

# ***ESL Health Unit***

## **Unit Three Managing Illness**



### **Intermediate**

**Concept by Shelley Reece and Oscar Jimenez  
with additional activities and  
materials by Lisa Minetti, Melissa Halaway and Sharon Nicolary**

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For more information about this project, go to [www.projectshine.org](http://www.projectshine.org)

## Acknowledgments

Thematic units were developed by ESL practitioners teaching ESL Health Literacy classes to elder immigrants at five senior centers in Philadelphia. Each instructor selected two topics of greatest interest to their class from a list of health literacy topics, identified by immigrant elders participating in focus groups in Philadelphia and San Jose. SHINE staff conducted regular curriculum development meetings at which teachers discussed themes emerging from their classes and methods for encouraging learners to write about these topics. Many of the lesson activities within the units are based on learner narratives, in which elder immigrants share their experiences accessing healthcare in the US.

The project would like to thank the elder immigrants who participated in the ESL Health Literacy classes and who shared their stories and health concerns with us. Many thanks to the teachers who taught the classes, participated in the curriculum development process, formulated the topics upon which the units are based and developed many of the activities in the units. We would also like to express our gratitude to Gail Weinstein for her work on the *Learners' Lives as Curriculum* framework, which provided the inspiration for this curriculum development process. Many thanks to Marni Baker Stein, Hilary Bonta, Melissa Halaway and Sharon Nicolary for their careful work in developing additional activities and instructional materials, ensuring that activities were at consistent proficiency levels, and standardizing the format of units.

The initial concept and activities for this unit were developed by Shelley Reece, in collaboration with elder learners at the Norris Square Senior Center in Philadelphia. Additional activities and revision by Marni Baker Stein, author of *Talk it Through: Listening, Speaking and Pronunciation* (Houghton Mifflin) and Hilary Bonta of the English Language Program at the University of Pennsylvania. Patricia Dillon, RN, PhD, of Temple's School of Allied Health, provided input on health content.

## Managing Illness

### A Thematic Unit for Intermediate Level Learners

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### **Note to Teachers!**

The following websites were used in developing this site. You may find them useful references to support your instruction.

The Mayo Clinic

<http://www.mayoclinic.com/programsandtools/index.cfm>

National Diabetes Education Program

[www.ndep.nih.gov](http://www.ndep.nih.gov)

WebMD.com

<http://my.webmd.com/hw/hypertension>

The American Heart Association

<http://www.americanheart.org>

The American Stroke Association

<http://www.strokeassociation.org>

eMedicine.com

<http://www.emedicinehealth.com>

# ***ESL Health Unit***

## **Unit Three**

### **Managing Illness**

#### **Lesson One**

#### **Diabetes**



Source: <http://www.emergency-nurse.org/images/clipart/needle4.jpg>

## ***Reading and Writing Practice***

### ***Intermediate***

#### **Checklist for learning**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms and complications of diabetes
- Understand and be able to talk about risk factors for type 2 diabetes



## **Lesson One: Diabetes**

### ***Reading and Writing Practice***

#### **Before You Read!**

*In this lesson, you will read stories from people diagnosed with diabetes.*

*Before you begin reading, complete the following activity with your classmates and your teacher.*

*Answer these questions with a partner:*

1. Do you, or someone you know, have diabetes?
2. What does a person with diabetes do to maintain his or her health?
3. Do you know the symptoms and risk factors for diabetes?

## Reading One - Living with Diabetes

*Next read Maria's story and answer the questions that follow with your classmates and teacher.*

My name is Maria Gonzales. I have been in the United States for 15 years. My most serious medical concern is my diabetes.

Before my doctor told me I had diabetes, I felt normal. I didn't have any strange symptoms. I went for a regular test, and the doctor told me that I had diabetes. I remember I felt bad about it, but also it was normal for many seniors, so I didn't get too upset.

Now, I try to maintain my health. I have patience with myself, and try to care for myself step by step. I take my medicine every day, and I changed my diet. I don't eat fried food, and I don't eat rice. I drink a lot of juice and water, and I eat a lot of vegetables.

### **New Words:**

**Symptoms**

**Maintain**

**Patience**

1. How did Maria feel about having diabetes?
2. What does she do to maintain her health?

## **Health Watch: Diabetes Facts You Should Know**

Diabetes is a disease in which the body does not produce or properly use insulin. Your body needs insulin to convert sugar, starches and other food into energy. Although scientists do not know what causes diabetes, both family history and environmental factors such as obesity and lack of exercise appear to play roles.

Diabetes is a serious disease that can lead to blindness, heart disease, strokes, kidney failure, and amputations. It kills almost 210,000 people each year.

While an estimated 13 million have been diagnosed with diabetes, unfortunately, 5.2 million people (or nearly one-third) are unaware that they have the disease. Some people with diabetes exhibit symptoms, some do not.

If you have any of the following symptoms, contact your doctor:

- Extreme thirst
- Frequent urination
- Unexplained weight loss
- Blurred vision

*Discuss any words you do not know with your classmates and teacher.*

## *Diabetes Risk Test*

*Could you have diabetes and not know it? Answer the following questions with your classmates and teacher.*

There are 18.2 million Americans with diabetes - and nearly one-third of them (or 5.2 million people) don't know it! Take this test to see if you are at risk for having diabetes. Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders. If you are a member of one of these ethnic groups, you need to pay special attention to this test.

To find out if you are at risk, write in the points next to each statement that is true for you. If a statement is *not* true, write a zero. Then add all the points to get your total score.

<u>Questions</u>		<u>Yes</u>	<u>No</u>
1.	My weight is equal to or above that listed in the chart below?	5pts	0pts
2.	I am under 65 years of age <u>and</u> I get little or no exercise during a usual day?	5pts	0pts
3.	I am between 45 and 64 years of age?	5pts	0pts
4.	I am 65 years old or older?	9pts	0pts
5.	I am a woman who has had a baby weighing more than nine pounds at birth?	1pts	0pts
6.	I have a sister or brother with diabetes?	1pts	0pts
7.	I have a parent with diabetes?	1pts	0pts
Total Points:			

### Scoring 3-9 points

You are probably at low risk for having diabetes now. But don't just forget about it -- especially if you are Hispanic/Latino, African American, American Indian, Asian American, or Pacific Islander. You may be at higher risk in the future.

### Scoring 10 or more points

You are at greater risk for having diabetes. Only your health care provider can determine if you have diabetes. At your next office visit, ask your doctor about it.

## At-Risk Weight Chart Body Mass Index

Height in feet and inches without shoes	Weight in pounds without clothing
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	177
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221

If you weigh the same or more than the amount listed for your height, you may be at risk for diabetes.

*Information above obtained from the American Diabetes Association (<http://www.diabetes.org>)*

1. Which of the above risk factors can you control?

2. Which risk factors can't you control?

*Now read Minnie's story and answer the questions that follow with your classmates and teacher.*

### **Reading Two - Difficulties of Living with Diabetes**

My name is Dominga (Minnie) Diaz. I have been in the United States for 7 years. My most serious concern is my diabetes, because I am afraid to lose my legs. A couple of years back, the doctor gave me a physical, and my blood test showed the diabetes. I thought I was going to die.

I'm not disciplined, and I don't like to follow diets or exercise. I'm supposed to walk for exercise, but because I have bone spurs it is very difficult for me. I want you to know that I'm very heavy, and because I have problems with my metabolism, it's hard for me to

**New**

**Words:**

**A physical**

**Disciplined**

**Bone spurs**

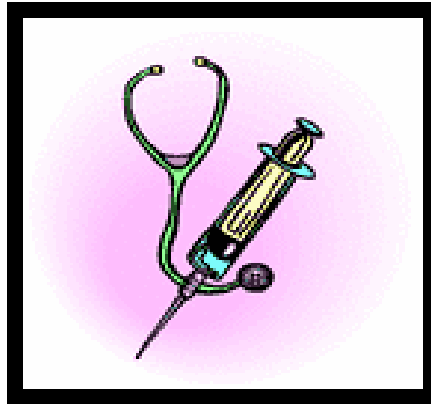
**Metabolism**



# ***ESL Health Unit***

## **Unit Three Managing Illness**

### **Lesson One Diabetes**



Source: <http://www.emergency-nurse.org/images/clipart/needle4.jpg>

### ***Listening and Speaking Practice Intermediate***

#### **Checklist for learning:**

*Below are some of the goals of this lesson. Which ones are your goals too?  
Check (✓) them.*

- Use the modals should, ought to, have to and had better to give advice
- Understand and be able to talk about risk factors for type 2 diabetes
- Understand and be able to talk about ways to prevent and manage type two diabetes



## Lesson One: Diabetes

### *Listening and Speaking Practice Module*

#### **Before You Listen!**

*There are two types of diabetes. Read about the two types below and then discuss the similarities and differences between the two diseases with your classmates and teacher.*

<b>Type 1 diabetes</b>	<b>Type 2 diabetes</b>
Symptoms usually start in childhood or young adulthood. People often seek medical help because they are seriously ill from sudden symptoms of high blood sugar.	May not have symptoms before diagnosis. Usually the disease is discovered in adulthood; however, there is an increasing number of children being diagnosed with the disease.
Episodes of low blood sugar level (hypoglycemia) common	No episodes of low blood sugar level, unless taking insulin or certain oral diabetes medications
Cannot be prevented	Can be prevented or delayed with a healthy lifestyle, including maintaining a healthy weight, eating sensibly, and exercising regularly

Both types of diabetes greatly increase a person's risk for a range of serious conditions. Despite the fact that monitoring and management of the disease can usually prevent most complications, diabetes remains the leading cause of blindness and kidney failure. It also continues to be a critical risk factor for heart disease, stroke, and leg amputations.

*Questions:*

1. How are the two diseases similar?
2. How are they different?

## Listening One:

**\*\*Note to teacher: Do not pass out the written message in the box below. Record it onto a cassette (if possible with someone to play the second role in the dialogue) and have students listen to the recording. Play once or twice before they begin to listen for specific information.**

*Dimitri has just been diagnosed with type 2 diabetes. He is very worried and has a lot of questions about the disease. The doctor has recommended that Dimitri speak with a nurse who has a lot of experience counseling diabetes patients. Listen to the conversation and then answer the questions that follow with your classmates and teacher.*

Nurse: Hello Dimitri. The doctor told me you have some questions for me about type 2 diabetes.

Dimitri: Yes...I'm very depressed. My doctor told me I have type 2 diabetes and I am afraid about it.

Nurse: There's no need to be afraid Dimitri. Now that you know you have type 2 diabetes you just need to manage it. You can have a healthy, active life if you make up your mind to do so.

Dimitri: What do I need to do to stay healthy?

Nurse: You have to take care of yourself every day. This means:

- Make a meal plan and stick to it.
- Exercise for 30 or more minutes on most days of the week.
- Take your diabetes medicine exactly as prescribed.
- Check your blood sugar (glucose) levels exactly as the doctor recommended.

Dimitri: I really do need to lose weight. I guess I've got to stop eating.

Nurse: Don't stop eating Dimitri and never skip meals! I'll give you a plan for a low-fat, low-salt diet. I know your wife...she is a great cook and she will help you follow it!

Dimitri: And I've got to exercise too?

Nurse: What's the problem Dimitri? Are you a couch potato? You should do some form of physical activity on most days of the week. We'll ask the doctor first to see what type of exercise you should start with.

Dimitri: Why is exercise so important?

Nurse: People with type 2 diabetes have to keep their weight down. No diet works without exercise. Exercise will also help your insulin work better and it's good for your heart and lungs

Dimitri: But I'm too tired to exercise!

Nurse: Believe me. You'll feel less tired if you exercise regularly.

Dimitri: Do you think I can do it?

Nurse: You mean exercise?

Dimitri: No! I mean, do you think I can manage my diabetes?

Nurse: Don't worry! You can do it. Millions of people with type 2 diabetes live healthy lives. If you think you need help why don't you join our type 2 diabetes support group? We meet the first Monday of every month at 6:30 here in the office. Our first meeting is next week!

*The nurse gives Dimitri a lot of good advice about managing his diabetes.*

*In the box below, write down the nurse's advice about each of the questions.*

<b>Questions</b>	<b>The Nurse's Advice</b>
What do I need to stay healthy?	
If I am overweight and I am diagnosed with type 2 diabetes, should I stop eating? What kind of diet is healthy for me?	
Why is it important to exercise if I have type 2 diabetes? How do I know what kind of exercise is best for me?	

## Talk About It!

*First a grammar lesson about giving advice:*

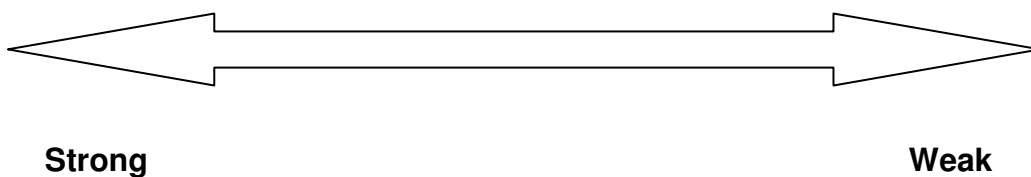
There are a number of formulas used when Giving Advice in English. Here are some of the most common:

- If I were you, I would stop eating fried foods.
- You should check your blood sugar levels regularly.
- You ought to talk to your doctor about how to lose weight.
- You have to exercise if you want to stay healthy.
- You had better take your diabetes medicine exactly as described.

<b>Formula</b>	<b>+ Verb Form</b>
<b>If I were you,</b> I would stop eating fried foods.	Use 'If I were' + 'you' + 'I wouldn't' OR 'I would' + base form of the verb.
<b>You should</b> check your blood sugar levels regularly.	Use 'you should' OR 'you shouldn't' + the base form of the verb.
<b>You ought to</b> talk to your doctor about how to lose weight.	Use 'You ought to' + the base form of the verb.
<b>You have to</b> exercise if you want to stay healthy.	Use 'You have to' + the base form of the verb.
<b>You had better</b> take your diabetes medicine exactly as described.	Use 'You had better' (you'd better) + the base form of the verb.

All of these modal phrases are good ways to give advice but are they all exactly the same? Which phrase would you use if you wanted to give very strong advice?

*With your classmates and teachers discuss which of the phrases above is strongest and which is weakest and write the phrases along this line.*



*Now, read through the following Health Watch segment and then do the activity with your classmates and teacher.*

## **Health Watch: Tips for People at Risk of Developing Diabetes.**

The National Diabetes Education Program urges adults age 60 and over who are at risk for diabetes or have a condition called pre-diabetes to take the following three steps.

### ***STEP ONE: Start Now, Get Moving and Have Fun***

- **Warm Up.** Warm-ups get your body ready for physical activity. Shrug your shoulders, tap your toes, swing your arms, or march in place. Spend a few minutes warming up for any activity, even walking.
- **Dance.** Dancing increases strength, energy and movement. It is a fun way to exercise without realizing it. Take a dance class with a friend. Or get off the couch, turn on the radio and dance in your living room.
- **Walk.** This is one of the best ways to increase your activity. There are many ways to add walking to your day. Be sure you have the proper shoes. Find a safe place to enjoy your walk, such as a shopping mall or a community center.
- **Stretch.** You don't need a special time or place to stretch. At home or at work, stand up, push your arms toward the ceiling and stretch. Stretch slowly. You should not feel pain. Hold the stretch without bouncing for about 30 seconds. Stretch after any brisk activity.

### ***TWO: Easy Steps to Increase Activity***

- Put away the TV remote control – get up to change the channel. March in place during commercial breaks.
- Try walking around the house while you talk on the phone.
- Park the car farther away from stores, movie theatres, or wherever you're going.
- Get off the bus one stop early if you are in a safe place to walk.
- Visit museums, the zoo, or an aquarium. These are great ways to be active with your family.

### **Activity One:**

Tina, Alex, Martin and Yolanda all need advice about their health. Read through their stories and then write your advice for them in the spaces that follow. When you are writing your advice, try to use one or more of the phrases you learned about in class.

#### *Tina's Story*

Tina is 65 years old. Her health has always been good except that she is a little overweight. She is 5'3" and weighs 160 pounds. Recently, Tina has begun to feel poorly. She often feels dizzy, has been experiencing blurred vision, and is constantly running to the bathroom. Tina's son and daughter are worried about her and would like her to see a doctor, but Tina refuses to go. She says her symptoms are "nothing" and that nobody should worry about her.

#### *Your advice for Tina:*

*Alex's Story*

Alex is 70 years old. He has recently been diagnosed with type 2 diabetes.

Alex is extremely overweight. He is 5'11'' and weighs 275 pounds. Alex knows he needs to lose weight, but he loves food! He does not want to follow a special diet that will not allow him to have the dishes he loves.

*Your advice for Alex:*

*Martin's Story*

Martin is 78 years old. He has had type 2 diabetes for years. His doctor has warned him that he needs to maintain a healthy weight, but Martin keeps gaining pounds. He has tried many different kinds of diets but nothing seems to work. A nurse at his doctor's office advised him to start

exercising. Martin told her she was crazy! He said, “How do you expect an old guy like me to start exercising at my age!”

*Your advice for Martin:*

### *Yolanda's Story*

Yolanda is 67 years old and was recently diagnosed with type 2 diabetes. Yolanda takes medication for diabetes and is supposed to check her blood sugars throughout the day. The problem is, Yolanda is a very busy woman. She takes care of her three young grandchildren during the week while her

daughter is at work. She often gets so busy that she does not take her medicine when she is supposed to and she often goes a whole day without checking her blood sugars.

*Your advice for Yolanda*

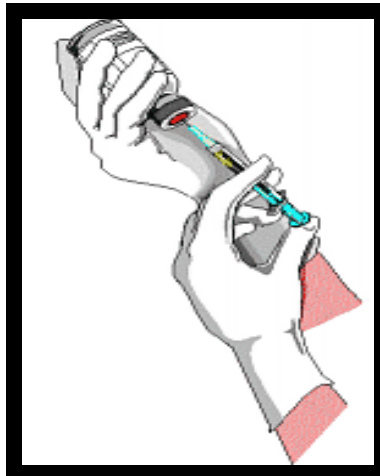
***ESL Health Unit***

**Unit Three**

**Managing Illness**

**Lesson One**

**Diabetes**



Source: <http://systemaxonline.com/clipart/medical/syringe1.gif>

***Real Practice***

***Intermediate***

**Checklist for learning:**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms and complications of diabetes
- Understand and be able to talk about risk factors for type 2 diabetes



## **Lesson One: Diabetes**

### ***Real Practice!***

If you have been diagnosed with diabetes, you need to do everything you can to manage your healthcare. Taking responsibility for managing your diabetes and looking after yourself will help you to delay or even prevent the onset of diabetes-related complications.

To manage your diabetes well, it is very important that you:

- Don't smoke
- Live a healthy lifestyle
- Keep your blood glucose levels (the amount of sugar in your blood) in your target range
- Keep your cholesterol and other blood fats in your target range
- Keep your weight in a healthy range
- Keep your blood pressure close to target level
- Take your medication as prescribed

Living a healthy lifestyle includes:

- Managing your stress effectively
- Following a balanced meal plan
- Being physically active
- Taking care of your feet
- Regular visits to your
  - dentist
  - eye specialist (every one to two years)
  - doctor for diabetes management and testing for complications

**Your diabetes healthcare team can help you!**

Ask your doctor about diabetes education. Your healthcare team can answer all your questions and tell you more about diabetes. For example:

- The nurse can explain diabetes and show you how to manage your diabetes
- The dietitian can help you with a meal plan

Your team may also include a:

- Pharmacist
- Social worker
- Psychologist
- Foot care specialist
- Endocrinologist
- Ophthalmologist

**Get the support you need**

It is not unusual to feel scared, shocked, overwhelmed, or even angry when you first hear that you have diabetes. A positive and realistic attitude towards your diabetes can help you to maintain good blood glucose levels. Talk to others who have diabetes – ask your doctor about joining a peer-support group or visiting an information session.

**Set goals for yourself!**

*Think about the information that you have learned in this unit. Write a paragraph below that explains what you need to do to manage your diabetes.*

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## Checklist for Learning

### Vocabulary Log:

*In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.*

***New words I learned during this lesson:***

*Nouns:*

*Adjectives:*

*Verbs:*

What can you do?

*Below are some of the language goals you worked on during this lesson. Check (✓) what you learned from this lesson. Add more ideas if you wish.*

*I learned to...*

- Use the simple past and past progressive tense when telling a story
- Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
- Pronounce numbers and street addresses
- \_\_\_\_\_

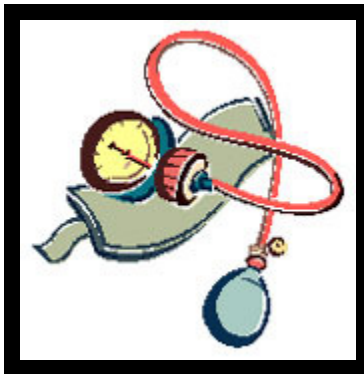
***ESL Health Unit***

**Unit Three**

**Managing Illness**

**Lesson Two**

**High Blood Pressure**



Source: [http://deploymentlink.osd.mil/news/dquarterly/winter05/images/bp\\_clipart.jpg](http://deploymentlink.osd.mil/news/dquarterly/winter05/images/bp_clipart.jpg)

***Reading and Writing Practice***

***Intermediate***

**Checklist for learning:**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms and complications of high blood pressure
- Understand and be able to talk about risk factors for high blood pressure

## **Lesson Two: High Blood Pressure**

### ***Reading and Writing Practice***

#### **Before You Read!**

*In this lesson, you will read stories from people diagnosed with high blood pressure. Before you begin reading, complete the following activity with your classmates and your teacher.*

*Answer the following questions with a partner:*

1. Do you or someone you know have high blood pressure? What is having this disease like?
2. Describe the test used to test your blood pressure.
3. Do you remember the result of your last blood pressure test?
4. What causes high blood pressure?
5. Why do you think high blood pressure is called the “silent killer”?

## Reading Three - Managing High Blood Pressure

*Next read Elsa's story and answer the questions that follow with your classmates and teacher.*

My name is Elsa Raudales. I am from Honduras. I have been living for twenty years in the United States. My most serious medical concern is I have high blood pressure.

I first found out I have high blood pressure forty years ago. My hands and feet were very red. My nephew was in medical school at that time, and he said to me, "You need to see the doctor. Do it now. Don't wait more time. You have high blood pressure."

Now, I take medicine for high blood pressure. I take one medicine in the morning and a different medicine at night. I also check my blood pressure every month.

**New words:**

**Serious**

**Concern**

*Questions:*

1. How did Elsa find out that she had high blood pressure?
2. Who did she talk to about it?
3. What did her nephew tell her to do?

## Health Watch: What is High Blood Pressure?

When you have [high blood pressure](#), or hypertension, the force of blood against your **artery walls** is too strong. High blood pressure can damage your arteries, heart, and kidneys, and lead to [atherosclerosis](#) and [stroke](#).

Hypertension is called a "silent killer" because it does not cause symptoms unless it is severely high and, without your knowing it, causes major **organ damage** if not treated. Your blood pressure measurement consists of two numbers: systolic and diastolic.

- The **systolic measurement** is the pressure of blood against your artery walls when the heart has just finished pumping (contracting). **It is the first or top number** of a blood pressure reading.
- The **diastolic measurement** is the pressure of blood against your artery walls between heartbeats, when the heart is relaxed and filling with blood. **It is the second or bottom number** in a blood pressure reading.

Level	<a href="#">Systolic</a>	<a href="#">Diastolic</a>
High blood pressure is:	140 or above	90 or above
Prehypertension is:	120 to 139	80 to 89
Normal adult (age 18 or older) blood pressure is:	119 or below	79 or below

Millions of people whose blood pressure was previously considered borderline high (130–139/85–89 mm Hg) or normal (120/80) now fall into the "prehypertension" range.

Because new studies show the risk of heart disease and stroke begins to increase at lower blood pressures than previously believed, health experts lowered the acceptable normal range to promote earlier treatment of high blood pressure.

Adapted from WebMD.com <http://my.webmd.com/hw/hypertension>

*Discuss any words you do not know with your classmates and teacher.*

## *High Blood Pressure Risk Test*

*Could you have high blood pressure and not know it?*

*Read through the following information with your classmates and teacher and answer the questions.*

Risk factors for high blood pressure include:

- A family history of high blood pressure.
- Aging.
- Race. African Americans are more likely to develop high blood pressure, often have more severe high blood pressure, and are more likely to develop the condition at an earlier age than others. Why they are at greater risk is not known.
- High Sodium (salt) intake.
- Drinking more than three alcoholic beverages a day.
- Being overweight or obese.
- Lack of exercise or physical activity.

Other possible risk factors include:

- Low intake of potassium, magnesium, and calcium.
- Sleep apnea and sleep-disordered breathing.
- Depression.

*Questions:*

1. Which of the above risk factors can you control?
2. Which risk factors can't you control?

## Reading Four - Senior Troubled by High Blood Pressure

*Now read the following story and answer the questions that follow with your classmates and teacher.*

My name is Ludmilla and I am 72 years old. I have had high blood pressure since I was 55 and lived in Slovakia. I have always tried to take my medication and watch what I eat but it isn't easy. I have seen many different doctors and have gotten a lot of different advice since I was diagnosed and I try not to get confused but it's hard.

First a doctor will tell me that the most important thing to worry about is diet and exercise then a different doctor will tell me that only medication can help. I've been on different medications because some pills didn't seem to work or had side-effects. Sometimes, I feel depressed and other times I feel guilty because I eat something with a lot of salt, like my favorite soup. My doctor recommended that I go to a support group but I worried that no one would understand me, so I don't go.

*This story was generated by the course developer for instructional purposes.*

*Questions:*

1. How long has Ludmilla had high blood pressure?
2. Why is Ludmilla confused about how to take care of her high blood pressure?

3. Ludmilla says she feels depressed and guilty about having high blood pressure. Have you ever felt like this because of an illness? Why do you think you felt this way?

***ESL Health Unit***

**Unit Three**

**Managing Illness**

**Lesson Two**

**High Blood Pressure**



Source: [http://www.ci.bellevue.wa.us/departments/Fire/img/bp\\_cuff\\_clipart.jpg](http://www.ci.bellevue.wa.us/departments/Fire/img/bp_cuff_clipart.jpg)

***Listening and Speaking Practice***

***Intermediate***

**Checklist for learning:**

*Below are some of the goals of this lesson. Which ones are your goals too?  
Check (✓) them.*

- Use modals to express future possibility
- Understand and be able to talk about ways to prevent and manage high blood pressure

## **Lesson Two: High Blood Pressure**

### ***Listening and Speaking Practice***

#### **Before You Listen!**

Think about the risks of high blood pressure that we read about in class.

What are some changes we could make in the way that we live that could help lower these risks? List them in the space below and discuss your answers with your classmates.

## Listening Two:

**\*\*Note to teacher: Do not pass out the written message in the box below until students are ready for the “Talk About It!” activity. Record it onto a cassette and have students listen to the recording (If you have time, it may be helpful to ask a friend or family member to record this message so that your learner(s) can practice listening to an unfamiliar voice). Play once or twice before they begin to listen for specific information.**

Listen to the following excerpt from a call-in radio talk show featuring a doctor discussing treatment for high blood pressure. Listen to the conversation and then answer the questions that follow with your classmates and teacher.

Radio Announcer:        Now we have Jim calling from Germantown. Hi Jim, you're on the air.

Jim:                        Thanks for taking my call. I have a question for Dr. Mercy. Dr. Mercy, I have hypertension and I've been on a low-sodium diet for about 10 years.

Dr. Mercy:                Ok and ah... you were diagnosed 10 years ago?

Jim:                        Yeah, that's right. But lately I've heard some reports that salt isn't so important and I'm

wondering if it's ok for me to go out and eat a bag of potato chips.

Radio Announcer: Great question Jim. Dr. Mercy what do you recommend for your patients about salt?

Dr. Mercy: This has been a controversial issue. For many years we believed that reducing salt helped people lower blood pressure. Then scientists presented a report that showed that salt reduction only helped those who are sensitive to salt intake. But many healthcare professionals have disagreed with this report. And new research shows that those who have lower sodium in their diets have lower blood pressure overall, whether or not they have high blood pressure.

Jim: So what exactly are you saying?

Dr. Mercy: I'm saying that it's controversial and you should discuss it with your doctor. Since I haven't examined you and I don't know your medical history, I can't really tell you what to do. But I will say that I recommend lifestyle changes to all of my patients, including reducing your sodium intake. There are three basic ways to treat hypertension -- lifestyle changes, medication, and a combination of both lifestyle changes and medication. Since lifestyle changes are safe and cost-effective. I recommend cutting back on your salt, losing weight, reducing stress and exercising regularly in addition to strictly following any medication plan your doctor prescribes.

*Questions:*

1. What is Jim's question for Dr. Mercy?
2. What is Dr. Mercy's answer to Jim's question?
3. Dr. Mercy recommends several lifestyle changes to treat high blood pressure. What are they?

## Talk About It!

*First a grammar lesson about talking about future possibility:*

***Be going to*** and ***will*** are often used to talk about something that we are going to do in the future. For example:

- a.) I am going to have my blood pressure checked at 10 am tomorrow morning.
- b.) I will have my blood pressure checked at 10 am tomorrow morning.
- c.) Lilia is going to see her nutritionist on Tuesday.
- d.) Lilia will see her nutritionist on Tuesday.

In the examples above, sentences (a) and (b) have the same meaning and sentences (c) and (d) have the same meaning.

In the examples above, it is 100% certain that the events described will happen at the time stated. In other words, when a person uses *be going to* or *will* they are sure that they will do what they have planned.

But what if the person speaking isn't sure? What if there is only a possibility that an event will happen? In that case, you can use the word *probably* to let the person you're talking to know that you aren't sure whether you will do something or not.

a.) Maria will probably have her blood pressure checked at her next doctor's appointment.

b.) Maria will probably not want to change her diet.

c.) Maria probably won't want to change her diet.

When used in a positive statement, probably comes between *will* and the *main verb* as in sentence (a.) above. In a negative sentence, probably comes between will and not in formal speech, as in sentence (b.), or in front of won't in informal speech as in sentence (c.) above.

When you use probably with will you are actually expressing possibility.

Other words that can be used to state possibility are may, might and maybe.

May, might and maybe, when used to express possibility all have the same meaning.

a.) The doctor may (possibly) prescribe medication.

b.) The doctor might (possibly) prescribe medication.

c.) Maybe the doctor will prescribe medication.

All three sentences have the same meaning; note however, the sentence construction. In sentences (a.) and (b.) the words may and might come after the subject. In sentence (c.) maybe comes before the subject.

*Practice:*

*On the lines below, write three sentences about what you will definitely do tomorrow, three sentences about what you will probably do tomorrow and three sentences about what you may possibly do tomorrow. Share your sentences with your classmates and teacher.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

*Now, read through the following Health Watch segment and then do the activities with your classmates and teacher.*

### **Health Watch: How do we treat high blood pressure?**

When you're diagnosed with high blood pressure you have a variety of treatment options, such as making healthy changes in your lifestyle and taking medications. If you don't take steps to treat high blood pressure, it's likely to get worse and can eventually cause life-threatening complications like a heart attack or stroke.

Treating high blood pressure is a team effort, including you and your doctor and perhaps even your family, friends and other medical experts, such as dietitians. But because your lifestyle is one of the biggest influences on your blood pressure, most of the responsibility for your care **falls on your own shoulders**.

You have three basic ways to lower your blood pressure:

- Medications
- Lifestyle changes
- A combination of medications and lifestyle changes

***The treatment that's most appropriate for you depends on many things. Among them:***

- How high your blood pressure is
- Damage to your heart or other organs that has occurred by the time you're diagnosed
- Your risk factors for developing high blood pressure
- Other medical conditions you have, such as diabetes or kidney disease

***No single treatment fits everyone, and your own treatment might change over time.***

The main goal is to keep your blood pressure at a safe level so that the risk to your health is decreased. Uncontrolled high blood pressure can cause life-threatening complications, such as stroke, heart attack, heart failure, kidney failure and dementia.

Changing unhealthy lifestyle habits is the best and safest way to control hypertension, too. And making healthy lifestyle modifications often can help make your medications work more effectively, which may allow you to cut back on how many you take. However, when you have high blood pressure you're likely to need several medications to help control your blood pressure effectively.

If you have certain high-risk health conditions, your treatment strategy and goals must be even more aggressive. If you have diabetes or chronic kidney disease, for instance, keep your blood pressure below 130/80 to protect your health as much as possible. Your goal may be even lower depending on the severity of your condition. You also will likely have to take several types of high blood pressure medications because they can protect your heart and blood vessels from damage.

When developing your treatment strategy, you and your doctor will review what category your blood pressure falls under, your other health problems and your risk factors for cardiovascular disease. You'll also set your target blood pressure and map out a strategy to get there.

*Adapted from information from the Mayo Clinic*

*Discuss any words you do not know with your classmates and teacher.*

## Activity One:

*Take this quiz about treating high blood pressure and discuss your answers with your classmates. Then ask your teacher for the answer key to see how well you did!*

1. When someone is being treated for high blood pressure, the goal is to get blood pressure levels under:

120/80

130/80

140/90

160/90

2. For someone with diabetes or kidney disease, the goal is to get blood pressure levels under:

120/80

130/80

140/90

160/90

3. Which of the following is true about when you should stop your blood pressure medication?

- I should stop my medication as soon as my blood pressure is controlled.
- I should stop my medication after my blood pressure has been controlled for six months.
- I should stop my medication after my blood pressure has been controlled for one year.
- I should not stop my medication unless my doctor tells me to do so.

4. What lifestyle factor do you think is most effective for helping lower blood pressure?

- Weight reduction
- Low-salt diet

- Physical activity
- Limiting alcohol consumption
- None of the above is effective at lowering blood pressure.

**Activity Two:**

*Max recently discovered that he has high blood pressure. Read his story and in the space provided write down treatment options that you think their doctor will definitely suggest, treatment options that their doctor will probably suggest and treatment options that their doctor may possibly suggest.*

**Max's story**

Max is 68 years old and is a diabetic. Max is overweight and never exercises. He loves meat and potatoes cooking and his favorite seasoning is salt – the more the better! He has tried diets before and has never found one that works for him. Max adores fine wine and he usually enjoys a glass of red wine with both lunch and dinner. At a recent trip to the emergency room Max had his blood pressure checked and it was 160/90. Next week Max has

an appointment to see his doctor. What treatment for high blood pressure do you think Max's doctor will recommend?

*What will Max's doctor definitely suggest?*

*What will Max's doctor probably suggest?*

*What might Max's doctor possibly suggest?*

***ESL Health Unit***  
**Unit Three**  
**Managing Illness**  
**Lesson Two**  
**High Blood Pressure**



***Real Practice***  
***Intermediate***

**Checklist for learning:**

*Below are some of the goals of this lesson. Which ones are your goals too?  
Check (✓) them.*

- Use modals to express future possibility
- Understand and be able to talk about ways to prevent and manage high blood pressure



## Lesson Two: High Blood Pressure

### ***Real Practice!***

*When was the last time you had your blood pressure checked? With your teacher, identify a place where you can get your blood pressure checked such as a drugstore or pharmacy, health fair or clinic. Then compare your numbers with the chart below.*

<b>Know Your Numbers.</b>			
	<b>SYSTOLIC (MM HG)</b>		<b>DIASTOLIC (MM HG)</b>
Optimal*	120 or less	and	80 or less
Normal	130 or less	and	85 or less
High Normal	130 – 139	or	85 – 89
<b>HYPERTENSION**</b>			
Stage 1	140 – 159	or	90 – 99
Stage 2	160 – 179	or	100 – 109
Stage 3	180 or higher	or	100 – 109
* Optimal blood pressure with respect to cardiovascular risk is below 120/80			

mm HG. However, unusually low readings should be evaluated for possible health risk.

\*\* Based on the average of 2 or more readings taken at each of 2 or more visits after an initial screening.

*If you find that your blood pressure is high, see your doctor and remember:*

- Don't be scared of high blood pressure. It can be treated.
- Do the simple things that your doctor suggests. Simple measures, such as losing weight or eating less salt, may produce good results.
- Don't go from one doctor to the next, looking for a quick, easy "miracle drug." Stick to one reliable doctor or clinic and follow through with your treatment plan.
- If you're on medication, be patient and don't stop treatment. If you have side effects, tell your doctor.
- Give yourself a chance to adjust to a drug. It may take several weeks, but the results will usually be worth it.
- Death rates from heart and blood vessel diseases, stroke and kidney diseases have decreased significantly. This is probably due to earlier and better treatment of high blood pressure.

*Adapted from the American Heart Association*

*A Thematic Unit for Intermediate Level ESL Teachers  
Intermediate Level, Unit Three: Managing Illness  
Lesson Two: High Blood Pressure*

## Checklist for Learning

### **Vocabulary Log:**

*In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.*

***New words I learned during this lesson:***

*Nouns:*

*Adjectives:*

*Verbs:*

What can you do?

*Below are some of the language goals you worked on during this lesson. Check (✓) what you learned from this lesson. Add more ideas if you wish.*

*I learned to...*

- Use the simple past and past progressive tense when telling a story
- Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
- Pronounce numbers and street addresses
- \_\_\_\_\_
- \_\_\_\_\_

**ESL Health Unit**

**Unit Three**

**Managing Illness**

**Lesson Three**

**Heart Attack and Stroke**



Source: [http://www.clipartheaven.com/clipart/health\\_&\\_medical/cartoons/hospital\\_meal\\_3.gif](http://www.clipartheaven.com/clipart/health_&_medical/cartoons/hospital_meal_3.gif)

*Reading and Writing Practice*

*Intermediate*

**Goals for this lesson:**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms of heart attack and stroke
- Understand and be able to talk about risk factors for heart attack and stroke

Students  
Helping  
In the  
Naturalization of  
Elders

**MetLife Foundation**



## **Lesson Three: Heart Attack and Stroke**

### ***Reading and Writing Practice***

#### **Before You Read!**

*In this lesson, you will read stories from people who have had either a heart attack or a stroke. Before you begin reading, complete the following activity with your classmates and your teacher.*

*Answer the following questions with a partner:*

1. Have you or someone you know had a heart attack or a stroke? Please share your experience with your partner.
2. What causes heart attacks?
3. What causes strokes?

## Reading Five - Elder Experiences Heart Attack

*Next read Mohammed's story and answer the questions that follow with your classmates and teacher.*

I woke up in the middle of the night with a strange feeling in my stomach. But I didn't do anything. I thought maybe it was indigestion so I went back to sleep. Then I was working the next day and I felt funny in the chest. It didn't hurt a lot, it just felt tight. My boss said, "What's wrong?" I told him I felt strange and he told me to go to the hospital. So my friend from the restaurant took me to the emergency room and they told me that I had had a mild heart attack.

Since then I have had many appointments with doctors and many tests. I have made several lifestyle changes. My wife took a class at the health clinic about heart-healthy cooking and I changed how much I eat and stopped smoking. I still worry all the time about having another heart attack or needing an operation, and my wife, she worries a lot, but I do everything I can to stay healthy.

*This story was generated by the course developer for instructional purposes.*

### *Questions:*

1. How did Mohammed know he had a heart attack? What were his symptoms?
2. How has Mohammed's life changed since he had a heart attack?

## Health Watch: Heart Attack Signs and Symptoms

Heart attacks have many different signs and symptoms. Not all people who have heart attacks experience the same ones or experience them to the same degree. Many heart attacks aren't as dramatic as the ones you've seen on TV or in the movies. For example, heart attack symptoms in women, in older adults and in people with diabetes tend to be less noticeable. Some people have no symptoms at all. Still, the more signs and symptoms you have, the higher the likelihood that you may be having a heart attack.

### *Warning signs and symptoms of a heart attack include:*

- Pressure, fullness or a squeezing pain in the center of your chest that lasts for more than a few minutes
- Pain extending beyond your chest to your shoulder, arm, back, or even to your teeth and jaw
- Increasing episodes of chest pain
- Prolonged pain in the upper abdomen
- Shortness of breath
- Sweating
- Impending sense of doom
- Lightheadedness
- Fainting
- Nausea and vomiting

A heart attack usually strikes suddenly. It can occur anytime — at work or play, while you're resting, or while you're in motion. Many people who experience a heart attack have warning signs and symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain (angina) that's caused by exertion and relieved by rest.

Discuss any words you do not know with your classmates and teacher.

Information adapted from <http://www.mayoclinic.com>

## Heart Attack Risk Factors

*Could you be at risk for a heart attack and not know it? Read through the following information with your classmates and teacher and answer the questions.*

Risk factors for heart attack include:

- high blood pressure
- high blood cholesterol
- smoking
- obesity
- physical inactivity
- diabetes
- stress

Other risk factors include:

- gender - males are at greater risk at a younger age than women, but women who have passed through menopause have at least the same risk as a man of the same age. Women tend to have more severe first heart attacks and they more frequently lead to death.
- genetics
- age

### *Questions*

1. Which of the above risk factors can you control?
2. Which risk factors can't you control?

## Reading Six – Elder Does Not Know that He's Having a Stroke

*Now read the following story and answer the questions that follow with your classmates and teacher.*

My stroke happened on a typical Sunday. My wife and I were going to church. Now I know that I made a big mistake at breakfast that morning. I felt fine, but I told my wife that my left hand felt *heavy*. A heavy hand? How funny! Now I realize I should have immediately gone to the hospital. But I had no pain and could move normally. I had been in the hospital four times in the past eighteen months with heart problems and I felt much better that morning than when I went to the hospital. I felt fine except for that crazy heaviness in my left hand.

After church we went to my daughter's house for lunch. The meal was great -- until I found that I could not pick up my fork with my left hand. This now became serious. I walked to our car and asked my wife to drive me to the hospital immediately. When we arrived twenty minutes later I could not get out of the car without help. A wheelchair got me inside the hospital.

For the next few hours things happened so quickly that I can't really remember what did happen. All I remember was hearing the word *stroke* being said by many nurses, doctors, internists, and strangers.

*This story was generated by the course developer for instructional purposes.*

*Questions:*

1. How did Julio feel the morning he had a stroke?
2. Why did Julio finally ask his wife to take him to the hospital?
3. What was Julio's big mistake?

**Health Watch: Stroke Signs and Symptoms**

**Stroke and TIA (Mini-Stroke) Warning Signs**

If experiencing a stroke, it is important to get treatment within three hours of having symptoms. Watch out for:

- Weakness, numbness or paralysis of the face, an arm, or a leg—especially on only one side of the body
- Sudden blurred vision in one or both eyes
- Difficulty speaking or understanding simple statements
- Loss of balance or coordination, especially when combined with another symptom
- Sudden, severe, and unexplained headache -- often described as “the worst headache of my life”
- Extremely sudden nausea, fever, and vomiting
- Brief loss of consciousness or fainting

***If you have stroke-like symptoms, seek emergency care IMMEDIATELY.***

## Stroke Risk Factors

*Could you be at risk for a stroke and not know it? Read through the following information with your classmates and teacher and answer the questions.*

Risk factors for stroke include:

- high blood pressure
- heart disease
- smoking
- diabetes
- obesity
- diets high in alcohol consumption, cholesterol, fat and sodium
- for women over 35, using oral contraceptives, especially if combined with smoking
- chronic stress - stress may contribute to maintaining blood pressure at high levels.

Other risk factors include:

- history of stroke or TIAs (transient ischemic attacks - also called 'mini strokes')
- history of stroke in the family
- age - most strokes occur after age 65
- males are at greater risk
- race - African Americans have a higher risk than Caucasians

Living in the "stroke belt" (southeastern United States) is associated with a death rate from stroke that is 10 percent higher than the national average. Scientists are attempting to narrow down the reasons for the higher death rate. The increased risk could be due to geographic or environmental factors or to regional lifestyle differences (higher intake of high fat and salty foods or higher rates of smoking, for example).

*Questions:*

1. Which of the above risk factors can you control?
2. Which risk factors can't you control?

# ***ESL Health Unit***

## **Unit Three Managing Illness**

### **Lesson Three Heart Attack and Stroke**



### ***Listening and Speaking Practice*** ***Intermediate***

#### **Goals for this lesson:**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms of heart attack and stroke
- Understand and be able to talk about risk factors for heart attack and stroke

## **Lesson Three: Heart Attack and Stroke**

### ***Listening and Speaking Practice***

#### **Before You Listen!**

*Answer the questions below:*

1. Think about the risks of having a heart attack or stroke that we read about in class. What are some changes we could make in the way that we live that could help lower these risks?
  
2. Sometimes when we speak in English we shorten or reduce words so that we can speak quickly. These are called “reductions”. Some common reductions include:

reduced form	standard written form
gotta	got to
hafta	have to
hasta	has to
wanna	want to
gonna	going to
<u>oughta</u>	ought to

*Practice saying reductions with your classmates and teacher. Make up a sentence using each of the reduced forms and practice saying it out loud.*

## Listening Two:

**\*\*Note to teacher: Do not pass out the written message in the box below until students are ready for the “Talk About It!” activity. Record it onto a cassette and have students listen to the recording (If you have time, it may be helpful to ask a friend or family member to record this message so that your learner(s) can practice listening to an unfamiliar voice). Play once or twice before they begin to listen for specific information.**

*Listen to the following excerpt from a conversation between two friends.*

*Andres has recently had a series of mini-strokes and his friend Luis is very worried about him. Listen to the conversation and then answer the questions that follow with your classmates and teacher.*

Luis: So...Andres, what did the doctor say?

Andres: He said the reason that I have been having the dizzy spells and feeling sick is I had several mini-strokes.

Luis: Why? What's causing them?

Andres: He said that my high blood pressure is probably the biggest cause and I hafta get it down.

Luis: I thought you were taking medication for that?

Andres: Well...I was. You know, I lost some weight and I was feeling better so I stopped. The doctor said that was a bad idea.

Luis: That's right Andres...you can't just stop taking your medicine.

Andres: Okay doctor! I know that now!!

Luis: What else did he say? What are you gonna do now?

Andres: He said I oughta stop smoking.

Luis: Good luck! You've been smoking for 40 years!

Andres: I know – but I've gotta stop...and I hafta lower my cholesterol too.

Luis: How are you gonna do that?

Andres: My wife has me on a new diet – all low-fat, low-cholesterol foods – lots of fruits and vegetables...oh and no salt!

Luis: Ay! No salt?

Andres: Right...no cigarettes...no salt.

Luis: Wow...wish there was something I could do to help you get better.

Andres: There is!

Luis: There is?

Andres: Yea – the doctor says I need to exercise three or four times a week. I'm gonna start walking every morning...why don't you come along?

*Now answer the questions about the listening. As you do, try to use the same reductions Andres and Luis did in their conversation.*

1. Why was Andres feeling dizzy and sick?
2. What did the Doctor recommend that Andres ought to do to improve his health?
3. What is Andres going to do to improve his health?

## Talk About It!

*First a grammar lesson about talking about using past tense modals.*

### Past Modals

*Past modals* come in two forms. The first type is the easiest and usually requires only a simple word change:

Andres can cook. (present ability)

Andres *could* cook when he was 16. (past ability)

Andres has to go to the doctor every month. (present obligation)

Andres *had* to go to the doctor every month. (past obligation)

Luis will start walking with Andres tomorrow. (future intention)

Luis said he *would* start walking with Andres tomorrow. (future reported from the past)

## Past modals with *have*

Some *past modals* can be formed by using *have* + *the past participle* of the *main verb* immediately after the modal. (*should have, could have, would have, etc.*)

However, since modals express *possibility, intention, obligation, etc.*, they do not always indicate a definite tense. Therefore, when using *past modals with have*, special meanings need to be considered.

Andres **should** stop smoking. (there is an obligation to stop--later.)

Andres **should have stopped** smoking. (he didn't stop. Now he regrets it.)

Luis **might** take Andres to the doctor. (It's a future possibility.)

Luis **might have taken** Andres to the doctor. (He may be on his way there now.)

Luis **could have taken** Andres to the doctor. (Most likely he didn't.)

Luis **would have taken** Andres to the doctor. (He didn't. He had an excuse.)

Andres didn't come to work yesterday. (past fact)

He **had to take care of** his wife. (past obligation)

His wife **must have been** sick. (conjecture about the past)

*Practice:*

*In the space below, write three sentences about what you could have done, three sentences about what you would have done and three sentences about what you should have done in your life. Share your sentences with your classmates and teacher.*

*Now, read through the following Health Watch segment and then do the activities with your classmates and teacher.*

### **Health Watch: Heart Attack Self-Treatment**

If you think you are having a heart attack, seek help immediately. Do not ignore chest pain or discomfort. Time is of vital importance. Call 911 for emergency transport to the hospital. Do not try to drive yourself or being driven by someone else.

If you have regular-strength or baby aspirin available and you are not strongly allergic, chew and swallow 1 regular aspirin or a baby aspirin.

- At this dose, aspirin may help maintain blood flow through a clot-filled artery by inhibiting blood clotting.
- Chewing gets the aspirin into your system faster than swallowing it whole.

If you have had angina and been given nitroglycerin, take as recommended by your health care provider. Exact instructions will depend on the form of

the nitroglycerin.

If you have had a heart attack before, or if you have several risk factors, the following steps may help prevent heart attacks and save you from severe disability or even death.

- Take a low-dose aspirin tablet (160 or 325 mg) every day. Aspirin increases the risk of bleeding in some people. Ask your health care provider before taking daily aspirin.
- If you smoke, quit. This is the single best lifestyle change you can make. After 3 years of not smoking, the risk of heart disease drops to the level of a nonsmoker. Your health care provider can help you quit smoking through behavioral changes, medications, or use of nicotine replacement products.
- Lower the cholesterol level in your blood. Lowering your cholesterol, especially the level of "bad" LDL cholesterol, keeps plaques from building up in the coronary arteries. The total cholesterol level should be kept below 200 mg/dL, and the LDL cholesterol level below 130 mg/dL (under 100 mg/dL in those with known heart disease or diabetes). Some people are able to control their cholesterol level by

changing what they eat, losing weight, and exercising more; others require medication.

- Keep your intake of calories from fat under 30% of your total calories. This translates to an intake of less than 60 grams of fat per day for an adult. Most diets in Western countries contain more fat than is recommended.
- Control blood pressure. Uncontrolled high blood pressure is one of the most common causes of heart disease.
- Control diabetes carefully. Uncontrolled diabetes increases your risk of heart disease, heart attacks, and circulation problems.
- If you take hormone replacement therapy (HRT), talk with your health care provider right away. HRT is no longer considered to protect women from heart disease and heart attacks.

Information excerpted from <http://www.emedicinehealth.com>

*Discuss any words you do not know with your classmates and teacher.*

**Activity One:**

*Read about Hyung Jin. Then in the space below, write about his risk factors for developing a heart attack and what he can do to reform.*

Hyung Jin suffered a heart attack 6 months ago. He was at a high risk for having a heart attack. He smoked, had a very stressful job that required him to travel all the time and he had high blood pressure. Because he was always traveling in his car for work, he ate most of his meals in fast food restaurants. He didn't have enough time to exercise. Although he took medication for his blood pressure, he hadn't had enough time to make an appointment to see his doctor and he hadn't had his blood pressure checked for a long time.

*Now describe his risk factors and how he should have changed being careful to use the past tense.*

*Example: Smoking increases risk for heart attack. Hyung Jin should have stopped smoking.*

<b>Risk Factor</b>	<b>How he should have changed</b>

## Activity Two:

*Role Play the situations that follow with a partner. Be careful to use past modals correctly and try to use reductions.*

### Situation #1

<b>Ali's Situation</b>	<b>Information to help Ali</b>
<p>You have taken your brother to a clinic for a physical check-up. Your brother has a history of high blood pressure and diabetes and you are worried about him because several family members have suffered from heart attacks. Your brother has just arrived to the United States from your country and he has never received health care here. Explain to the nurse his past health care. Use the information in the box to help you.</p>	<ul style="list-style-type: none"><li>• Your brother would have seen a cardiologist in your country but he lived too far away from the hospital.</li><li>• Your brother might have taken medicine for his diabetes several years ago but he's not sure. He doesn't take medicine now.</li><li>• He could have already had bad health problems but he's careful about what he eats and he doesn't drink alcohol or smoke.</li><li>• Your brother should have been taking medicine for his high blood pressure but he has sometimes stopped because he</li></ul>

	worried about complications
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<b>Nurse's Job</b>	<b>Questions to Ask</b>
<p>You are working in a clinic that serves recently arrived immigrants to your city. It is your job to get as much information as you can about a patient's medical history for a medical chart. Ask Ali questions about his brother.</p>	<ul style="list-style-type: none"> <li>• Find out if Ali's brother has taken medicine for high blood pressure.</li> <li>• Ask about how he controls his diabetes</li> <li>• Discuss what kinds of doctors or tests he has had in his own country. For example, has he seen a cardiologist?</li> <li>• Ask Ali if his brother smokes and drinks alcohol.</li> </ul>

## Situation #2

*One partner read the information for Mia and the other for Sveta. After you read the information on the left, write some notes to yourself in the right column. Then role-play the discussion.*

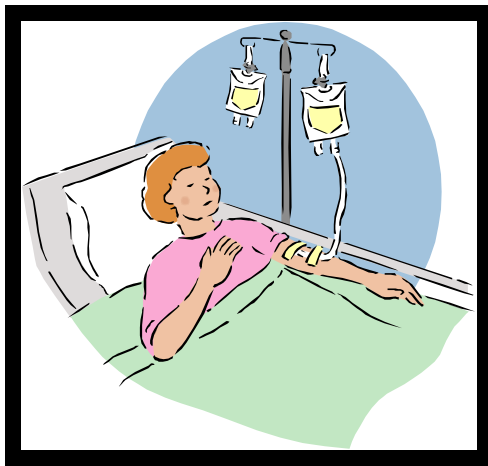
<b>Mia's Experience</b>	<b>Facts about your stroke</b>
Your friend Sveta wants to ask you questions about your health. Her husband has recently been diagnosed with heart disease and Sveta is very worried about the possibility of a stroke. You recovered rather quickly. Doctors told you that you were lucky because you recognized the symptoms of your stroke and got emergency help very quickly.	

<b>Mia's friend Sveta</b>	<b>Questions you want to ask</b>
<p>Your friend Mia had a stroke about a year ago. You were surprised at how soon she recovered. Your husband was recently diagnosed with high cholesterol and high blood pressure and stroke is a risk of both. You are very concerned about stroke. You have heard that it is important to get help as soon as experiencing any signs of stroke and so you want to make sure you know what to do.</p>	

## ***ESL Health Unit***

### **Unit Three Managing Illness**

### **Lesson Three Heart Attack and Stroke**



#### ***Real Practice Intermediate***

#### **Goals for this lesson:**

*Below are some of the goals of this lesson. Which ones are your goals too? Check (✓) them.*

- Understand and be able to talk about the symptoms of heart attack and stroke
- Understand and be able to talk about risk factors for heart attack and stroke

## **Lesson Three: Heart Attack and Stroke**

### ***Real Practice!***

If your doctor says you have high cholesterol, here are some very real things that you can do to lower it.

Cholesterol is a soft, fat-like, waxy substance found in the bloodstream and in all your body's cells. It's normal to have cholesterol. It's an important part of a healthy body because it's used for producing cell membranes and some hormones, and serves other needed bodily functions. But too high a level of cholesterol in the blood is a major risk for coronary heart disease, which leads to heart attack. It's also a risk factor for stroke.

You get cholesterol in two ways. Your body makes some of it, and the rest comes from cholesterol in animal products that you eat, such as meats, poultry, fish, eggs, butter, cheese and whole milk. Food from plants — like fruits, vegetables and cereals — doesn't have cholesterol. Some foods that don't contain animal products may contain trans-fats, which cause your body to make more cholesterol. Foods with saturated fats also cause the body to make more cholesterol.

Cholesterol and other fats can't dissolve in the blood. They have to be transported to and from the cells by special carriers called lipoproteins. There are two kinds that you need to know about. Low-density lipoprotein, or LDL, is known as the "bad" cholesterol. Too much LDL cholesterol can clog your arteries, increasing your risk of heart attack and stroke. High-density lipoprotein, or HDL, is known as the "good" cholesterol. Your body makes HDL cholesterol for your protection. It carries cholesterol away from your arteries. Studies suggest that high levels of HDL cholesterol reduce your risk of heart attack.

## *Checklists for Lowering Your Cholesterol*

### Eating to lower your cholesterol

It's fairly easy to lower your blood cholesterol. Just eat more foods low in saturated fat and cholesterol and cut down on high-fat ones, especially those high in saturated fats. Here are some simple daily guidelines:

- Watch your caloric intake by eating a wide variety of foods low in saturated fat and cholesterol.
- Eat at least five servings of fruits and vegetables every day.
- Eat six or more servings of cereals, breads, pasta and other whole-grain products.
- Eat fish, poultry without skin and leaner cuts of meat instead of fatty ones.
- Eat fat-free or 1% milk dairy products rather than whole-milk dairy products.
- Enjoy 30–60 minutes of vigorous activities on most (or all) days of the week.
- Maintain a healthy weight.

## Checklist for Learning

### **Vocabulary Log:**

*In the space below, write down all of the new words you learned during this lesson that you want to remember. Try to separate your list of words into nouns (person, place or thing), adjectives (describing words) and verbs (action words). For extra practice use them in sentences of your own.*

***New words I learned during this lesson:***

*Nouns:*

*Adjectives:*

*Verbs:*

What can you do?

*Below are some of the language goals you worked on during this lesson. Check (✓) what you learned from this lesson. Add more ideas if you wish.*

*I learned to...*

- Use the simple past and past progressive tense when telling a story
- Learn how to effectively communicate with the 9-1-1 dispatcher in the case of an emergency
- Pronounce numbers and street addresses
- \_\_\_\_\_