: Eden

Q775 Timing

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Q513

Eden: Emergency Development ENvironment) for Rapid Deployment Humanitarian Response Management

Eden is a flexible humanitarian platform with a rich feature set which can be rapidly customized to adapt to existing processes and integrate with existing systems to provide effective solutions for critical humanitarian needs management either prior to or during a crisis.

Sahana Edens features are designed to help Disaster and Emergency Management practitioners to better mitigate, prepare for, respond to and recover from disasters more effectively and efficiently. Sahana Eden can provide valuable solutions for practitioners in Emergency Management, Humanitarian Relief and Social Development domains.

Sahana Eden Brochure

Eden Deployments

Eden software was first deployed for disaster responses purposes following the 2010 Haiti earthquake for public use and also to support a the food distribution programs of the UN World Food Programme. Since the Haiti earthquake, Eden has been used for the following disasters by individuals, organizations and governments:

Wildfires in Chile 2012

Earthquake and Tsunami in Japan 2011

Flooding in Colombia 2011

Flooding in Venezuela 2010

Flooding in Pakistan 2010

Hurricane in Veracruz, Mexico 2010

Eden has also been adopted by such organizations as the Asian Disaster Preparedness Center (ADPC) for its Disaster Risk Reduction Projects Portal, the IFRC Asia Pacific Disaster Management Unit, Sahana Taiwan (Academia Sinica) and supports Healthscapes at the University of Wisconsin-Madison.

Edens Features

Sahana Eden contains a number of different modules which can be configured to provide a wide range of functionality. Its main capabilities are:

Organization Registry Creates database of organizations to help facilitate coordination; allows organizations to record their Offices, Warehouse and Field Sites including their locations so they can be mapped as well as links to other modules such as Human Resources, Assets and Inventory.

Project Tracking By telling you Whos Doing What, Where, and When, Sahana Eden provides a

valuable tool to help organizations responding to disasters know where the greatest needs are and coordinate with others who are engaged in similar work.

Human Resources Manages the people involved. It tracks where they are, what skills they have and help ensure that everyone is effectively engaged with the work that needs to be done; includes both staff and volunteer management capabilities.

Inventory Record and automates transactions for sending and receiving shipments; supports multiple Catalogs of Items as well as providing alternative items to ensure more effective use of supplies. Allows organizations to manage requests, donations and warehouses.

Assets Manages assets such as vehicles, communications equipment and generators; tracks where they are, who they have been assigned to, and what condition they are in. This ensures that assets are used effectively and efficiently.

Assessments Collects and analyzes information from assessments to help organizations more effectively plan their disaster management activities. Data can either be entered into an interactive web form or imported via an Excel template.

Shelter Management Manages information about the location and status of temporary shelters, including resources required, staff and volunteers assigned to the shelter, and provides a check-in/check-out system for shelterees and their families allowing persons to be tracked and shelter populations to be monitored.

Scenarios & Events Plan for different scenarios, including recording what human resources, assets, facilities and tasks will be needed to effectively respond.

Mapping Sahana Eden has fully integrated mapping functionality which allows any location-based data to be visualized on a map. Maps provide situational awareness which is essential when either planning to prepare for or respond to a disaster.

Messaging Provides support for messages to be sent by Email, SMS, Twitter and Google Talk. Distribution Groups can be set up to allow messages to be easily sent to many people at once. Interactive messages allow people to send short message queries to Sahana Eden and receive automatic responses.

Getting Started

Use the Sahana Eden Essential Guide to get started working with Sahana Eden.

This online book has been imagined to meet the needs of decision makers looking for an appropriate solution for disaster management, those who are deploying Sahana Eden, and those who are extending Sahana Eden for more specialized solutions or want to contribute to the project. It contains everything you need to know to install, configure, deploy, customize and develop new modules in Sahana Eden, as well as how to get support from the Sahana Software Foundation and the developer community.

Developers

The Sahana Eden codebase is hosted at Github. Please read the developer instructions for working with Git.

The Sahana Eden project site includes an integrated technical wiki, timeline, roadmap and ticketing system.

Installing Sahana Eden

Developers should follow instructions for installing Eden from the Sahana Eden Essential Guide or from the Eden wiki.

We recommend installing the latest version of Eden using the Instructions in the Essential

Guide.

Installation instructions are available for Windows, Linux and OSX.

Q514 True or False?

“The Eden software was first deployed for disaster response following the cyclone in Haiti in 2010.”

☐ True (1)

☐ False (2)

Q515 According to the passage, which organizations have adopted Eden? Select all that apply.

☐ Asian Disaster Preparedness Center (ADPC) (1)

☐ Bill and Melinda Gates Foundation (2)

☐ IFRC Asia Pacific Disaster Management Unit (3)

☐ World Health Organization (WHO) (4)

☐ Sahana Taiwan (Academia Sinica) (5)

Q516 Which modules of Sahana Eden can be used to send SMSes about the location and status of temporary shelters?

- ☐ Messaging and Shelter Management (1)
- ☐ Human Resources and Shelter Management (2)
- ☐ Messaging and Assets (3)
- ☐ Assets and Mapping (4)

End of Block: Security: Eden

Start of Block: Security: Mobile Security

Q776 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q517 Sponsored by THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS 2017 Dimensional Research. All Rights Reserved. www.dimensionalresearch.com Dimensional Research | April 2017 It is common knowledge that mobile devices are integral to both our personal and business lives. With cyberattacks against individuals, businesses, and government entities increasing in frequency and sophistication, it is no surprise that mobile devices are now considered by threat actors to be one of the weakest links in the IT infrastructure of most enterprises. This report finds that 2 out of 10 companies have already experienced a mobile cyberattack, with an even larger number completely unaware whether they have been breached. While the cost of a mobile breach is similar to that of a desktop or laptop breach, a third of those surveyed stated the risk of data loss is higher on mobile devices. Meanwhile, two thirds of the surveys participants stated they are doubtful that their organizations can defend against a mobile cyberattack, while nearly all security professionals believe the number of mobile attacks will increase rapidly. Just over one third of companies have deployed a mobile threat defense solution, with a lack of resources cited as the primary reason for going without advanced mobile security. That said, this research found that just over half of companies are increasing budget and resources to secure mobile devices compared to previous years. Currently, the threat is growing but focus and resource allocation appears insufficient to properly secure mobile devices. Key Findings Security Professionals Unprepared and Not Confident - 64% of participants are doubtful their organizations can prevent a mobile cyberattack - Over 1/3 of companies fail to adequately

secure mobile devices - More than half believe risk of data loss is equal to or greater than desktops/laptops Mobile Devices to Come Under Increasing Attacks - 20% of companies mobile devices have been breached, and 24% dont know whether theyve experienced an attack - 94% expect the frequency of mobile attacks to increase - 79% state the difficulty of securing mobile devices is growing Sponsored by Page 2 Dimensional Research | April 2017 www.dimensionalresearch.com 2017 Dimensional Research.All Rights Reserved.

Page 3 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS Detailed Findings 20% of survey respondents stated that their company has already experienced a mobile device security breach, while just over half stated they have not. Perhaps the most surprising finding is that 24% of the security professionals are unaware if they have been compromised. Often not knowing you have been hacked is worse than knowing. These security professionals have little visibility into the security of the mobile devices in their businesses. Keep in mind that many of the recent and most highly-publicized security breaches revealed that the hacked businesses were oblivious to the breach for quite some time. When security professionals were asked directly if their companys mobile devices were adequately secured, only 64% stated they were. Approximately 1/3 of the companies are aware that mobile devices and the data on them are currently at risk a risk they know and state could be better mitigated. Perhaps some companies believe the data loss or pirated corporate access via mobile devices is just not that dangerous. Yes 64% No 36% In your opinion, does your company adequately secure mobile devices that connect to corporate resources? Yes 20% No 56% I don't know 24% Has your company ever experienced a security breach on or from a mobile device? Dimensional Research | April 2017 www.dimensionalresearch.com 2017 Dimensional Research.All Rights Reserved.

Page 4 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS 17% of the participants felt the risk of data loss on mobile devices was equal to the risk of data loss with desktop and laptop computers. However, 34%, representing one in three participants, believe the potential for data loss is greater on mobile devices. Perhaps the high level of concern is based on the frequency of mobile device loss or theft, as well as the limited security measures companies use to protect enterprise mobile devices. When posed with the question What types of attacks have occurred on mobile devices at your company? it was expected that one or two modes of attack would rise to the top. Instead, security professionals reported a broad range of successful attacks against their organizations mobile devices. This places increased challenges not only on security professionals, but on defensive strategies and solutions for mobile devices. 41% 43% 54% 54% 58% 0% 10% 20% 30% 40% 50% 60% 70% Key logging and credential theft Intercepted calls and text messages over a mobile carriers network (SS7 Attacks) Network attacks (through connections to malicious WiFi, or Man-in-the-Middle attacks) Phishing using text messages (SMS) Malware What types of attacks have occurred on mobile devices at your company? Mobile devices 34% Desktops / laptops 49% Risk for data loss is the same for mobile devices and computers 17% In your experience, which has a greater chance for data loss: mobile devices or desktops / laptops? Dimensional Research | April 2017 www.dimensionalresearch.com 2017 Dimensional Research.All Rights Reserved.

Page 5 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS It is likely the combination of successful mobile

attacks, lack of visibility and inadequately secured devices drove 64% of those surveyed to state they are not confident they can prevent a cyberattack targeted at mobile devices. Another factor contributing to the lack of confidence is the constant evolution of threats and the relentless barrage from hackers. Company executives should be highly concerned, as only one of three of those charged with securing devices used in the enterprise are confident they can do so. The future looks more daunting and the risk appears to be increasing, as 94% of those surveyed expect the frequency of mobile device attacks to increase, and 79% expect the task of securing mobile devices to become increasingly difficult. Given the lack of confidence today and the growing threats in the future, it appears that mobile device security will become an increasingly vulnerable spot in most companies cybersecurity defenses. Yes 36% No 49% I don't know 15%

Are you confident that your organization can prevent an advanced cyberattack on employees mobile devices? Yes 94% No 6%

Based on your experience will the frequency and types of attacks targeting mobile devices increase over the next 12 months? Yes 79% No 21%

In your opinion, will it be more challenging to secure mobile devices in the future than it is currently? Dimensional Research | April 2017 www.dimensionalsearch.com 2017 Dimensional Research.All Rights Reserved.

Page 6 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS But often the time, budget, and resources focused on enterprise security initiatives are directly related to the cost of a breach on the company. In the figure below, participants quantified the cost of a cyberattack to an enterprise mobile device and compared it to that of a desktop or laptop attack. While at the bottom end we see a cheaper cost per breach for mobile devices, the rest of the data shows that the costs are somewhat similar. While some of the data indicates that a mobile breach may cost less, it is not a dramatic difference, with over 20% of the participants saying that a mobile breach could cost the company more than \$500 thousand dollars. Its clear that the surveys respondents consider the data lost in a potential cyberattack on enterprise mobile highly valuable. That perceived value of enterprise data from such a mobile attack is obviously shared by hackers, who have clearly increased their focus of attacks on mobile devices. Earlier in this report, those surveyed showed a lack of confidence in their current mobile device security and were extremely doubtful of their organizations ability to prevent an attack. This finding that only 38% of the companies have a dedicated mobile device security solution may be the key reason. More than half the organizations surveyed use only enterprise mobile management platforms to protect devices against advanced cyberattacks. 12% 13% 11% 15% 16% 19% 15% 24% 11% 12% 16% 14% 12% 11% 0% 5% 10% 15% 20% 25% 30%

Less than \$10K \$10-25K \$25-50K \$50-100K \$100-500K \$500K-1M More than \$1M How much do you estimate a desktop/laptop breach vs. a mobile breach would cost your organization in US dollars? Desktop Mobile Yes 38% No 54% I don't know 8%

Excluding MDM/EMM, has your company deployed a mobile security solution to protect smartphones and tablets from advanced mobile cyberattacks? Dimensional Research | April 2017 www.dimensionalsearch.com 2017 Dimensional Research.All Rights Reserved.

Page 7 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS We then asked survey participants why their company hadnt deployed a mobile device security solution. Over 60% of respondents indicated some lack of resources (i.e. budget, shortage of personnel) or lack of experience as the key drivers. Only 37% made a conscious appraisal for their company and decided there was

not enough risk to warrant the investment. With the generally accepted rise in mobile malware and attacks, it was not surprising that 62% of companies are dedicating more resources to the growing threat. This data supports the earlier finding that resources are constraining the ability to deploy adequate mobile device security solutions. Meanwhile, 8% of the surveyed companies were actually allocating fewer resources to the growing problem of mobile security. 12% 31% 33% 37% 41% 53% 0% 10% 20% 30% 40% 50% 60% Mobile device security solutions are not enterprise-ready MDM/EMM solutions provide enough security Lack of experience implementing a mobile device security solution Not enough risk to warrant a dedicated solution Shortage of resources Lack of budget Which of the following are reasons why your company does not use an advanced mobile cyberattack protection solution? More resources than two years ago 62% Same amount of resources 30% Fewer resources than two years ago 8% In comparison to two years ago, are more or fewer resources focused on mobile device security at your company? Dimensional Research | April 2017 www.dimensionalresearch.com 2017 Dimensional Research. All Rights Reserved. Page 8

THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS

The other component of the lack of resources cited earlier is budgeting. Here, just over half of the surveyed companies (58%) will receive more budget to mitigate the mobile device security threat, and 39% are left with the same budget they had in 2016. It is clear why so many security professionals are doubtful about their ability to prevent cyberattacks on mobile devices given the lack of resources, budget, and dedicated mobile device security solutions.

Conclusion

This research indicates that many companies are under imminent risk, as 64% of security professionals who are charged with protecting mobile devices from cyberattacks are doubtful they can do so. Over a third of these professionals stated that today their mobile devices are not sufficiently protected or secure. With the proliferation of mobile devices as business tools it is hard to believe that only 38% of the companies have a security solution focused on protecting mobile devices and the data on them. This research shows that security professionals lack the resources and tools to be properly prepared, but even more surprising is that nearly a quarter of them don't know if their company's mobile devices have been breached or are leaking corporate data. Over 1/3 of those surveyed believe that the risk of data loss from a mobile device is higher than desktop or laptop computers. These findings illustrate that the mobile device risk is real for businesses today and that 1 out of every 5 companies admitted to already being breached. The future is bleak for security professionals as 94% shared that their expert perspective is that the frequency of mobile device attacks will increase and 79% stated that it will become even more difficult to secure mobile devices. Without a change to these trends, the frequency and success of mobile devices attacks will rapidly increase. The dichotomy of management trying to control costs and security professionals struggling with insufficient tools to repel attackers is not a new story line in most enterprises. Unfortunately, the story usually ends sadly with a huge, embarrassing event with the press blazing headlines of a costly hack and the company suffering brand damage and loss of customer confidence. Will 2017 be the year of the first humiliating public hack via a mobile device? That remains to be seen. 12% 46% 39% 2% 1% 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Has the amount of budget allocated for securing mobile devices increased or decreased over previous years? Significantly increased Slightly increased Stayed the same Slightly decreased Significantly decreased Dimensional Research | April

2017 www.dimensionalsearch.com 2017 Dimensional Research.All Rights Reserved.Page 9 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS Survey Methodology Security professionals worldwide from an independent global database were invited to participate in a survey on the topic of mobile device security. A total of 410 participants who have security leadership or frontline responsibilities completed the global survey. Participants represented each of the five continents with the full spectrum of job responsibilities and company sizes. The survey was administered electronically and participants were offered a token compensation for their participation. 3% 1% 2% 2% 2% 2% 3% 3% 4% 5% 6% 7% 9% 11% 13% 15% 15% 0% 2% 4% 6% 8% 10% 12% 14% 16% Other Pharmaceutical Hospitality and Entertainment Non-Profit Media and Advertising Food and Beverage Transportation Telecommunications Energy and Utilities Retail Services Government Education Manufacturing Healthcare Technology Financial Services Industry 500 1,000 10% 1,000 5,000 39% 5,000 10,000 20% More than 10,000 31% Company Size IT security is a substantial part of my job 72% IT security is a minor part of my job 15% IT security is my entire job 13% IT Responsibility Survey Participant Locations Dimensional Research | April 2017 www.dimensionalsearch.com 2017 Dimensional Research.All Rights Reserved.Page 10 THE GROWING THREAT OF MOBILE DEVICE SECURITY BREACHES A GLOBAL SURVEY OF SECURITY PROFESSIONALS About Dimensional Research Dimensional Research provides practical marketing research to help technology companies make their customers more successful. Our researchers are experts in the people, processes, and technology of corporate IT and understand how IT organizations operate. We partner with our clients to deliver actionable information that reduces risks, increases customer satisfaction, and grows the business. For more information, visit www.dimensionalsearch.com. About CheckPoint Software Technologies Check Point Software Technologies Ltd. is the largest network cybersecurity vendor globally, providing industry- leading solutions and protecting customers from cyberattacks with an unmatched catch rate of malware and other types of threats. Check Point offers a complete security architecture defending enterprises from networks to mobile devices in addition to the most comprehensive and intuitive security management. Check Point protects over 100,000 organizations of all sizes. For more information, please visit website

Q518 What reason does the article give for why most companies forgo advanced mobile security?

- ☐ Lack of expertise (1)
- ☐ Lack of technology (2)
- ☐ Lack of resources (3)
- ☐ Lack of understanding (4)

Q519 True or False? According to the passage, the majority of people say that their company does not secure mobile devices adequately.

- ☐ True (1)
- ☐ False (2)
-

Q605 Which of the following is directly related to a company's resource allocation for enterprise security initiatives?

- ☐ Total value of the company's assets (1)
- ☐ Total cost of the company's ongoing projects (2)
- ☐ Total cost of a breach on the company (3)
- ☐ Total compensation for employees of the company (4)

End of Block: Security: Mobile Security

Start of Block: Security: Security Coding Guide

Q777 Timing
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Click Count (4)

Q521 Now that you've read about the basics, there are a few more things you should learn. First, read these two documents: App Sandbox Design Guide tells you the things you need to know about designing code to run in a sandboxed environment before you write the first line of code. Secure Coding Guide describes in more detail how to design code in ways that maximize security, and also describes what you do while actually writing the code to avoid security holes. When you're ready to test your code, the static analyzer in Xcode is a great tool for uncovering a lot of common security bugs. Read Xcode Help to learn more about the kinds of

testing and analysis that you can perform with Xcode. After reading those documents, consider reading some of the documents listed in the rest of this appendix. [Next](#)[Previous](#)

Q522 How many documents does the article suggest you read?

- ☐ 1 (1)
 - ☐ 2 (2)
 - ☐ 3 (3)
 - ☐ 4 (4)
-

Q523 What will you learn from reading the suggested documents? Select all that apply.

- ☐ Running code in a sandbox (1)
 - ☐ How to write more secure code (2)
 - ☐ Running code in a graphical environment (3)
 - ☐ How to write more efficient code (4)
-

Q524 True or False? XCode is a tool for uncovering buffer overflow bugs.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: Security Coding Guide

Start of Block: Security: Tableau

Q778 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q525 Tableau Help > Tableau Server Help > Server Administrator Guide > Security > Data Security Tableau provides several ways for you to control which users can see which data. For data sources that connect to live databases, you can also control whether users are prompted to provide database credentials when they click a published view. The following three options work together to achieve different results: Database login account: When you create a data source that connects to a live database, you choose between authenticating to the database through Windows NT or through the databases built-in security mechanism. Authentication mode: When you publish a data source or a workbook with a live database connection, you can choose an Authentication mode. Which modes are available depends on what you choose above. User filters: You can set filters in a workbook or data source that control which data a person sees in a published view, based on their Tableau Server login account. The table below outlines some dependencies with the above options: Database Connection Options Data Security Questions Database login account uses... Authentication mode Is database security possible per Tableau Server user? Are user filters the only way to restrict which data each user sees? Are web caches shared among users? Window NT Integrated Security (Windows Authentication) Server Run As account No Yes Yes Impersonate via server Run As account Yes No* No Viewer Credentials Yes No* No Username and Password Prompt user: Viewers are prompted for their database credentials when they click a view. Credentials can be saved. Yes No No Embedded credentials: The workbook or data source publisher can embed their database credentials. No Yes Yes Impersonate via embedded password: Database credentials with impersonate permission are embedded. Yes No* No * Because it can create unexpected results, Tableau recommends that you not use this authentication mode with user filters. User filters, the embedded credentials option and the impersonation modes have similar effects when users click a view, they are not prompted for database credentials and they see only the data that pertains to them. However, user filters are applied in the workbook by authors, and the impersonation authentication modes rely on security policies defined by administrators in the database itself. Some of the options described above require configuration steps that must happen during Tableau Server Setup or before you publish a workbook or data source. See the following topics for more information: User Filters and Data Source Filters in the Tableau Help. Tableau Server is a product of Tableau Software. Legal & Privacy

Q526 True or False?
When you create a data source that connects to a live database, you choose between

authenticating to the database through Windows NT or through the databases built-in security mechanism.

- ☐ True (1)
 - ☐ False (2)
-

Q527 Which of the features can help control which data a person sees in a published view?

- ☐ Authentication mode (1)
 - ☐ User filters (2)
 - ☐ Database login account (3)
 - ☐ Publisher (4)
-

Q528 When can the 'Authentication Mode' be enabled?

- ☐ When you publish a workbook with a live database connection. (1)
- ☐ When you publish a data source with a file on disk. (2)
- ☐ When you publish a data source with a file on network. (3)
- ☐ When you publish a workbook with a local database. (4)

End of Block: Security: Tableau

Start of Block: Security: ServerGuy

Q779 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q533 Get A Quote Time to look at security from a new angle. In order to solve a problem, you have to see it correctly first. Your company can dramatically reduce its exposure to data breaches by changing the way it thinks about firewall and security. Enter, Smart Firewall & Security Management by ServerGuy. Designing, implementing, monitoring, and maintaining a firewall architecture to implement your security policy is a complex task. Firewall misconfiguration could mean that your policy is not enforced and your networks are vulnerable to attack. Firewall maintenance and configuration is time-consuming and requires sysadmins skilled in recognizing and understanding the threats, and knowing how to handle them. Conflicting rule sets create backdoor entry points and unnecessary complexity, which can lead to additional cost and increased risk to your organization and sensitive Data. The added features of next generation firewalls can reduce network complexity, By Knowing which functions help and maintain in your overall security architecture can make a big difference to your end user application performance. Trusted By 1,000+ Businesses Worldwide ServerGuys support to setup the infrastructure throughout our transformational journey has been phenomenal. They went out of their way to help us achieve our objectives. Their understanding of our needs and ability to respond to it is commendable. Response time from support teams, solutioning teams and senior management at ServerGuy has been a WOW factor. Moreover, processes for seamless monitoring, implementation and configuration of hosted infra and the security process at ServerGuy was very impressive and as per our needs. ServerGuy has been able to understand our dynamic IT Infrastructure requirements all the while delivering quality and timely support so that we can focus on enhancing and upgrading our business without worrying about infrastructure.

Q534 True or False?

Implementing your security policy is a complex task for ServerGuy and hence it can't be done.

- ☐ True (1)
- ☐ False (2)
-

Q535 According to the passage, which of the following are required for Firewall maintenance and configuration? Select all that apply.

- ☐ sysadmins skills (1)
 - ☐ machine learning knowledge (2)
 - ☐ knowledge of how to handle threats (3)
 - ☐ knowledge of basic data science (4)
-

Q536 Which of the products by ServerGuy was mentioned in the passage?

- ☐ Smart Firewall & Security Management (1)
- ☐ DNS Manager (2)
- ☐ Response Efficiency Management (3)
- ☐ Load Balancer (4)

End of Block: Security: ServerGuy

Start of Block: Security: Orweb

Q780 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q529 Table of Contents Orweb is an free Android-platform mobile phone application, created by the Guardian Project for browsing the internet anonymously in conjunction with Orbot. Remain anonymous and bypass censorship on the Internet Use mobile phones as securely as possible Use smartphones as securely as possible The ability to conceal your digital identity from the websites you visit The ability to conceal the websites you visit The ability to bypass Internet censorship and online filtering Note: There is a bug in the current version of Orweb

(0.6.1 and older) that may leak information about you, such as your IP address, to the website owners if you are viewing HTML5 based videos. Orweb will still allow you to circumvent censorship and prevent you from being spied on by your Internet Service Provider (ISP) but we do not recommend it to be used to view sites that may be considered hostile. For more information on the issue see the developers' response. Orweb will only work properly after installing and configuring Orbot. Remember, if you previously created a mail or blog without using Orweb, the site will still know your real location even if you return using Orweb. If you want stronger anonymity while using Orweb other steps need to be taken including: never access accounts made in your real name. never give your personal data. never do the same things that you do when not trying to be anonymous.

1.0 Other tools like Orweb iOS: OnionBrowser (non-free) Step 1: On your Android device, download and install the app from the Google Play store store by tapping . Note: Orweb can also be downloaded directly or from the third party F-Droid store. Step 2: Before the installation process begins, you will be prompted to review the access the application will have on your phone. Review this carefully. Once your are happy with the permissions that will be granted, press to start the installation. If you do not agree with the permissions that will be granted, press the back button and the installation will be cancelled. Step 3: Once Orweb downloads and installation has completed, you can press to start the application. Step 1: To open Orweb you tap the application's icon. Step 2: Orweb will launch and automatically try to connect to website to ensure that its connection to the Tor network is working. If it can connect, you will see a message telling you that your browser is configured to use Tor. If Orweb can not connect to the website you will see an error message in the browser. If this happens, it is suggested that you check that Orbot is installed and running on your android device if this happens. Figure 1 & 2: Orweb successfully connected and Orweb connection failure screens Step 3: To browse to websites, tap the area at the top of the screen to the right of and type in the address you want to visit. Press Go on the onscreen keypad. If you want to hide the type of device that you are using from the websites you visit, Orweb can be configured to pretend to be a number of different devices. Step 1: Tap on the menu icon () found in the top right of the screen and tap . Step 2: Once in the settings section, scroll down to the Privacy section and tap . Step 3: You will be presented with a list of User Agents. Tap your choice (e.g. Tap iPhone to set it. Now any time you visit a website, it will think you are using an iPhone). Step 1: To manually clear your browsing history and cache, and to hide the websites you have been visiting on your phone, tap on the menu icon () and press . Step 2: To automatically remove your browsing history and cache as you go to a new page, Tap on the menu icon () followed by . Step 3: In the settings screen, scroll down and tap Clear Back History. Note: When you set this, you will not be able to press the back button to view web pages you have already visited. Note: Deleting cookies will sign you out of any websites that you were logged into. Step 1: Tap on the menu icon () found in the top right of the screen and tap Settings. Step 2: Scroll down to the Cookies section and press . Step 3: Tap to confirm the deleting of cookies.

Q530 True or False?

OnionBrowser is an app like Orweb used to remain anonymous and bypass censorship on the Internet.

- ☐ True (1)
- ☐ False (2)
-

Q531 Which of the following describe a bug in the current version of Orweb? Select all that apply.

- ☐ may leak information about you, such as your IP address (1)
- ☐ may crash your android device (2)
- ☐ bug applies when viewing HTML5 based videos (3)
- ☐ bug applies when viewing Flash based videos (4)
-

Q532 Which of the following steps can be taken for stronger anonymity while using Orweb? Select all that apply.

- ☐ never access accounts made in your real name (1)
- ☐ always use a wired connection (2)
- ☐ never use a machine that isn't connected to power (3)
- ☐ never give your personal data (4)

End of Block: Security: Orweb

Start of Block: Security: PGP

Q781 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q537 To use PGP to exchange secure emails you have to bring together three programs: GnuPG, Mozilla Thunderbird and Enigmail. GnuPG is the program that actually encrypts and decrypts the content of your mail, Mozilla Thunderbird is an email client that allows you to read and write emails without using a browser, and Enigmail is an add-on to Mozilla Thunderbird that ties it all together. What this guide teaches is how to use PGP with Mozilla Thunderbird, an email client program that performs a similar function to Outlook. You may have your own favorite email software program (or use a web mail service like Gmail or Outlook.com). This guide won't tell you how to use PGP with these programs. You can choose either to install Thunderbird and experiment with PGP with a new email client, or you can investigate other solutions to use PGP with your customary software. We have still not found a satisfactory solution for these other programs. Using PGP doesn't completely encrypt your email so that the sender and receiver information is encrypted. Encrypting the sender and receiver information would break email. What using Mozilla Thunderbird with the Enigmail add-on gives you is an easy way to encrypt the content of your email. You will first download all the software needed, install it, and then end with configuration and how to use the result.

Q538 True or False?
Using PGP doesn't completely encrypt your email.

- ☐ True (1)
- ☐ False (2)
-

Q539 Which of the following programs are needed to securely exchange emails? Select all that apply.

- ☐ GnuPG (1)
 - ☐ Mozilla Thunderbird (2)
 - ☐ Safari (3)
 - ☐ Enigmail (4)
-

Q540 Which of the following performs a function similar to Mozilla Thunderbird?

- ☐ Outlook (1)
- ☐ Safari (2)
- ☐ Chrome (3)
- ☐ Transmission (4)

End of Block: Security: PGP

Start of Block: Security: FileVault

Q782 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q541 FileVault full-disk encryption (FileVault 2) uses XTS-AES-128 encryption with a 256-bit key to help prevent unauthorized access to the information on your startup disk. Turn on and set up FileVault FileVault 2 is available in OS X Lion or later. When FileVault is turned on, your Mac always requires that you log in with your account password. Choose Apple menu () > System Preferences, then click Security & Privacy. Click the FileVault tab. Click the Lock button, then enter an administrator name and password. Click Turn On FileVault. If other users have

accounts on your Mac, you might see a message that each user must type in their password before they will be able to unlock the disk. For each user, click the Enable User button and enter the user's password. User accounts that you add after turning on FileVault are automatically enabled. Choose how you want to be able to unlock your disk and reset your password, in case you ever forget your password: If you're using OS X Mavericks, you can choose to store a FileVault recovery key with Apple by providing the questions and answers to three security questions. Choose answers that you're sure to remember.* If you're using OS X Yosemite or later, you can choose to use your iCloud account to unlock your disk and reset your password.* If you don't want to use iCloud FileVault recovery, you can create a local recovery key. Keep the letters and numbers of the key somewhere safe other than on your encrypted startup disk. If you lose or forget both your account password and your FileVault recovery key, you won't be able to log in to your Mac or access the data on your startup disk. When FileVault setup is complete, your Mac restarts and asks you to log in with your account password. Your password unlocks your disk and allows your Mac to finish starting up. FileVault requires that you log in every time your Mac starts up, and no account is permitted to log in automatically. After your Mac starts up, encryption of your startup disk occurs in the background as you use your Mac. This takes time, and it happens only while your Mac is awake and plugged in to AC power. You can check progress in the FileVault section of Security & Privacy preferences. Any new files that you create are automatically encrypted as they're saved to your startup disk. Reset your password or change your FileVault recovery key If you forget your account password or it doesn't work, you might be able to reset your password. If you want to change the recovery key used to encrypt your startup disk, turn off FileVault in Security & Privacy preferences. You can then turn it on again to generate a new key and disable all older keys. Turn off FileVault If you no longer want to encrypt your startup disk, you can turn off FileVault: Choose Apple menu > System Preferences, then click Security & Privacy. Click the FileVault tab. Click the Lock button, then enter an administrator name and password. Click Turn Off FileVault. Restart your Mac. After your Mac starts up, decryption of your startup disk occurs in the background as you use your Mac. This takes time, and it happens only while your Mac is awake and plugged in to AC power. You can check progress in the FileVault section of Security & Privacy preferences. Learn more Learn how to create and deploy a FileVault recovery key for Mac computers in your company, school, or other institution. If you're using FileVault in Mac OS X Snow Leopard, you can upgrade to FileVault 2 by upgrading to OS X Lion or later. After upgrading OS X, open FileVault preferences and follow the onscreen instructions to upgrade FileVault. RAID partitions or non-standard Boot Camp partitions on the startup drive might prevent OS X from installing a local Recovery System. Without a Recovery System, FileVault won't encrypt your startup drive. Learn more. * If you store your recovery key with Apple or your iCloud account, there's no guarantee that Apple will be able to give you the key if you lose or forget it. Not all languages and regions are serviced by AppleCare or iCloud, and not all AppleCare-serviced regions offer support in every language. If you set up your Mac for a language that AppleCare doesn't support, then turn on FileVault and store your key with Apple (OS X Mavericks only), your security questions and answers could be in a language that AppleCare doesn't support.

Q542 True or False?

Non-standard Boot Camp partitions on the startup drive might prevent OS X from installing a local Recovery System.

- ☐ True (1)
 - ☐ False (2)
-

Q543 Which type of encryption does FileVault 2 use?

- ☐ AES-128 (1)
 - ☐ DES-128 (2)
 - ☐ AES-256 (3)
 - ☐ DES-256 (4)
-

Q544 Which of the following is needed for FileVault to encrypt your startup drive?

- ☐ Recovery System (1)
- ☐ Time Machine (2)
- ☐ Startup Disk (3)
- ☐ CD Drive (4)

End of Block: Security: FileVault

Start of Block: Security: Google Project Zero

Q783 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q545 Google Project Zero continues to scrape away at the ubiquitous Microsoft Malware Protection Engine at the core of many security products embedded in Windows, and it continues to discover new critical vulnerabilities. The latest, another remote code execution flaw, was patched on Friday after it was privately disclosed June 7 by researcher Tavis Ormandy. The vulnerability was found in the same full system, unsandboxed x86 system emulator that Microsoft quietly patch in late May. This is the third critical vulnerability in MsMpEng that Ormandy has had a hand in disclosing and patching since early May. Ormandy said in a bug report made public on Friday after the update was pushed to Windows machines that he wrote a custom fuzzer that unturned a heap corruption in the `KERNEL32.DLL!VFS_Write` API. I suspect this has never been fuzzed before, Ormandy wrote. The emulator is used to execute untrusted files that could be portable executable files. Ormandy said that an `apicall` instruction, which invokes a large number of emulator apis is exposed remotely; the researcher said Microsoft told him that the `apicall` instruction is exposed intentionally for multiple reasons. Microsoft said the vulnerability exists because MsMpEng does not properly scan a specially crafted file, leading to memory corruption. An attacker who successfully exploited this vulnerability could execute arbitrary code in the security context of the LocalSystem account and take control of the system, Microsoft said in an advisory. An attacker could then install programs; view, change, or delete data; or create new accounts with full user rights. An attacker could host the crafted file online and lure a victim to the site, enticing MsMpEng to automatically scan and execute it when the site is viewed. Attackers could also deliver the exploit via email or IM, again executing the attack if MsMpEng automatically scans it. If the affected antimalware software has real-time protection turned on, the Microsoft Malware Protection Engine will scan files automatically, leading to exploitation of the vulnerability when the specially crafted file is scanned, Microsoft said. If real-time scanning is not enabled, the attacker would need to wait until a scheduled scan occurs in order for the vulnerability to be exploited. All systems running an affected version of antimalware software are primarily at risk. The engine is part of a number of Microsoft security products, including Microsoft Endpoint Protection, Microsoft Forefront Endpoint Protection, Windows Defender and Microsoft Intune Endpoint Protection. Microsoft said in most cases, updates will automatically be pushed to endpoints, and clarified that the bug affects only x86 or 32-bit versions of MsMpEng. On May 8, Microsoft patched the first MsMpEng issue found by Ormandy and Project Zero colleague Natalie Silvanovich. The bug was addressed in an emergency patch, and was called the worst Windows vulnerability in recent memory by the researchers. On May 25, Microsoft pushed a silent update for the first emulator issue in the engine.

Q546 True or False?

The vulnerability was privately disclosed by Tavis Ormandy and was found in the unsandboxed x86 system emulator.

- ☐ True (1)
- ☐ False (2)
-

Q547 Which of the following could an attacker who successfully exploited the vulnerability do? Select all that apply.

- ☐ execute arbitrary code (1)
- ☐ install programs (2)
- ☐ create new accounts with full user rights (3)
- ☐ take control of the system (4)
-

Q548 Which of the following is a Microsoft security product?

- ☐ Windows Defender (1)
- ☐ Windows Protector (2)
- ☐ Microsoft HotWall (3)
- ☐ Microsoft AntiVirus (4)

End of Block: Security: Google Project Zero

Start of Block: Security: Online Tracking

Q784 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q549 Have you ever wondered why some online ads you see are targeted to your tastes and interests? Or how websites remember your preferences from visit-to-visit or device-to-device? The answer may be in the cookies or in other online tracking methods like device fingerprinting and cross-device tracking. Here are answers to some commonly asked questions about online tracking how it works and how you can control it.

Understanding Cookies What is a cookie? A cookie is information saved by your web browser, the software program you use to visit the web. When you visit a website, the site might store a cookie so it can recognize your device in the future. Later if you return to that site, it can read that cookie to remember you from your last visit. By keeping track of you over time, cookies can be used to customize your browsing experience, or to deliver ads targeted to you.

Who places cookies on the web? First-party cookies are placed by the site that you visit. They can make your experience on the web more efficient. For example, they help sites remember: items in your shopping cart your log-in name your preferences, like always showing the weather in your home town your high game scores. Third-party cookies are placed by someone other than the site you are on. For example, the website may partner with an advertising network to deliver some of the ads you see. Or they may partner with an analytics company to help understand how people use their site. These third party companies also may place cookies in your browser to monitor your behavior over time. Over time, these companies may develop a detailed history of the types of sites you frequent, and they may use this information to deliver ads tailored to your interests. For example, if an advertising company notices that you read a lot of articles about running, it may show you ads about running shoes even on an unrelated site youre visiting for the first time.

Understanding Other Online Tracking What are Flash cookies? A Flash cookie is a small file stored on your computer by a website that uses Adobes Flash player technology. Flash cookies use Adobes Flash player to store information about your online browsing activities. Flash cookies can be used to replace cookies used for tracking and advertising, because they also can store your settings and preferences. Similarly, companies can place unique HTML5 cookies within a browsers local storage to identify a user over time. When you delete or clear cookies from your browser, you will not necessarily delete the Flash cookies stored on your computer.

What is device fingerprinting? Device fingerprinting can track devices over time, based on your browsers configurations and settings. Because each browser is unique, device fingerprinting can identify your device, without using cookies. Since device fingerprinting uses the characteristics of your browser configuration to track you, deleting cookies wont help. Device fingerprinting technologies are evolving and can be used to track you on all kinds of internet-connected devices that have browsers, such as smart phones, tablets, laptop and desktop computers.

How does tracking in mobile apps occur? When you access mobile applications, companies dont have access to traditional browser cookies to track you over time.

Instead, third party advertising and analytics companies use device identifiers such as Apple iOSs Identifiers for Advertisers (IDFA) and Google Androids Advertising ID to monitor the different applications used on a particular device. Does tracking of other smart devices occur? Yes. More and more, consumer devices, in addition to phones, are capable of being connected online. For example, smart entertainment systems often provide new ways for you to watch TV shows and movies, and also may use technology to monitor what you watch. Look to the settings on your devices to investigate whether you can reset identifiers on the devices or use web interfaces on another device to limit ad tracking. Controlling Online Tracking How can I control cookies? Various browsers have different ways to let you delete cookies or limit the kinds of cookies that can be placed on your computer. When you choose a browser, consider which suits your privacy preferences best. To check out the settings in a browser, use the Help tab or look under Tools for settings like Options or Privacy. From there, you may be able to delete cookies, or control when they can be placed. Some browsers allow add-on software tools to block, delete, or control cookies. And security software often includes options to make cookie control easier. If you delete cookies, companies may not be able to associate you with your past browsing activity. However, they may be able to track you in the future with a new cookie. If you block cookies entirely, you may limit your browsing experience. For example, you may need to enter information repeatedly, or you might not get personalized content that is meaningful to you. Most browsers settings will allow you to block third-party cookies without also disabling first-party cookies. How can I control Flash cookies and device fingerprinting? The latest versions of Google Chrome, Mozilla Firefox, and Microsoft Internet Explorer let you control or delete Flash cookies through the browsers settings. If you use an older version of one of these browsers, upgrade to the most recent version, and set it to update automatically. If you use a browser that doesnt let you delete Flash cookies, look at Adobes Website Storage Settings panel. There, you can view and delete Flash cookies, and control whether youll allow them on your computer. Like regular cookies, deleting Flash cookies gets rid of the ones on your computer at that moment. Flash cookies can be placed on your computer the next time you visit a website or view an ad unless you block Flash cookies altogether. How can I control tracking in or across mobile apps? You can reset the identifiers on your device in the device settings. iOS users can do this by following Settings > Privacy > Advertising > Reset Advertising Identifier. For Android, the path is Google settings > Ads > Reset advertising ID. This control works much like deleting cookies in a browser the device is harder to associate with past activity, but tracking can start anew using the new advertising identifier. You also can limit the use of identifiers for ad targeting on your devices. If you turn on this setting, apps are not permitted to use the advertising identifier to serve consumers targeted ads. For iOS, the controls are available through Settings > Privacy > Advertising > Limit Ad Tracking. For Android, Google Settings > Ads > Opt Out of Interest-Based Ads. Although this tool will limit the use of tracking data for targeting ads, companies may still be able to monitor your app usage for other purposes, such as research, measurement, and fraud prevention. Mobile browsers work much like traditional web browsers, and the tracking technologies and user controls are much the same as for ordinary web browsers, described above. Mobile applications also may collect your geolocation to share with advertising companies. The latest versions of iOS and Android allow you to limit which particular applications can access your location information. What is private browsing? Many browsers offer private browsing settings that are meant to let you keep your

web activities hidden from other people who use the same computer. With private browsing turned on, your browser won't retain cookies, your browsing history, search records, or the files you downloaded. Privacy modes aren't uniform, though; it's a good idea to check your browser to see what types of data it stores. But note that cookies used during the private browsing session still can communicate information about your browsing behavior to third parties. So, private browsing may not be effective in stopping third parties from using techniques such as fingerprinting to track your web activity. What are opt-out cookies? Some websites and advertising networks allow you to set cookies that tell them not to use information about what sites you visit to target ads to you. For example, the Network Advertising Initiative (NAI) and the Digital Advertising Alliance (DAA) offer tools for opting out of targeted advertising often by placing opt-out cookies. If you delete all cookies, you'll also delete the cookies that indicate your preference to opt out of targeted ads. Cookies are used for many purposes—for example, to limit the number of times you're shown a particular ad. So even if you opt out of targeted advertising, a company may still use cookies for other purposes. What is Do Not Track? Do Not Track is a setting in most internet browsers that allows you to express your preference not to be tracked across the web. Turning on Do Not Track through your web browser sends a signal to every website you visit that you don't want to be tracked from site to site. Companies then know your preference. If they have committed to respect your Do Not Track preference, they are legally required to do so. However, most tracking companies today have not committed to honoring users' Do Not Track preferences. Can I block online tracking? Consumers can learn about tracker-blocking browser plugins which block the flow of information from a computer to tracking companies and allow consumers to block ads. They prevent companies from using cookies or fingerprinting to track your internet behavior. To find tracker-blocking plugins, type tracker blocker in your search engine. Then, compare features to decide which tracker blocker is best for you. For example, some of them block tracking by default, while others require you to customize when you'll block tracking. Remember that websites that rely on third party tracking companies for measurement or advertising revenue may prevent you from using their site if you have blocking software installed. However, you can still open those sites in a separate browser that doesn't have blocking enabled, or you can disable blocking on those sites.

Q550 True or False?

The latest version of Mozilla Firefox lets you delete Flash cookies through the browser's settings.

- ☐ True (1)
- ☐ False (2)
-

Q551 Which of the following offer tools for opting out of targeted advertising, often by placing opt-out cookies? Select all that apply.

- ☐ Network Advertising Initiative (1)
 - ☐ National Security Agency (2)
 - ☐ National Aeronautics and Space Administration (3)
 - ☐ Central Intelligence Agency (4)
-

Q552 Which of the following corresponds to tracking devices over time, without using cookies, based on your browsers configurations and settings?

- ☐ Sessions (1)
- ☐ Stealth Cookies (2)
- ☐ Device fingerprinting (3)
- ☐ Flash Cookies (4)

End of Block: Security: Online Tracking

Start of Block: Security: Google

Q785 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q553 Google is making it much easier to find content that is relevant to you and you alone -- so there will be less content that you don't find interesting. These days, Google is responsible for countless projects spanning the entire tech industry, from self-driving cars to floating balloons that offer internet connectivity. But it hasn't forgotten its humble beginnings in Search. The company has now launched an update that should make searching on Google a much more personalized experience. The update was initially announced in July, whereupon it was only made available to U.S. users. But now, it's available to everyone around the world. At the core of

the update is the feed, or the stream of information you'll get when you head to the Google app or the formerly named Google Now section on your Google Pixel or Pixel XL smartphone. You won't see the changes when you head to the Google website on your desktop just yet though the company says that it's working on bringing the update to browsers at some point in the near future. The feed itself was first introduced back in December as a part of the Google app, and the company has slowly been increasing the types of content you see. So what exactly is changing? Well, the feed is about to become more personalized, and you'll be in the driver's seat for that personalization. You'll now be able to follow or unfollow individual topics, and the feed will pull in information based on those interests. Dive deeper First up is the ability to dive deeper. In other words, the feed will help users explore topics they're interested in, beyond simply reading an article Google presents in the feed. You can tap the header of the card in the Google app to search the relevant topic on Google. From there, as with any search result, you'll be able to see things like recent news about the topic, related articles, and so on. Google is also attempting to help people find multiple different perspectives on a particular topic. How? Well, when you're presented with a news article, you might see a small carousel section underneath showing other related articles from other publications. New to you Google will now present content that it calls new-to-you. In other words, that content might not be new on the web, but it might be related to a new interest of yours. If, for example, you start learning the guitar and search about the instrument on the web, Google might pick up on that new interest and present a guide on how to string your guitar that was written two years ago. Not new content but newly important to you. The changes so far have been about Google picking up on your interests but you can also explicitly tell Google about an interest of yours with a new Follow button that will show up on topic cards in Google Search. The button is located in an easy-to-find spot on the top left of the card, and once you tap it you'll immediately start seeing related content in the feed. For example, you might watch Christopher Nolan's latest film Dunkirk, and find you're interested in Harry Styles, who's in the film. Simply search Harry Styles, and you'll then find the Follow button, which you can tap on. It's as easy to unfollow him if you find too many articles related to One Direction in your feed. While we've been getting better at understanding your interests, it hasn't always been easy for you to choose new topics for your feed, said Google in a blog post. To help you keep up with exactly what you care about, you'll now be able to follow topics, right from Search results. Look out for a new FOLLOW button next to certain types of search results including movies, sports teams, your favorite bands or music artists, famous people, and more. All this might sound a little familiar. Google Now has been personal to you for years now. But Google sees this as more of a natural evolution of Now rather than anything groundbreakingly new. We're fine-tuning and improving all of those interest signals, Emily Moxley, product manager for Search, told Digital Trends. So we've worked a fair amount on ensuring that those algorithms work really really well. Plus, if you see an article that interests you can deep dive into that entire topic. If successful, the system could one day be used for advertising though the company says that it has nothing to share about advertising in the feed at this point. The update to the feed is available in both the Android and iOS version of the Google app, and Google Pixel owners will be able to experience the updated feed by swiping left on their home screen. The company is also working on extending the features to

both the Google homepage and to mobile web. Update: Google Feed updates are now available to everyone around the world.

Q554 True or False?

The stream of information on the Google app was formerly named the News Feed.

- ☐ True (1)
- ☐ False (2)
-

Q555 Which of the following is true about the initial launch of the information feed product? Select all that apply.

- ☐ available only on the Google Pixel smartphones (1)
- ☐ announced in July (2)
- ☐ available across the world (3)
- ☐ released in December (4)
-

Q556 What is Google's focus in this version of the update?

- ☐ increasing revenue (1)
- ☐ fine-tuning content to user's taste (2)
- ☐ reduce bandwidth usage (3)
- ☐ addition of YouTube (4)

End of Block: Security: Google

Start of Block: Security: Admin

Q786 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q557 Only an admin can remove or block a member from a group. To remove or block a member: Click Members at the top of your group. Find the member you want to remove. Click next to the member's name and select Remove from Group. Click to check the box if you'd like to delete posts, comments and pending member invites from the person you'd like to remove or block. To remove this person from other groups you manage, you may select the option to apply these changes to other groups you manage. Click to check the box next to Block Permanently to block a member you're removing. Click Confirm. Removed members will have to request to join the group again if they wish to rejoin. Blocked members won't be able to find the group in search or see any of its content, and they can't be added to the group again by members. Click Members at the top of your group. Click Blocked at the top. Click Remove Block next to the person's name.

Q558 True or False?
Only a member can remove or block a member from a group.

- ☐ True (1)
- ☐ False (2)
-

Q559 Once a member is blocked from a group, which of the following is true?

- ☐ blocked member won't be able to access their account (1)
- ☐ blocked member won't be able to message anyone (2)
- ☐ blocked member won't be able to find the group in search (3)
- ☐ blocked member's email address would be blacklisted so they cannot rejoin later (4)

Q560 How can removed members rejoin the group?

- ☐ request to join the group (1)
- ☐ convince other members to petition to allow them back in (2)
- ☐ file a case with Facebook (3)
- ☐ there is no way to rejoin after being removed from a group (4)

End of Block: Security: Admin

Start of Block: Security: Mobile App Security

Q787 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q561 After performing independent security assessments for more than two decades, I've heard just about every excuse for why a particular IT asset doesn't need an assessment. People usually base the excuses on an assumption such as, The application isn't critical because it doesn't process or store sensitive information. When it comes to mobile apps, don't jump to that conclusion too quickly. The mobile apps used by your customers, workforce, and partners generate, store, and transmit personal and sensitive information in ways that aren't always obvious. You need to test any assumptions you make about the security of a mobile app from an attacker's perspective to eliminate a number of common mobile app security risks. Mobile apps have replaced traditional client/server models, and now people spend more time using mobile apps and devices (51 percent of time) than desktop or laptop computers (42 percent of time) or other connected devices (7 percent of the time). Mobile app workflows are complex, and the data they handle is sensitive. The risks are high—arguably higher than in any other application medium given that mobile devices are easily lost or stolen. Furthermore, because mobile systems are often not locked down in the same ways as traditional business workstations, they're even more susceptible to abuse. It's the perfect storm of BYOD, shadow IT, and lack of visibility into the network/application environment that's creating considerable business risk. Common mobile app security risks I come across a lot of security vulnerabilities when I perform assessments of mobile apps. Some, like the following, tend to be predictable, and thus, should be on your radar. Network communication sessions that are unencrypted or

are running via SSL and encryption ciphers that are known to be at risk: Sensitive data traveling over a mobile carriers network, Wi-Fi, and the Internet is at risk of being exposed. For example, a malicious individual may intercept mobile data by eavesdropping on Wi-Fi traffic. To mitigate against this risk, make sure all connections between your app and other services are properly encrypted. That includes using SSL/TLS, making sure that the app only accepts valid certificates that use a strong cipher, not accepting self-signed certificates, and in many cases implementing certificate pinning. Weak password requirements and enforcement, lack of user session timeouts, and lockout after a certain number of failed login attempts: If user authentication mechanisms within the mobile app are weak or non-existent, a malicious individual can spoof authentication to the apps backend without needing to manipulate the app itself. Weak authentication can expose your users and increase the risk of fraudulent transactions. In a draft of its digital identity guidelines, the National Institute of Standards and Technology (NIST) recommends that passwords be at least eight characters in length and encourages allowing users to create passwords as long as they like. Depending on the sensitivity of the actions that users can perform using your mobile app, consider implementing two-factor authentication as well. Finally, to prevent against unauthorized access to app data in the case of a lost or stolen device: Lock an account out after a certain number of failed log-in attempts to prevent brute force attacks Terminate active app sessions after a period of non-use and require the user to log back in Poor input validation that allows for users (and attackers) to inject legitimate commands and random junk into input fields: A malicious actor can exploit a lack of, or poor, input validation to execute SQL injection, command injection, and other attacks. You can prevent these kind of attacks on your mobile apps backend by validating input from the app and user before transmission from client to host and during receipt. Sensitive artifacts such as login credentials stored in unsafe ways, that are never cleaned up and left vulnerable: Its best to assume that any data your app writes to a device is recoverable. So, unless its absolutely necessary, simply avoid storing or caching data. Also, be sure to check whether your app is storing data in places you dont realize such as log and debug files, cookies, web history, web cache, property lists, SQLite databases, and elsewhere. For the most part, you need to know what data your app is storing, whether storing that data is necessary (if not, stop storing it), and that any data you absolutely must store is stored securely. Modeling mobile app security threats Even when sensitive information, per se, is not processed or stored by these mobile apps, theres still the risk of users re-using credentials which increases the risk of unauthorized access or exposure of other systems. At a higher level, metadata generated, stored or transmitted by a mobile device or app can provide an attacker with reconnaissance that leads to other certain business systems and third-party relationships that can be further exploited. The threat scenarios are endless. In addition, you also need to consider the risks of damage to your brand and reputation (and other intangibles) should your mobile app fall victim to an attack as a result of one of these types of flaws. When assessing the security of a mobile app, source code analysis can help (and I always advise it). Notice that none of the weaknesses listed above are particularly sneaky or hard to find. Just take a look at any number of low-hanging-fruit-type examples of security vulnerabilities that Ive written about in the past. Many of the vulnerabilities listed above only come to light as a result of examining the apps behavior during runtime. A comprehensive assessment of a mobile apps security must include both static analysis (evaluating code in a non-runtime environment) and dynamic analysis (analyzing the app as it

operates during runtime). What causes these common mobile app security weaknesses? From my experience, these weaknesses are usually introduced into the mobile apps genetics and implementation through poor requirements definitions, weak threat modeling, and no ongoing security testing. No business, regardless of its size, industry, or level of security maturity is immune to these mobile app flaws. Remember, you need to test your assumptions. Dont assume that someone else is going to take care of these security issues. And dont ignore these common mobile app security risks simply because people arent asking about them or addressing them isnt required by contracts or regulations. The risks are there. Its just a matter of time before theyre brought to the surface. Youll want to make sure you find them before someone else does. Developing apps for iOS or Android? Check out our list of 50+ practical recommendations on how to develop more secure apps.

Q562 True or False?

People spend more time using desktop or laptop computers than mobile devices.

- ☐ True (1)
 - ☐ False (2)
-

Q563 In digital identity guidelines laid down by the National Institute of Standards and Technology, what do they recommend should the length of passwords at least be?

- ☐ sixteen characters in length (1)
 - ☐ eight characters in length (2)
 - ☐ six digits in length (3)
 - ☐ eighteen characters in length (4)
-

Q564 Which of the following can be done to prevent a malicious individual from intercepting mobile data by eavesdropping on WiFi?

- ☐ change wireless channel (1)
- ☐ use WEP encrypted WiFi Password (2)
- ☐ properly encrypt all connections (3)
- ☐ cover mobile device with a plastic case (4)

End of Block: Security: Mobile App Security

Start of Block: Security: Email

Q788 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q565 Encrypting your email isn't as difficult as you might think. Email is the simplest and most familiar way to send a message or a document. But for professionals a variety of industries, such as healthcare, legal, financial services, insurance and more, email alone just isn't enough to keep you and your patients or clients safe. But adding security to email doesn't have to be complicated. You can have secure email, with encrypted email from ShareFile, with just a click. Secure email from ShareFile protects both the message of your email and any attachments using the same encryption as an online bank. Even better, your recipients can reply with encrypted secure email even if they aren't ShareFile customers. It's a single click that goes a long way - ShareFile encrypted secure email supports compliance with a variety of industry regulations and ethical guidelines, including FINRA, HIPAA, CFPB, state bar ethics guidelines and more. So how does it work? With ShareFile, there are two ways to send secure email: 1. Secure email from any web browser You can send secure email right from your ShareFile account in any web browser. Just as you can securely share a file with ShareFile - or lots, you can send up to 100 GB at once - you can also click to encrypt the messages you send as well. By using secure email from ShareFile in a web browser, you get encryption and protection for communications without ever need to download or install any software. It's secure email whenever, or wherever, you need it - from any device with an internet connection. 2. Secure email right from Microsoft Outlook If you want the benefits of secure email in a tool you already use, you can get the ShareFile Plugin for Microsoft Outlook, which protects both your email copy and all attachments using encryption in one simple step and offers the security you need

without adding any additional steps to your work. Using ShareFile for your secure email needs is the simplest, most effective way to communicate for both you and your recipients, whether they are vendors, clients, colleagues or patients. Secure email from ShareFile is the all-in-one way to keep data - including simple messages - protected. And that's just the beginning. ShareFile also allows you to sync files to the cloud to access them anywhere, easily obtain electronic signatures on documents, and send large files up to 100 GB in size. See why thousands of businesses use ShareFile everyday. Try it free! Encrypted Email FAQs What is encrypted email? Encrypted email is a method of disguising the contents of an email and making it safe from eavesdropping as it moves around in the internet. It is done to protect potentially sensitive information from landing in any hand other than the intended recipients. Authentication is required to read an encrypted email. Encrypted emails are not just for those who are likely to email sensitive information such as login credentials, social security numbers, and bank account numbers. People with malicious intent such as hackers can gain access to email accounts and download important attachments and files which might compromise the owner of the email in a big way. It's not out of the realm of possibility for someone to hijack the whole email account and use it as if it was theirs. Email has always been a vulnerable channel of communication, especially when sent over unsecured wi-fi or public networks. Even those sent within secure company networks can still be intercepted by other users. Through encryption, the contents of the emails will be unreadable as they are transmitted from the origin to the destination and if someone were to try to intercept the emails, they will not be able to interpret the contents therein. How does encrypted email look on the receiving end? How an encrypted email looks like and how it is accessed may vary from one encryption service to another. However, more than likely, you will receive a notification telling you that you have received an encrypted email along with an access link. When you click the link to read the encrypted email, an account verification screen will appear, and if you do not have an account with the email encryption company or the tool used to decrypt the message, you will be required to create one, after which you will log in and access the contents of the email. Once you access the message, you will be able to read it as normal. Further Reading: ShareFile Blog: How to install the Plugin for Microsoft Outlook and Encrypted Email on any PC ShareFile Knowledge Base: How to use ShareFile Encrypted Email

Q566 True or False?

Email is secure if sent over public networks.

- ☐ True (1)
 - ☐ False (2)
-

Q567 What can be done to safeguard email from eavesdropping as it moves around in the internet?

- ☐ include "CONFIDENTIAL" in email (1)
 - ☐ encrypt email (2)
 - ☐ send emails only through gmail.com accounts (3)
 - ☐ include private MD5 hash in email (4)
-

Q568 Through which avenues can ShareFile secure emails? Select all that apply.

- ☐ from any web browser (1)
- ☐ from Microsoft Outlook (2)
- ☐ from Android mobile (3)
- ☐ from iPad or iPad Air (4)

End of Block: Security: Email

Start of Block: Security: Electronics

Q789 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q571 View Previous Tips When you think about cybersecurity, remember that electronics such as smartphones and other Internet-enabled devices may also be vulnerable to attack. Take appropriate precautions to limit your risk. Why does cybersecurity extend beyond computers? Actually, the issue is not that cybersecurity extends beyond computers; it is that computers extend beyond traditional laptops and desktops. Many electronic devices are computers from cell phones and tablets to video games and car navigation systems. While

computers provide increased features and functionality, they also introduce new risks. Attackers may be able to take advantage of these technological advancements to target devices previously considered "safe." For example, an attacker may be able to infect your cell phone with a virus, steal your phone or wireless service, or access the data on your device. Not only do these activities have implications for your personal information, but they could also have serious consequences if you store corporate information on the device. What types of electronics are vulnerable? Any piece of electronic equipment that uses some kind of computerized component is vulnerable to software imperfections and vulnerabilities. The risks increase if the device is connected to the Internet or a network that an attacker may be able to access. Remember that a wireless connection also introduces these risks. (See [Securing Wireless Networks](#) for more information.) The outside connection provides a way for an attacker to send information to or extract information from your device. How can you protect yourself? Remember physical security Having physical access to a device makes it easier for an attacker to extract or corrupt information. Do not leave your device unattended in public or easily accessible areas. (See [Protecting Portable Devices: Physical Security](#).) Keep software up to date If the vendor releases updates for the software operating your device, install them as soon as possible. Installing them will prevent attackers from being able to take advantage of known problems or vulnerabilities. (See [Understanding Patches](#).) Use good passwords Choose devices that allow you to protect your information with passwords. Select passwords that will be difficult for thieves to guess, and use different passwords for different programs and devices. (See [Choosing and Protecting Passwords](#).) Do not choose options that allow your computer to remember your passwords. Disable remote connectivity Some mobile devices are equipped with wireless technologies, such as Bluetooth, that can be used to connect to other devices or computers. You should disable these features when they are not in use. (See [Understanding Bluetooth Technology](#).) Encrypt files If you are storing personal or corporate information, see if your device offers the option to encrypt the files. By encrypting files, you ensure that unauthorized people can't view data even if they can physically access it. When you use encryption, it is important to remember your passwords and passphrases; if you forget or lose them, you may lose your data. Be cautious of public Wi-Fi networks Before you connect to any public wireless hotspotlike on an airplane or in an airport, hotel, train/bus station or caf: Be sure to confirm the name of the network and exact login procedures with appropriate staff to ensure that the network is legitimate. Do not conduct sensitive activities, such as online shopping, banking, or sensitive work, using a public wireless network. Only use sites that begin with website when online shopping or banking. Using your mobile network connection is generally more secure than using a public wireless network. This product is provided subject to this Notification and this Privacy & Use policy.

Q572 Which of the following is the least vulnerable to an attack?

- ☐ 4G connected mobile phone (1)
 - ☐ Home WiFi connected laptop (2)
 - ☐ Ethernet connected laptop (3)
 - ☐ air-gapped laptop (4)
-

Q573 True or False?

Any piece of electronic equipment that uses some kind of computerized component is vulnerable to software imperfections and vulnerabilities.

- ☐ True (1)
 - ☐ False (2)
-

Q574 What could an attack look like? Select all that apply.

- ☐ drop your mobile phone from your hand (1)
- ☐ infect your cell phone with a virus (2)
- ☐ steal wireless service (3)
- ☐ prank call your friends and family (4)

End of Block: Security: Electronics

Start of Block: Security: LMS

Q790 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q575

Introduction

Library management systems (LMS), also known as integrated library systems, are used by libraries to inventory collections and manage user records. The LMS stores personal information collected from patrons for a variety of reasons and maintains records of what items patrons borrow, the holds they place, and fines or fees they may incur. In addition, the LMS may share data with or provides services to other systems employed by the library, for example to provide authentication for online resources.

Libraries must work to ensure that their procedures and practices for managing the LMS reflect library ethics, policies, and legal obligations concerning user privacy and confidentiality. Agreements between libraries and vendors should specify that libraries retain ownership of all data; that the vendor agrees to observe the library's privacy, data retention, and security policies; and that the vendor agrees to bind any third parties it uses in delivering services to these policies as well.

These guidelines are issued by ALA to provide libraries using LMS with information about appropriate data management and security practices in respect to library patrons' personally identifiable information and data about their reading habits and use of library resources.

Why Privacy Is Important

Protecting user privacy and confidentiality has long been an integral part of the intellectual freedom mission of libraries. The right to free inquiry as assured by the First Amendment depends upon the ability to read and access information free from scrutiny by the government or other third parties. In their provision of services to library users, librarians have an ethical obligation, expressed in the ALA Code of Ethics, to preserve users' right to privacy. Librarians and libraries may also have a legal obligation to protect library users' personally identifiable information and data from unauthorized disclosure and use.

Clear Privacy Policies

Users should be notified about library privacy policies when registering for a library card or borrowing materials for the first time. Library privacy policies should be made easily available and understandable to users in an accessible format. Safeguarding user privacy requires that individuals know what personally identifiable information is gathered about them, how long it is stored, who has access to it and under what conditions, and how it is used. A proactive process should be created to notify ongoing users of any changes to the library's privacy policies.

User Consent

The library should give users of the LMS options as to how much personally identifiable information is collected from them and how it may be used. Users should have a choice about whether or not to opt-in to features and services that require the collection of personal

information. Users should also have the ability to opt-out if they later change their minds and have the data collected during the opt-in phase be destroyed when possible. For example, if the LMS offers the ability to save the checkout history, this should be an opt-in feature not turned on as a default.

Access to Personal Data

Users should have the right to access their own personal information and evaluate its accuracy. Verifying accuracy helps ensure that library services that rely on personally identifiable information can function properly. Guidance on how the user can access their personal data held in the LMS should be clear and easy to find.

Access to personal information should be restricted to the user or appropriate library staff and conform to the applicable state laws addressing the confidentiality of library records as well as other applicable local, state, and federal law. In addition, state and federal laws may give parents, guardians, and educators access to the library records of minors (see Library Privacy Guidelines for Students in K-12 Schools in the Additional Resources section below).

Collection & Retention of User Data

Libraries should limit the amount of personal information collected by the LMS about patrons. In general, the library should collect the minimum amount of personal information required to provide a service or meet a specific operational need. Library policies developed around the collection of personal information should also cover the use of any free-text note fields associated with the patron's record.

Personally identifiable information should not be retained in perpetuity. The library should establish policies for how long to retain different types of data and methods for securely destroying data that is no longer needed. For example, accounts that are expired or inactive for a certain amount of time should be purged. Retention policies should also cover archival copies and backups.

Encryption

All online transactions between client applications (staff desktop clients, web browsers, mobile apps, etc.) and server applications should be encrypted using modern, up-to-date security protocols for SSL/HTTPS. Client applications that do not support encryption (such as staff desktop clients) should employ virtual private network (VPN) technologies.

In addition, any personally identifiable information and user data housed by the library off-site (cloud-based infrastructure, tape backups, etc.) should use encrypted storage.

PINs & Passwords

User personal identification numbers (PINs) and passwords stored in the LMS should be encrypted so that only the user has access to them, i.e. library staff cannot view them. This encryption should use up-to-date best practices. Currently, this means that passwords should be salted and hashed with a SHA-2 hash function, but library personnel responsible for password security should stay current on best practices. In addition, the LMS should provide users with the ability to set their PIN or password themselves without having to reveal it to library staff.

Notifications & Reports

User notifications for holds, overdue items, and fines should contain minimal personal information especially if sent through insecure communication (e.g. email, text message, postcards). Users could be encouraged to login to a secure account for more details. If the LMS

provides the ability to include notification history as part of the patron record, this should be offered as an opt-in feature for patrons and not turned on by default.

Access to LMS reports that contain personally identifiable information should be restricted to appropriate library staff. Reports intended for wider distribution should be anonymized by removing or encrypting personally identifiable information.

Libraries that combine patron information from the LMS with external demographic information for analytics should take measures to protect reader privacy. Aggregation and anonymization should be employed to help prevent the identification of reading habits and library usage with specific individuals. Because of the growing threat of reidentification techniques, access to anonymized data sets should still be restricted to appropriate users.

Data Sharing

It has become common practice for organizations to share data including personally identifiable information with third-parties. However, most state statutes on the confidentiality of library records do not permit release of library patrons' personally identifiable information or data about their use of library resources and services without user consent or a court order, although some state library confidentiality statutes permit sharing this data with parents or guardians of minors. In addition, ALA policy forbids sharing of library patron information with third parties without user consent or a court order.

Government Requests

The library should develop and implement procedures for dealing with government and law enforcement requests for library patrons' personally identifiable information and use data held within the LMS. The library should consider a government or law enforcement request only if it is issued by a court of competent jurisdiction that shows good cause and is in proper form. The library should also inform users through its privacy policies about the legal conditions under which it might be required to release personally identifiable information.

The library could consider publishing a warrant canary notice to inform users that they have not been served with a secret government subpoena or national security letter. If a canary notice is not updated or it is removed, users can assume that a subpoena or national security letter has been served (see [Canary Warrants Frequently Asked Questions](#) in the Additional Resources section below).

Privacy Awareness

Library staff who have access to patron data in the LMS should receive training on the library's privacy policies and best practices for safeguarding patron privacy.

Libraries should establish and maintain effective mechanisms to enforce their privacy policies. They should conduct regular privacy audits to ensure that all operations and services comply with these policies. A library that suffers a violation in its privacy policies through inadvertent dissemination or data theft must notify the affected users about this urgent matter as soon as the library is aware of the data breach and describe what steps are being taken to remedy the situation or mitigate the possible damage.

[The Library Privacy Checklist for Library Management Systems/Integrated Library Systems is intended to help libraries of all capacities take practical steps to implement the principles that are laid out in this guideline.]

Additional Resources

[Canary Warrants Frequently Asked Questions](#), Electronic Frontier Foundation

Library Privacy Guidelines for Students in K-12 Schools, Intellectual Freedom Committee of the American Library Association

NISO Consensus Principles on Users Digital Privacy in Library, Publisher, and Software-Provider Systems, National Information Standards Organization

Privacy Toolkit, Intellectual Freedom Committee of the American Library Association

Approved June 24, 2016 by the Intellectual Freedom Committee of the American Library Association

Q576 True or False? After a user has allowed access to personal information for certain features and services, they may opt-out later if they change their mind, however, the data collected during the opt-in phase will not be destroyed.

- ☐ True (1)
- ☐ False (2)

Q577 Which of the following is NOT a requirement for safeguarding user privacy?

- ☐ individuals should know how long personally identifiable information is stored (1)
- ☐ individuals should know when personally identifiable information is accessed (2)
- ☐ individuals should know how personally identifiable information is used (3)
- ☐ individuals should know who has access to personally identifiable information (4)

Q578 What security tools may be used to protect user privacy? Select all that apply.

- ☐ VPNs (1)
- ☐ encryption (2)
- ☐ hash table (3)
- ☐ PINs & Passwords (4)

End of Block: Security: LMS

Start of Block: Security: Cobian

Q791 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q606

Table of Contents

Cobian Backup is used for creating archives of your digital files. They can be stored on your computer, office network, removable devices or Internet servers.

The ability to back up all documents, files and folders.

The ability to compress and decompress your backup files.

The ability to encrypt and decrypt your archived files.

1.0 Other tools like Cobian Backup

GNU Linux, Mac OS and other Microsoft Windows Compatible Programs:

Archiving or performing a backup of your documents, files and folders could be as simple as copying files from one location to another secure location; for this, special tools are not required. However, when archiving greater numbers of documents and files, you will benefit from using either a specialized program to backup files (like Cobian Backup) or a file synchronisation tool, programs that ensure that both the original or source location and the new location have exactly same content. Apart from Cobian Backup, there are many tools for helping you to archive or backup your documents; here is our recommended list as follows:

Freebyte Backup is a freeware backup program designed for Microsoft Windows;

Unison File Synchronizer is a free and open source program for Microsoft Windows, Mac OS, and GNU/Linux;

Allway Sync is a freeware Microsoft Windows files synchronisation tool;

FreeFileSync is a free and open source files synchronisation tool for GNU/Linux and Microsoft Windows;

Time Machine is a backup utility developed by Apple, included with Mac OS (version 10.5 and up);

Ubuntu GNU/Linux users please read Backup Your System guide describing tools you may use.

1.1 Things you should know about Cobian Backup before you start

Cobian Backup is used to archive, (or to make a backup copy) of your files and directories. Backups can be stored in other directories or drives on your computer, other computers on the office network, or on removable devices (CDs, DVDs and USB memory sticks).

Cobian Backup lets you archive your directories and files on a regular basis. It works silently in the background on your system (that is, in the system tray), checking your schedule and executing the backup process when necessary. Cobian Backup can also compress and encrypt files as it generates the backup file.

2.0 Install Cobian Backup

Installation Note: Before you begin the installation process, verify that you have both the latest versions of the Microsoft Windows Installer and the Microsoft.NET Framework.

Installing Cobian Backup is a relatively easy and quick procedure. To begin installing Cobian Backup, perform the following steps:

Step 1. Double click ; the Open File - Security Warning dialog box may appear. If it does, click to activate the light blue Extracting the resource progress status bar, followed a few moments later by the following screen:

Step 2. Click to activate the Please read and accept the license agreement screen; check the I accept option, and then click again to activate the following screen:

Step 3. Click to activate the following screen:

Step 4. Check the Use Local System account option in the Service options pane, so that your own resembles Figure 3 above.

Important: This option ensures that Cobian Backup will be running silently in the background all the time, so that your backups will occur as scheduled.

Step 5. Click to activate the following message prompt:

Step 6. Click to activate the next installation screen, and then click to continue with the installation process.

Step 7. Click to complete the installation process. After the installation process has been completed, the Cobian Backup icon will appear in the Windows System Tray as follows: .

2.1 Backup Your Directories and Files

In this section you will learn how to perform a simple backup or archive of a specified files and/or folders. Cobian Backup uses a backup task which can be configured to include a specified group of files and/or folders. A backup task can be set to run on a specified day and time.

To create a new backup task, perform the following step:

Step 1. Click to create a new backup task, and activate the New task window as follows:

The left sidebar lists a number of tabs and their associated screens - used to set different backup options and parameters - are displayed in the pane at right. All the options in the General tab are described below:

2.1.1 Option Descriptions

Task Name: This Task Name text field lets you enter a name for the backup task. Use a name that identifies the nature of the backup. For example, if the backup is going to contain video files, you could name it Video Backup.

Disabled: This option must be left unchecked.

Warning: Enabling the Disabled option will override the rest of the options, and prevent the backup task from running.

Include Subdirectories: This option lets you include all the subdirectories/folders within a selected directory/folder for the backup task. This is an efficient method for backing up a large number of folders and/or files. As an example, if you select the My Documents folder and check this option, then all files and folders in My Documents will be included in the backup task.

Create separated backups using timestamps: This option lets you specify that the date and time of the backup task will be automatically included in the folder name containing your backup file. This is a good idea because it means that you will easily be able to identify when the backup was performed.

Use file attribute logic: This option is only relevant when you choose to perform an incremental or differential backup (see below). File attributes contain information about the file.

Note: The following option is only available for Windows OS versions more recent than and including Windows XP.

Use Volume Shadow Copy: This option lets you backup files which are locked.

Cobian Backup verifies this information to determine whether there has been a change in the source file from the last time a backup was performed. If you then run an Differential or Incremental backup, the file will be updated.

Note: You will only be able to run a full or 'dummy backup' if you disable this option (the dummy backup option is explained below).

2.1.2 Backup Type Descriptions

Full: This option means that every single file in the source location will be copied to your backup directory. If you have enabled the Create separated backups using timestamp option, you will have several copies of the same source (identified by the time and date of the backup in the folder title). Otherwise, Cobian Backup will overwrite the previous version (if any).

Incremental: This option means the program will verify if the files selected for backup have been changed since the last backup was performed. If there has been no change, it will be skipped over during the backup process, saving backup time. The Use file attribute logic option needs to be checked in order to perform this backup.

Differential: The program will check if the source has been changed from the last full backup. If there is no need to copy that file, it will be skipped, saving backup time. If you have run a full backup before on the same set of files, then you can continue backing it up, using the Differential method.

Dummy task: You can use this option to get your computer to run or shut down programs at certain times. This is a more advanced option which is not really relevant to our basic backup procedure.

Step 2. Click to confirm your search options and parameters for your backup task.

2.2 Create a Backup File

To begin creating a backup file, perform the following steps:

Step 1. Click in the left sidebar of the New task window to display a blank version of the following screen:

Step 2. Select the files you want to back up. (In Figure 3 above, the My Documents folder is selected.)

Step 3. Click in the Source pane to activate the following menu:

Figure 4: The Source pane - Add button menu

Step 4. Select Directory if you want to back up an entire directory, and Files to back up individual files. To specify individual files or directories to be backed up, select Manually, and type in the file path or directory for your backup.

Note: You can add as many files or directories as you like. If you wish to back up files currently on your FTP server, choose the FTP site option (you will need to have the appropriate server login details).

When you have selected the files and/or folders, they will appear in the Source area. As you can see in Figure 3 above, the My Documents folder is displayed there, meaning this folder will now be included in the backup task.

The Destination pane specifies where the backup will be stored.

Step 5. Click in the Destination pane to activate the following menu:

Figure 5: The Destination pane - Add button menu

Step 6. Select Directory to open a browser window where you select the destination folder for your backup file.

Note: If you want to create several versions of the backup file, you may specify several folders here. If you selected the Manually option, you must type in the full path to the folder where you want to keep the backup. To use a remote Internet server to store your archive, select the FTP site option (you will need to have the appropriate server login details).

The screen should now resemble the example above example with file(s) and/or folder(s) in the source area and folder(s) in the destination area. However, don't click OK just yet! You still need to set a schedule for your backup.

2.3 How to Schedule Your Backup Task

For your automatic backup to work, you need to fill in the Schedule section. This section lets you specify when you want the backup to be performed.

To set the schedule options, perform the following steps:

Step 1. Select from the left sidebar, to activate the following pane:

options are listed in the drop-down menu, and described below:

Once: The backup will be done once only at the date and time specified in the Date/Time area.

Daily: The backup will be done every day at the time specified in the Date/Time area.

Weekly: The backup will be done on the days of the week selected. In the example above, the backup will be done on Fridays. You may select other days also. The backup will be done on all days selected at the time specified in the Date/Time area.

Monthly: The backup will be done on the days typed into the days of the month box at the time specified in the Date/Time area.

Yearly: The backup will be done on the days typed into the days of the month box, during the month specified, and at the time specified in the Date/Time area.

Timer: The backup will be done repeatedly at intervals specified in the Timer text box in the Date/Time area.

Manually: You will have to run the backup yourself from the main program window.

Step 2. Click to confirm the options and settings for the backup schedule as follows:

Once you have decided on a backup schedule, you have completed the final step. The backup will now run on the folders specified according to the schedule you have chosen.

3.0 Compress Your Backup File

Step 1. Create a backup task containing the backup files you want to archive, as documented in the Create a Backup File section.

Step 2. Select from the left sidebar to activate the New task screen as follows:

pane is used to specify the method for compressing your backup.

Note: Compression is used to reduce the amount of space for file storage. If you have a bunch of old files that you use only occasionally, but you still want to keep, it would make sense to store them in a format where they take up as little space as possible. Compression works by removing a lot of unnecessary coding out of your documents, while leaving important information intact. Compression does not damage your original data. The files are not viewable when compressed. The process must be reversed and your files 'decompressed' when you want to view the files again.

The three sub-options in the Compression type drop-down list are:

No Compression: This option does not perform any compression, as you would expect.

Zip Compression: This option is the standard compression technique for Windows systems, and the most convenient. Archives once created can be opened with standard Windows tools (or you can download the ZipGenius program to access them).

Selecting a compression type listed automatically enables the Split options section, and its corresponding drop-down list.

The Split options apply to storage on removable media, for example CDs, DVDs, floppy disks and USB memory sticks. The various split options will subdivide the archive into sizes that will fit onto your storage device of choice.

Example: Let's say that you are archiving a large number of files, and you want to burn them to a CD. However, your archive size turns out to be larger than 700MB (the size of a CD). The splitting function will split the archive into pieces smaller than or equal to 700MB, which you can then burn onto your CDs. If you are planning to back up onto your computer's hard disk, or the files that you want to back up are smaller than the device you plan to store them on, you can skip this section.

The following options are available to you when you click on the Split options drop-down list.

Your choice will depend on the type of removable storage device available to you.

Figure 2: The Split Options drop-down list

3,5" - Floppy disk. This option is big enough to perform backup of a small number of documents

Zip - Zip Disk (check the capacity of the one you are using). You will need a special Zip Drive in your computer and the custom-made disks

CD-R - CD disk (check the capacity of the one you are using). You will need a CD Writer in your computer and a CD writing program (see DeepBurner Free version or other disk burning tools).

DVD - DVD disk (check the capacity of the one you are using). You will need a DVD Writer in your computer and a DVD writing program (see DeepBurner Free version or other disk burning tools).

If you are backing up onto several USB memory sticks you may want to set a custom size.

To do this, perform the following steps:

Step 1. Select the Custom size (bytes) option, then **type** the size of the archive in bytes into the text field as follows:

Figure 10: The Custom size text field

To give you an idea of sizes

1KB (kilobyte) = 1024 bytes - a one-page text document made in Open Office is approximately 20kb

1MB (megabyte) = 1024 KB - a photo taken on a digital camera is usually between 1 - 3 MB

1GB (gigabyte) = 1024 MB - approximately half hour of a DVD quality movie

Note: When choosing a custom size to split your backup for a CD or DVD disk, Cobian Backup will not copy the backup to your removable device automatically. Rather, it will create your archive in those files on the computer and you will need to burn them to the CD or DVD disk yourself.

Password Protect: This option lets you enter a password to protect the archive. Simply type, then re-type a password into the two boxes provided. When you try to decompress the archive, you will be asked for the password before the task commences.

Note: If you want to secure your archive, you should think about using another method than a password. Cobian Backup lets you encrypt your archive. This will be covered in the Encrypt your Backup File section. Alternatively, you may also refer to the Truecrypt Guide to find out how to create an encrypted storage space on your computer or removable device.

Comment: This option lets you write something descriptive about the archive, but it is not a requirement.

3.1 Decompress Your Backup File

To decompress your backup, perform the following steps:

Step 1. Select > Tools > Decompressor as shown below;

Figure 3: The Tools menu displaying the Decompressor option

The Decompressor window appears as follows:

Step 2. Click to open a browse window to enable you to select the archive you want to decompress.

Step 3. Select the archive (.zip or .7x file) and then click .

Step 4. Select a directory into which you will unpack (output) the archived file.

Step 5. Click to open another window that lets you choose the folder in which to unpack the archive.

Step 6. Select a folder, and then click .

Use Windows Explorer to view the files that go to that folder.

Encryption may be a necessity for those wishing to keep their backup secure from unauthorised access.

Encryption is the process of encoding, or scrambling, data in such a way that it appears unintelligible to anyone who does not have the specific key needed to decode the message. For more information on encryption, please refer to How-to Booklet chapter 4. How to protect the sensitive files on your computer

Q607 True or False?

“Freebyte Backup is a backup utility developed by Apple, included with Mac OS.”

- ☐ True (1)
- ☐ False (2)
-

Q608 Which of the following backup types will check if the source has been changed from the last full backup?

- ☐ Full (1)
- ☐ Incremental (2)
- ☐ Differential (3)
- ☐ Dummy Task (4)
-

Q609 Which of the following tools work with GNU/Linux? Select all that apply.

- ☐ Freebyte Backup (1)
- ☐ Allway Sync (2)
- ☐ Unison File Synchronizer (3)
- ☐ Time Machine (4)

End of Block: Security: Cobian

Start of Block: Security: Avast

Q792 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q611

A free antivirus program you may use on your computer or mobile device

Avast Free Antivirus 2017 offers protection against malware and viruses without slowing down your computer. You may use it for private use, your mobile device, small business or large business purposes. Instead of processing and analyzing using your computer and processor power, the hard work is done on the cloud instead of on your device.

Trapping and catching malware before it does any damage

Avast Free Antivirus 2017 is an antivirus program that you download and install on your device. It undertakes vital scanning processes on your device while using your device's CPU (Central Processing Unit). Scan analysis is done via the cloud, and there is a cyber capture function that records unknown files, sends them to Avast, and figures if out they are a threat or not

What features and benefits does this antivirus software have?

Protection from viruses and malware is the main goal of Avast Free Antivirus 2017, plus with CyberCapture, it examines your unknown files to find out if they are threats or not. The software has numerous micro-updates through the day as the Avast company updates its malware and virus database. The 2017 version is faster because it doesn't rely as heavily on your device's processor as previous versions did. It is more lightweight and streamlined. The software has a behavior shield that monitors your apps and programs in real time and the antivirus is triggered if a program or app begins to act suspiciously. You may scan your device using Avast's powerful features and scans, and it will not conflict with your other anti-virus software. You may also take advantage of their software updater, which notifies you which of your programs are out of date, so that you may update them, which makes them less vulnerable. Avast also has a Wi-Fi inspector features that helps weed out the unsafe Wi-Fi networks from the safe ones.

Easy to use and tricky to learn

Getting the hang of what each function does and how the tools are used is a little tricky, but once you have learned how to do it, you will easily be able to trigger the functions and settings you desire. Avast Free Antivirus 2017 is compatible with Windows 10, though the interface isn't modeled on it. Nevertheless, people who are computer literate will find Avast easy and intuitive to use. From a single Avast account, you may control all of your device's protection, and their smart-scan technology helps you tune up and speed up your computer or device with just a few clicks and default settings. One of the less obvious user-interface features is the program's ability to hold back notifications and other interruptions while games are playing. With Avast passwords, you are able to auto-fill out all your login information because it is a powerful password manager, which means you do not have to remember your passwords anymore.

Current Avast users should update and new users should consider it

If you are currently an Avast user, then there is no excuse for not downloading and installing

the newest 2017 version because it is far faster, lighter and more efficient than previous generations of the software. If you have never tried Avast before, then you may rest assured that it will not conflict with your current paid or free anti-malware and antivirus software. There are versions suitable for different needs, such as for personal, business or large business, and the software has different subscription levels where each tier adds yet more features. If you are looking for anti-malware and antivirus software, then Avast's 2017 version is a strong contender.

Q612 What application in Avast determines if unknown files are threatening?

- ☐ Cloud scan (1)
 - ☐ Micro-identification (2)
 - ☐ Cyber Capture (3)
 - ☐ Malware processor (4)
-

Q613 What benefits are available from the Avast Antivirus? Select all that apply.

- ☐ It is lightweight and streamlined (1)
 - ☐ It protects from online scams (2)
 - ☐ It has powerful scans for your device (3)
 - ☐ It has a Wi-Fi inspector feature (4)
-

Q614 True or False: To control all of an individual's devices, Avast requires the user to have multiple accounts.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: Avast

Start of Block: Security: NCCoe

Q793 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q615

Organizations understand the value mobile devices can add to their employees productivity by providing access to business resources at any time. Not only has this reshaped how traditional in-office tasks are accomplished, but organizations are devising entirely new ways to work. Yet mobile devices may be lost or stolen. A compromised mobile device may allow remote access to sensitive on-premises organizational data, or any other data that the user has entrusted to the device. The NCCoE mobile device security efforts are dedicated to solving businesses most pressing mobile cybersecurity challenges.

Sign up for email alerts from the NCCoE to receive updates on our Mobile Device Security projects. If you have questions or would like to join our Community of Interest, please email the project team at mobile-nccoe@nist.gov.

Demonstrates how to secure sensitive enterprise data accessed by and/or stored on employees mobile devices. Learn more about this project download the NIST Cybersecurity Practice Guide 1800-4.

Provides a series of clear and repeatable reference mobile architectures that any organization can adapt and adopt to ease design, accelerate deployment, and build in security for their mobility program from the outset. Learn more about this project.

Identifies threats to mobile devices and associated mobile infrastructure to support development and implementation of mobile security capabilities, best practices, and security solutions to better protect enterprise IT. Learn more about this project and view the Mobile Threat Catalogue.

Q616 What is the purpose of NCCOoE?

- ☐ Allow employees to have access to business resources (1)
- ☐ Finding ways to protect online identities (2)
- ☐ Provide security against phone hackers (3)
- ☐ Solving mobile cybersecurity issues (4)

Q617 Organizations are provided with which of the following benefits from NCCOoE? Select all that apply.

- ☐ Clear mobile architectures (1)
- ☐ User tips and warnings (2)
- ☐ Accelerate deployment (3)
- ☐ Built in security. (4)

Q618 True or False: Sensitive organizational information can be compromised and remotely accessed with a stolen phone.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: NCCoe

Start of Block: Security: Tips

Q794 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q619

All university-owned computers are required to have McAfee anti-virus software installed. If your PC does not have this software, it can be installed by a desktop consultant. To have this software installed, please call the IT Service Desk at 617.287.5220 or email itservicedesk@umb.edu.

More information:

Anti-virus tips for prevention and protection

Do not open any files attached to an email from an unknown, suspicious or untrustworthy source. Please exercise common sense.

Do not answer any emails that look like they are from your system administrators if the email is asking for sensitive or personal information. No systems administrator will ask you for your password or any other sensitive information.

Do not open any files attached to an email unless you know what it is, even if it appears to come from a friend or someone you know. Some viruses will replicate themselves and spread through email. Confirm that your contact really sent an attachment, if you think that the subject or content looks suspicious.

Do not open any files attached to an email if the subject line is questionable or unexpected.

Delete chain emails and junk email. Do not forward or reply to any of them. These types of email are considered spam because they are unsolicited messages that clog up inboxes and networks.

Do not download any files from strangers.

Do not click on any offer that claims you might be a winner.

Exercise caution when downloading files from the Internet. Ensure that the source is a legitimate and reputable one. Verify that an anti-virus program checks the files on the download site.

Update your anti-virus software regularly. You can schedule your computer to do this automatically. You should also keep your spyware and malware protection up to date. Running once and forgetting about the software is as bad as not having it on the computer!

Back up your files on a regular basis. If a virus destroys your files, at least you can replace them with your backup copy. You should store your backup copy in a separate location from your work files, one that is preferably not on your computer. Also periodically check your backups to make sure that they are still a good copy.

When in doubt, always err on the side of caution and do not open, download, or execute any files or email attachments. One mistake can cost you hours of lost work.

Virus Removal Tools

There comes a time, no matter how careful you are, when your poor computer catches

something from the Internet! Below are a few links to companies that have Windows-based virus removal tools. Listing these links does not mean that IT or anyone in the university advocates any of these companies.

Most of the companies charge for their product. These links are to free virus repair and removal tools from these companies.

Anti-virus tools for Macs

The Mac version of McAfee can be installed on a university-owned Mac by a desktop consultant. To have this software installed, please call the IT Service Desk at 617.287.5220 or email itservicedesk@umb.edu.

If you would like to install anti-virus software on your personal Mac, there are several choices, including Sophos, McAfee, and Symantec. Sophos offers a free version of their product for home Macs. For more information, visit website

Q620 According to the article, what should be done if you receive an unsolicited email?

- ☐ Forward them to friends (1)
- ☐ Read the email for any important information (2)
- ☐ Message the user back (3)
- ☐ Do not reply and delete them (4)

Q621 Which of the following is an example of practicing online safety and protection? Select all that apply.

- ☐ Updating your antivirus software regularly (1)
 - ☐ Clicking on files attached to a random email (2)
 - ☐ Downloading files from a stranger (3)
 - ☐ Backing up files (4)
-

Q622 True or False: System administrators will ask for your password to confirm your account and identity.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: Tips

Start of Block: Security: Holistic Security

Q795 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q641

Purpose & Output

The idea of this exercise is to begin a process of visualising yourself, your group or organisation and your relationships to the other actors around you, including direct, indirect and potential future connections.

In this part, we suggest that you focus on brainstorming who the actors around you are and the intensity of your relationship with them (direct, indirect, or potential). In the next step of the exercise, you will extend the visualisation or map to include the types of relationship you have with them.

Input & Materials

If you want to carry out this activity in a group, you will need:

Butcher-block or flip-chart paper

Coloured markers or pens

Sticky-notes / Post-its

Format & Steps

Written/drawn visualisation

In this exercise we suggest that you use sticky-notes or post-its, each with the name of one actor in your context, to visually map them and the relationships between them.

1. Start with yourself or your organisation as an entity and brainstorm and identify as many actors related to your work as possible. This can include individuals, groups, organisations or institutions. Consider local, regional, national and international actors where necessary.

2. Once you have identified as many of the actors as you can, place them on the wall or sheet, with yourself (and/or your target group, if they are identifiable) in the centre.

3. Consider the following categorisations for these actors:

Direct: People, groups, organisations, institutions that have direct contact with you on the issue you are trying to impact. For example, you probably have a direct relationship to the target-group you work for, and some entities directly opposed to your work who directly challenge or confront you.

You may also want to include members of the community around you including your family and friends who may support or oppose your work in one way or another.

Indirect: These can include people, groups, organisations or institutions that are one step removed from you. In the example above, if your target group has a direct relationship with you, they may be in direct relationship with others. These become indirectly connected to you.

Potential/Peripheral: People, groups, organisations and institutions which relate to the issue, but with whom you don't (yet) have a connection or relationship. Examples of these include international bodies which are supportive of your issue, but aren't (yet) active in your context.

Note: Actors and information

Although it may not have occurred to you, you may want to include actors on whom you rely to manage your information and communication. These can include:

- your telephone service provider
- your internet service provider
- social media account providers
- email account providers.

We will explore these actors in more detail in the next exercise.

Remarks & Tips

In the next and subsequent Chapters, we will expand our knowledge of these actors and use them to build our analysis of threats. Once you have finished this exercise, it's a good idea to keep a list of these actors for future reference and elaboration.

Q623 True/False: This exercise is focused towards the individual.

☐ True (1)

☐ False (3)

Q624 Which of the following is not required to use for the exercise?

- ☐ Post-its (1)
 - ☐ Markers (2)
 - ☐ Pencils (3)
 - ☐ Paper (4)
-

Q625 Which of the following are categories for actors? Select all that apply.

- ☐ Peripheral (1)
- ☐ Indirect (2)
- ☐ Direct (3)
- ☐ Passive (4)

End of Block: Security: Holistic Security

Start of Block: Security: Blank Noise

Q796 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q642

Pravin Sharma

Anybody who lives in Mumbai, knows about the locals here. At peak time, the locals are very crowded and the men stick out of the doors, climb on top of the roof...

I attend a Coaching Class which is located in Borivali for which I have to cross the Railway Tracks on foot. (Of Course, its illegal but there is no other way, the common bridge is quarter km away) Many people use the crossing to cross over to Borivali W from the Eastern side and

Vice Versa,like me.

Its not that I hadnt heard about eve-teasing, I had assumed it to be a minor thing and never bothered to think too much about it. But all that changed last year. As I was waiting for a packed local to pass, with a few other people, I suddenly noticed several jeering voices, hooting and whistling. They were all coming from the local coming from Virar at 9:30 am.. To be honest, I had not expected such a thing to happen, so I was shocked for a moment. Then I saw the girl beside me hanging her head down in Humiliation and the commuters above (all of them, yes all of them) eyeballing her and whistling. What peturbed me the most was that the eve-teaser was not a single person but the entire train. I had to watch with sadness and helplessness as coach after coach passed and all the people inside each coach started howling. Maybe being in a group gave them some feeling of invincibility. I looked at the others nearby. Clearly they were uncomfortable too, trying to avoid looking at the train as much as possible. After the train passed, everyone including the girl went back to their business. I thought maybe they were used to it now.

I was left alone, feeling insecure,weak and helpless. I spent the entire day brooding over the incident.

Now I had to attend my class every alternate day. Whenever there happened to be a female (age didnt matter) the hootings began if she had to wait for the train to pass.A single guy whistled and the entire train followed him. The jeerings and tauntings were especially high if she was in a western outfit (not necessarily immodest, the kind of clothes you would not mind your sister wearing)

Even women aged 40 + were not spared.

Common phrases used were " Phone me coin Daal" (for someone using a cellphone) and some other unmentionable phrases.

In the evenings the train used to be relatively empty and I did not find the incidents happening . So obviously they felt safe in numbers.

Once I saw a group of girls (age maybe 13-14) become a victim to this. Yet I could only stand and watch as the train drifted away quickly.

Soon, I noticed the females who regularly crossed the tracks would wait at the street, behind a wall for the train to pass before they stepped on the railway tracks.

Now, I have become so used to this that it does not bother me anymore. I know that I am helpless, I cant do anything to stop it. The train wont stop and even if it would there is no way I can tackle 50-60 people on my own.

I just pray that someday, maybe I wouldnt have to wait for the train to pass with some member of my family.....

What I think is that these people are influenced too much by Indian Movies. In movies, usually the actress falls for cheap antics and cheesy dialogues by the actor. Maybe they think what they are doing is right after watching these movies..

So thats it.

Q627 True/False: The locals in Mumbai are small, so that they are not crowded.

- ☐ True (1)
- ☐ False (3)
-

Q628 What is eve-teasing best described as?

- ☐ Harassing women (1)
- ☐ Harassing children (2)
- ☐ Lightly teasing with friends (3)
- ☐ Lightly teasing with family (4)
-

Q629 What does the narrator use the railway tracks crossing for? Select all that apply.

- ☐ Crossing from Borivali E to Borivali W (1)
- ☐ Crossing from Borivali S to Borivali N (2)
- ☐ Crossing from Borivali W to Borivali E (3)
- ☐ Crossing from Borivali N to Borivali S (4)

End of Block: Security: Blank Noise

Start of Block: Security: Signal

Q797 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q643

Privacy is possible, Signal makes it easy.

Using Signal, you can communicate instantly while avoiding SMS fees, create groups so that you can chat in real time with all your friends at once, and share media or attachments all with complete privacy. The server never has access to any of your communication and never stores any of your data.

Say Anything. Signal uses an advanced end to end encryption protocol that provides privacy for every message every time.

Open Source. Signal is Free and Open Source, enabling anyone to verify its security by auditing the code. Signal is the only private messenger that uses open source peer-reviewed cryptographic protocols to keep your messages safe.

Be Yourself - Signal uses your existing phone number and address book. There are no separate logins, usernames, passwords, or PINs to manage or lose.

Group Chat. Signal allows you to create encrypted groups so you can have private conversations with all your friends at once. Not only are the messages encrypted, but the Signal server never has access to any group metadata such as the membership list, group title, or group icon.

Fast. The Signal protocol is designed to operate in the most constrained environment possible. Using Signal, messages are instantly delivered to friends.

Speak Freely - Make crystal-clear phone calls to people who live across town, or across the ocean, with no long-distance charges.

Signal is not currently compatible with tablets, but support for larger screens is on our roadmap and will be included in a future release!

For support, questions, or more information, please visit:

website More details:

website Source code:

website

Q630 True/False: Using Signal promotes privacy in a simple way.

☐ True (1)

☐ False (3)

Q631 What does "open source" mean?

- ☐ Verified programmers can audit the code (1)
 - ☐ Friends of the code creator can audit the code (2)
 - ☐ Anybody can audit the code (3)
 - ☐ Family of the code creator can audit the code (4)
-

Q632 What is a positive feature of Signal? Select all that apply.

- ☐ Tablet-compatible (1)
- ☐ Group chat (2)
- ☐ Able to speak freely (3)
- ☐ Fast (4)

End of Block: Security: Signal

Start of Block: Security: Rise Up

Q798 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q644

A word of caution

Note! When you connect to the internet through the RiseupVPN you are bypassing any firewalls on your local network. Your computer will get its own IP address on the open internet. This is great, because that way your computer can communicate freely with others without getting blocked. However, bypassing the local firewall also means that your computer is more vulnerable to attack. Therefore, you should enable a firewall on your computer.

Setting up OpenVPN

The Riseup VPN service supports OpenVPN.

Choose a server

Configuration in a nutshell

Although each client is different, there are five values that must be configured in your OpenVPN client:

Optional configuration options:

Port: either 1194, 443, or 80. Port 1194 is the normal default for OpenVPN, but sometimes it might be blocked by the network you are on. You should not normally need to change this setting. If you do, ports 443 and 80 will likely not be blocked, since these are the ports for normal web traffic.

Protocol: either UDP or TCP. UDP is faster, but TCP might be required to get around some network restrictions. UDP is the default, so you only need to fiddle with this if something is blocking your VPN access.

Compression: I havent played with this, but it should work.

MTU: might need to make this a smaller number. not sure..

Detailed tutorials

Tor and the Riseup VPN

If you are thinking of running a Tor Exit node on the Riseup VPN, please read this. There is nothing wrong with running a Tor Exit node on top of the VPN, however it can cause a problem that wed like to avoid.

Tor exit nodes are listed regularly in block lists. This is due to heavy abuse that happens over Tor, so there are lists that are automatically created for every Tor exit node that registers itself on the network. This wouldnt be a big deal, except that the block lists block the entire network, not just the single IP that you are using. This causes problems for other services, such as sending mail.

Fortunately, there is a way around it, its just a matter of changing your Tor exit policy so that certain ports are not allowed. It seems as if these block lists only list Tor exit nodes that enable certain well-known ports that are used for abuse. According to one of the block list operators a tor exit node is added to the block list if it uses the default exit policy because there are a few ports in the default policy that are problematic, these ports are: 6660-6670, 6697, 7000-7005

This can easily be changed so you do not allow these ports through your Tor exit node by changing your torrc as follows:

```
ExitPolicy reject *:6660-6670
```

```
ExitPolicy reject *:6697
```

```
ExitPolicy reject *:7000-7005
```

and then restarting your tor daemon.

Q633 True/False: It is generally safe to bypass any local firewalls.

- ☐ True (1)
- ☐ False (3)
-

Q634 Which port number is not part of optional configuration?

- ☐ 443 (1)
- ☐ 101 (2)
- ☐ 80 (3)
- ☐ 1194 (4)
-

Q635 Which are considered protocols? Select all that apply.

- ☐ UCP (1)
- ☐ ATP (2)
- ☐ CTT (3)
- ☐ TCP (4)

End of Block: Security: Rise Up

Start of Block: Security: Information Activism

Q799 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q800

Make a list of your stakeholders, dividing them into 3 categories:

Allies people and organisations who already support what you do.

Neutral people whose position or attitude is unclear.

Adversaries people who oppose the change you want to see.

Create profiles of your stakeholders. Who are they?

Demographics race, gender, ethnicity, age, education, religion.

Geography local, national, international, remote, urban, rural.

Culture What is their cultural background? What languages do they speak or read?

Attitudes How do they perceive the issue? How proactive are they? What would it take to get them to take action?

Media habits What media do they have access to, use and like?

Define your target audience

Target audience: the people who can actually make the changes you want to see.

Define your participant communities

Participant communities: the people you'd like to see becoming a part of your media campaign or project: people, organisations and groups who will watch your media, help distribute it and provide different forms of support. Some of them will be active participants, and some passive.

There can be overlap: For a media campaign which aims to change the behaviour of men who commit, condone or ignore domestic violence, for example, these men might be both target audience and participant community.

A media campaign that has been designed for everyone can end up being for no one.

Successful films, TV programmes, newspapers or posters are never made for 'everyone'. But a well-made media campaign that targets a specific audience can easily reach many different groups of people.

For example: A media campaign aims to make sure that the mining industry follows ethical practices. The target audiences are probably the mining industry and the government: these people have the power to make the changes you want to see. The participant communities are probably the communities affected by mining, as well as national or international environmental activists: these people might become involved in your campaign by consuming and distributing your media, and by taking action to support your cause.

Map out stakeholder relationships by asking these questions:

What is each stakeholder's relationship to the problem?

What solutions are you proposing?

How are different stakeholders related to each other?

How able or willing are stakeholders to help your campaign?

How able or willing are stakeholders to hurt your campaign?

Try out The Change Agency's "Power Mapping" exercise and think about these questions:

How can your stakeholders help you achieve the change/s you want?

How much power or influence do they have?

Use this activity below to help decide which tactics will work best with your target audience and participant communities:

1. Draw a half-circle and divide it into five wedges.

2. Label the far left and far right wedges:

Far left: "Active allies" - those who most support your campaign.

Far right: "Active opponents" - those who oppose you.

3. Label the middle wedges.

Active allies - supportive and motivated to achieve your goals

Allies - may benefit from your success

Neutral parties - currently may not be involved or affected

Opponents - may suffer from your success

Active opponents - actively interfere with your activities

A five-wedge diagram would look like this:

5. Place each sticky paper in a wedge according to level of support for your cause.

You now have a spectrum of stakeholders. Use this diagram to help decide which tactics to use, where. Different tactics may be needed for different stakeholders, depending where they are on the spectrum.

For example:

Neutral: use educational, visual tactics

Opposing: use disruption, interference tactics

(Adapted from New Tactics in Human Rights' Spectrum of Allies exercise.)

Additional Resources:

Mapping Stakeholders and their Relationships, from Tactical Tech's '10 tactics for turning information into action'.

Source material created by Namita Singh and A. Ravi in collaboration with Tactical Tech.

Q636 True/False: It is ok for a group of people to be both the target audience and participant community.

☐ True (1)

☐ False (3)

Q637 Which isn't a category of geography?

- ☐ Urban (1)
 - ☐ National (2)
 - ☐ Local (3)
 - ☐ Suburban (4)
-

Q638 Which of the following is true about the middle wedges in the exercise? Select all that apply.

- ☐ Allies possibly benefit from your success. (1)
- ☐ Opponents will always suffer from your success. (2)
- ☐ Neutral opponents are not necessarily involved. (3)
- ☐ Active allies directly interfere with active opponents. (4)

End of Block: Security: Information Activism

Start of Block: Security: Privacy Notification

Q801 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q646

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Q639 True/False: The Department of Homeland Security (DHS) can provide some warranties regarding "as is" information.

- ☐ True (1)
- ☐ False (3)

Q640 Which of the following is a voluntary program?

- ☐ US-CERT (1)
- ☐ C3 (2)
- ☐ ICS-CERT (3)
- ☐ DHS (4)

Q641 Which of the following are the DHS not responsible for? Select all that apply.

- ☐ Direct damage (1)
- ☐ Consequential damage (2)
- ☐ Indirect damage (3)
- ☐ Legal damage (4)

End of Block: Security: Privacy Notification

Start of Block: Security: Online Security

Q802 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q645

Online security has become an ever-larger topic of discussion in todays world just look at all the ways private information has been exposed, exploited, and compromised in the past twelve months. Granted, there seem to be a lot of ways for information to be compromised, but the low-hanging fruit in many scenarios is email.

Email is probably the most common and longest-lived form of electronic communication around, and therefore most of us dont give it a lot of thought. We use email to send and receive information of varying degrees of sensitivity, from casual conversation to private and personal medical or financial information the latter of which is never a good idea to share via email.

When you consider how many hacking incidents and cyber-attacks are triggered in some way via email, you might conclude that the term email security is a contradiction in terms and it can be, if youre not encrypting your email.

What is encrypted email?

Encryption relies on a pair of mathematically-related cryptographic keys, one of which is public and the other private. Because these keys exist in pairs, messages encrypted with one key can only be decrypted with the other corresponding key.

When both parties are in possession of the necessary cryptographic keys, the email message is scrambled upon creation from the sender and unscrambled when the recipient opens it.

Because the encryption occurs at the point of creation and then is decrypted when it is opened, the received email appears normal and readable.

If you've ever received an email that consisted of long strings of letters, symbols, and numbers that made no sense, you've received an encrypted email for which you did not have the necessary public key to decrypt.

Encryption as Part of Data Security

Encrypted or not, email can be a chink in the armor of business data security. Even with a pretty sturdy set of protocols to catch potential threats before they reach your company inboxes, if your business isn't encrypting its emails your information could still be vulnerable.

Think encryption isn't important? Consider this: unencrypted email can be intercepted en route between two otherwise secure points, and the information contained therein can be viewed by anyone. If the contents of that email include proprietary company information, how would you feel about it being viewed by someone outside your company?

The Human Factor

Unfortunately, there is no way to bulletproof your email communications from human error because otherwise rational and logical people fall for spam messages, phishing scams, and viruses lurking in email attachments.

But providing your employees with encryption in their email can help to protect your business information from being intercepted and viewed on the way to its destination. And regardless of whether your email is encrypted or not, there are some pieces of information that you should NEVER send via email.

Never Email These Six Things

Passwords

Social security numbers

Tax information

Financial information

Medical information

Legal information

It doesn't matter if you're exchanging pleasantries or having a high-level business discussion, if you're not encrypting your email, any and every message can be intercepted and read by a third party. Maybe you're not as protective of your mom's chocolate chip cookie recipe as she would like you to be, but if it's intercepted by a third party, there's not much damage done.

That's not always the case with business communications or highly sensitive personal information. Protecting your email communications with encryption can mean the difference between business as usual and all-hands-on-deck damage control. Which would you prefer?

If you would like to learn more about encrypted email for your business, call us: (812) 434-6600.

Q646 What happens when you receive an encrypted email without the necessary key to decrypt?

- ☐ The email will have empty spaces with no text (1)
 - ☐ The email will be a scramble of random text and images (2)
 - ☐ The email will consist of letters of string, symbols, and numbers (3)
 - ☐ The email will notify the user that the email is not available to them (4)
-

Q647 What should you never email? Select all that apply.

- ☐ Pictures of children under 18 (1)
 - ☐ Medical information (2)
 - ☐ Passwords (3)
 - ☐ Business Documents (4)
-

Q648 True or False: Without encrypting emails, they are vulnerable to being read by outsiders.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: Online Security

Start of Block: Security: Organizations

Q803 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

Q650

Organizations that are hacked suffer enormous losses. Target lost credibility with millions of customers and untold sales when customers credit card information was stolen. Intellectual property including new technologies and drugs under development are in jeopardy as well.

Companies risk being sued and incurring millions of dollars in legal fees from customers and partners hurt by malware if their security is not up-to-date. Mistrust and negative publicity can lead to millions in losses for years depending on how organizations handle news about the hacking. Companies need to develop incidence response strategies including how and when to let customers and partners know their private information is stolen and what steps companies are taking to recover from malware.

Its impossible to be 100% safe from hackers. However, risks can be mitigated from cyber hacks that often randomly scan thousands of sites looking for those with weak security. Steps in a strong security plan can be categorized under Four Rs:

Resistance to being hacked or infected by malware

Installing next generation firewalls with multiple applications able to inspect incoming traffic and protect networks from malicious attacks.

Taking steps to control physical access into buildings and data centers.

Adhering to regulatory and industry standards for credit card transactions, and secure storage of customer information. Organizations without industry or government security procedures implemented increase their liability when customers whose financial or private information was compromised sue.

Hiring consultants to do a penetration assessment to determine how difficult it is to hack into the concerns network and identify vulnerabilities.

The human factor is often the weakest link in security. Training employees on the importance of security and following correct procedures is critical. Internal errors and staff inadvertently giving information to outsiders cause a majority of security breaches.

Recognition of and Recovery from malware

Discovering malware and recovering from it are huge challenges. Sony Pictures, Anthem Health, Home Depot, and Target had malware in their networks for months without being aware of it. One option is security software capable of sensing variations from normal computer activity.

Because files are stolen or damaged by malware, its critical to back up important data. Using the cloud is often the most cost effective solution.

Redress

Ensuring that hackers are caught and prosecuted is an important barrier to hackers.

To prosecute hackers, data and computer hard drives with malware must be saved and isolated so that data is not tainted and can be used to prosecute criminals.

Prosecuting hackers that operate from countries without extradition treaties covering cyber crime is almost impossible. The UK, the Netherlands and Ukraine have cooperated on some incidents involving extraditing hackers to the United States to stand trial.

Q651 The majority of security breaches are caused by:

- ☐ Human factors (1)
 - ☐ Wrong algorithms (2)
 - ☐ Management (3)
 - ☐ Hackers (4)
-

Q652 What happens to an organization with insufficient security? Select all that apply.

- ☐ Lost credibility (1)
 - ☐ Risk being sued (2)
 - ☐ Negative Publicity (3)
 - ☐ Increased Sales (4)
-

Q653 True or False: Hackers can be prosecuted without saving computer hard drives and data.

- ☐ True (1)
- ☐ False (2)

End of Block: Security: Organizations

Start of Block: Security: Email Encryption

Q804 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Q654

Email encryption is one of those topics that gets very complicated very quickly. Pretty soon, most explanations end up using a bevy of complicated words and terms that may as well be another language. It doesn't have to be this way, however, because the benefits of using encrypted email are simple, and the core concepts of email encryption can be easy to understand as well. Today, we decided to break down email encryption to its basics so you can learn what email encryption is and why it's important for your business, without all the technical mumbo jumbo.

1. What is Email Encryption?

Email encryption is a way to protect your emails from being read by other people or computers. Essentially, what it does is scrambles an email heading out from your computer and reassembles it for the intended person. And when you receive an email, it scrambles it and puts it back together again before you read it, reducing the chances of any of the information getting into the wrong hands. By using encrypted email, the only people who will see an email is the sender and its intended recipients.

2. Why Do People & Companies Use Encrypted Email

Like most technological services, email encryption is used for a number of reasons. The overarching reasons, however, boil down to security and privacy. In general, companies use email encryption to meet security protocols. Since sensitive information is often sent through email, it is important for businesses to keep that information as protected as possible.

Privacy is the other major reason, and this is often why individuals will use email encryption for their own private email accounts. Since the online experience increasingly uses software to track the movements of people online, emails are becoming easier and easier to break into or spy on. With email encryption, those emails can travel more safely and can better maintain their privacy.

3. Do I Need Email Encryption?

Generally, email encryption is recommended for two reasons: because your email always has sensitive information, and because you should be compliant with security protocols.

First off, your email account has private information. Everything from emails about resetting passwords to notices from your bank include information that could compromise your confidentiality. So even when you think your email is mostly for confirming appointments and seeing who's having a sale this week, they are actually loaded with stuff you want to keep to yourself.

Secondly, if you run a business that has clients, you should be taking steps to ensure any information sent between your two parties is confidential. This includes using encrypted email to help keep things secure.

Encrypted email is absolutely essential in the modern business world, but that doesn't mean it needs to be complicated. The technology itself may be quite fascinating, but the benefits are immediate: with encrypted email, you will be safer, your company's information will be safer, and you will enjoy a level of privacy previously unavailable through unencrypted email. Don't take chances when it comes to email encryption, contact Securency today to see what we have to offer.

Q655 How does email encryption work?

- ☐ It sends a fake email first before sending the original message (1)
 - ☐ It utilizes morse code so that the other individual can decode messages (2)
 - ☐ It mixes the contents of the email and reorganizes it for the designated person (3)
 - ☐ It delays when the email should be sent to another person (4)
-

Q656 What are reasons to use encryption? Select all that apply.

- ☐ Privacy (1)
 - ☐ Experience (2)
 - ☐ Safety (3)
 - ☐ Security (4)
-

Q657 True or False: Unencrypted emails are preferred in the business world.

- ☐ True (1)
- ☐ False (2)

