



## Greetings from Your American Canyon Senior Center!

October 2021

Greetings AC! We want to assure you that your local government is still working for you during these unpredictable times. The American Canyon Senior Center is here for you. Please call if you need anything at all. You can reach us at (707) 647-5350 from 9 AM - 12 PM, Monday – Friday. City offices will be closed on Monday, October 11<sup>th</sup> in observance of Indigenous Peoples day. If you reach our voicemail, be sure to leave a message, and we will get back to you within a business day. For assistance, call the following: For emergency calls only, dial 911. For Non-Emergency Police or Fire Dispatch, dial (707) 253-4451. For Urgent Public Works or Parks Matters, Call our answering service at (707) 995-8674.

Attached you will find:

- Resources regarding Mental Health, Free Legal Aid, and more!
- Virtual Class Information from the American Canyon Senior Center
- Flyers for October Events
- And More!

The best way to hear news from the City of American Canyon is to subscribe to our email list serve. If you would like to receive email updates from the City with content like this, visit [www.cityofamericancanyon.org](http://www.cityofamericancanyon.org) and look for the envelope on the right side of the screen. It looks like this:



Click on the envelope and enter your email address, choose the topics you would like to subscribe to, and you are all set!

Sincerely,

Jason Holley  
City Manager

CITY OF  
AMERICAN  
CANYON



**INFORMATION**

**AND**

**RESOURCES**



**1 in 5 U.S. adults** experience mental illness each year.



**5,566,000 adults** in California have a mental health condition.

That's more than **6X** the population of San Francisco.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **46.1% of adults in California** reported symptoms of **anxiety or depression**.

**21.9% were unable to get needed counseling or therapy.**



**1 in 20 U.S. adults** experience serious mental illness each year.

In California, **1,243,000 adults** have a **serious mental illness**.



**1 in 6 U.S. youth** aged 6–17 experience a **mental health disorder** each year.

**396,000 Californians** age 12–17 have depression.

## Californians struggle to get the help they need.



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **1,562,000 adults in California** who **did not receive needed mental health care**, **35.3%** did not because of cost.

**7.8% of people in the state** are uninsured.



**Californians** are over **5x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

**9,398,534 people** in California live in a community that **does not have enough mental health professionals**.

## An inadequate mental health system affects individuals, families and communities.



**High school students** with depression are more than **2x more likely to drop out** than their peers.

**64% of Californians** age 12–17 who have depression **did not receive any care** in the last year.



161,548 people in California are homeless and **1 in 4 live with a serious mental illness.**



On average, 1 person in the U.S. **dies by suicide every 11 minutes.**

In California, **4,491 lives were lost to suicide** and 1,232,000 adults had thoughts of suicide in the last year.

**1 in 4 people with a serious mental illness has been arrested**

by the police at some point in their lifetime –



leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.



**7 in 10 youth** in the juvenile justice system have a mental health condition.



**NAMI**  
National Alliance on Mental Illness

NAMI California is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

*This fact sheet was compiled based on data available in February 2021. For full citations, visit: [nami.org/mhpolicystats](https://nami.org/mhpolicystats).*

# Older Adults and Depression

## Learn the signs and find treatment.

Do you feel very tired, helpless, and hopeless?

Have you lost interest in many of the activities and interests you previously enjoyed?

Are you having trouble working, sleeping, eating, and functioning?

Have you felt this way day after day?

**If you answered yes, you may be experiencing depression.**

As you get older, you may go through a lot of changes—death of loved ones, retirement, stressful life events, or medical problems. It's normal to feel uneasy, stressed, or sad about these changes. But after adjusting, many older adults feel well again.

Depression is different. It is a medical condition that interferes with daily life and normal functioning. It is not a normal part of aging, a sign of weakness, or a character flaw. Many older adults with depression need treatment to feel better.

## Types of Depression

There are several types of depression. The most common include:

- ▶ **Major Depression**—severe symptoms that interfere with your ability to work, sleep, concentrate, eat, and enjoy life. Some people may experience only a single episode within their lifetime, but more often, a person may experience multiple episodes.

- ▶ **Persistent Depressive Disorder (Dysthymia)**—depression symptoms that are less severe than those of major depression, but last a long time (at least two years).
- ▶ **Minor Depression**—depression symptoms that are less severe than those of major depression and dysthymia, and symptoms do not last long.

## Do you know the signs?

Depression may sometimes be undiagnosed or misdiagnosed in some older adults because sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. It is important to know the signs and seek help if you are concerned.



Depression has many symptoms, including physical ones. If you have been experiencing several of the following symptoms for at least two weeks, you may be suffering from depression:

- ▶ Persistent sad, anxious, or “empty” mood
- ▶ Loss of interest or pleasure in hobbies and activities
- ▶ Feelings of hopelessness, pessimism
- ▶ Feelings of guilt, worthlessness, helplessness
- ▶ Decreased energy, fatigue, being “slowed down”
- ▶ Difficulty concentrating, remembering, making decisions
- ▶ Difficulty sleeping, early-morning awakening, or oversleeping
- ▶ Appetite and/or unintended weight changes
- ▶ Thoughts of death or suicide, suicide attempts
- ▶ Restlessness, irritability
- ▶ Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

### Is it Grief or Depression?

**Grief after loss of a loved one is a normal reaction to loss and generally does not require mental health treatment. However, grief that lasts a very long time or is unusually severe following a loss may require treatment.**

## Risk Factors

Although most cases of depression are diagnosed in young adults, depression can occur at any age. Certain people are at a higher risk for developing

depression. If you are an older adult, you may be at a higher risk if you:

- ▶ are female
- ▶ have a chronic medical illness, such as cancer, diabetes or heart disease
- ▶ have a disability
- ▶ sleep poorly
- ▶ are lonely or socially isolated

You may also be at a higher risk if you:

- ▶ have a personal or family history of depression
- ▶ use certain medications
- ▶ suffer from a brain disease
- ▶ Misuse alcohol or drugs,
- ▶ Have experienced stressful life events such as loss of a spouse, divorce, or taking care of someone with a chronic illness

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## How do I get help?

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If you think that you or a loved one may have depression, it is important to seek treatment. A person with depression cannot simply “snap out of it”—it is a medical condition that affects your quality of life. Depression can also lead to suicide, particularly if left untreated, and you are more likely to develop a physical illness if you have depression.

**The good news is that, in most cases, depression is treatable in older adults.** The right treatment may help improve your overall health and quality of life. With the right treatment, you may begin to see improvements as early as two weeks from the start of your therapy. Some symptoms may start to improve within a week or two, but it may be several weeks before you feel the full effect.

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## Talking to Your Doctor

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If you think you have depression, the first step is to talk to your doctor or health care provider. Your doctor will review your medical history and do a physical exam to rule out other conditions that may be causing or contributing to your depression symptoms. He or she may also ask you a series of



questions about how you're feeling. It is important to be open and honest about your symptoms, even if you feel embarrassed or shy.

If other factors can be ruled out, the doctor may refer you to a mental health professional, such as a psychologist, counselor, social worker, or psychiatrist. Some providers are specially trained to treat depression and other emotional problems in older adults.

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## What are my treatment options?

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The primary treatment options for depression include medication and psychotherapy. It is important to remember that as doctors and therapists develop a personalized treatment plan for each individual, different treatments or treatment combinations sometimes might be tried until you find one that works for you.

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### Medication

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Medications called antidepressants can work well to treat depression. While some symptoms usually begin to improve within a week or two, they can take several weeks to work fully. As with most medications, many people experience some side effects, which in most cases can be managed or minimized. The most common side effects of antidepressants include:

- ▶ Nausea and vomiting
- ▶ Weight gain
- ▶ Diarrhea
- ▶ Sleepiness
- ▶ Sexual problems

Antidepressants may cause other side effects that are not included in this list. Most side effects lessen over time. If you are taking antidepressants, talk to your doctor about any side effects that you are experiencing, especially if they are new, worsen over time, or worry you. Often, temporarily lowering the dose or switching to a different medication will help when side effects are problematic. If you have thoughts of suicide or experience any unusual changes in mood and behavior, call your doctor right away.

People over 65 have to be careful when taking medications, especially when they're taking medications for different conditions. Older adults have a higher risk for experiencing bad drug interactions, missing doses, or overdosing. Be sure to tell every doctor you see about all of the medications you are being prescribed. It is also a good idea to get all of your medications from the same pharmacy; pharmacists are excellent sources of information about medications and will alert you and your doctors if there are concerns about a possible interaction between medications—which can happen inadvertently when a doctor is not familiar with a medication being prescribed for a different condition by a different health care provider.



Older adults also tend to be more sensitive to medications. Therefore, lower or less frequent doses may be needed. Before starting a medication, older adults and their family members should talk with a doctor about whether a medication can affect alertness, memory, or coordination, and how to help ensure that prescribed medications do not increase the risk of falls. If you have trouble remembering to take multiple doses of medicines throughout the day, your doctor may want to prescribe one of the antidepressants that require just one dose daily;

either way, antidepressants must be taken every single day, not just “as needed.”

**If you are taking antidepressants, it is important to not stop taking them without the help of a doctor.**

Even after you are feeling back to yourself, antidepressants should be continued for a number of months to prevent depression symptoms from returning. When it is time to stop the medication, the doctor will help you slowly and safely decrease the dose. It’s important to give the body time to adjust to the change. People don’t get addicted to (or “hooked on”) these medications, but stopping them abruptly may cause withdrawal symptoms.

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## Psychotherapy

Psychotherapy (or “talk therapy”) can also be an effective treatment for depression. It helps by teaching new ways of thinking and behaving, and changing habits that may contribute to the depression. Psychotherapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse. Research shows that cognitive-behavioral therapy (CBT), including a version called problem-solving therapy, may be an especially useful type of psychotherapy for treating older adults and improving their quality of life.

Research also suggests that for older adults, psychotherapy is just as likely to be an effective first treatment for depression as taking an antidepressant. Some older adults prefer to get counseling or psychotherapy for depression rather than add more medications to those they are already taking for other conditions. However, if your depression is severe or if you are coping with other serious illnesses, medication or a combination of medications with psychotherapy may be a more effective approach.

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## Complementary Therapies

Examples of complementary therapies for depression include yoga, exercise, and certain dietary supplements. These therapies may offer some benefits for people

with depression; however, they should not replace talking to your health care professional or continuing with the treatment plan determined with that doctor. Tell your health care professional about any complementary health approaches you use or plan to use. This will help ensure your safety. Physical activity is a helpful part of any treatment plan for depression, and may become easier to add as a person starts to feel better as antidepressant medication and/or psychotherapy begin to work. Talk to your health care professional about your options and visit the National Center for Complementary and Integrative Health to learn more about these types of therapies: [www.nccih.nih.gov](http://www.nccih.nih.gov).

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## Electroconvulsive Therapy (ECT)

Electroconvulsive therapy (ECT) is sometimes used for severe depression that is very difficult to treat and does not respond to medication or psychotherapy. ECT is a type of brain stimulation therapy, a class of treatments which involve activating the brain directly with electricity, magnets, or implants. Some of these treatments are still at the experimental stage. If your depression persists despite adequate trials of medication, or if your depression is so severe that you are unable to eat or you develop false, fixed beliefs (“delusions”) about your illness, your doctor may recommend ECT as the best option. Although it has been in use for almost 80 years, ECT remains the strongest and fastest-acting treatment for severe depression.

Despite ECT’s efficacy and safety record in older adults, many misconceptions still persist among both patients and health care professionals. ECT can be safe and highly effective for severe, treatment-resistant depression, as well as a variety of other serious mental disorders. ECT may cause side effects, such as confusion and memory loss. Although these side effects are usually short-term, they can sometimes linger.

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## Beyond Treatment: What You Can Do

As you continue treatment, you may gradually start to feel better. Remember that if you are taking





medication, it may take several weeks for it to start working. If the first medication does not work, be open to trying another. You may need to try a few different medications before finding one that works for you. Sometimes, if an antidepressant medication is only partially effective, adding a second medication of a different type can be helpful.

Try to do things that you used to enjoy before you had depression. Studies have shown that doing these things, even when you don't expect to enjoy them, can help lift your spirits. Go easy on yourself. Other things that may help:

- ▶ Break up large tasks into small ones, and do what you can as you can. Don't try to do too many things at once.
- ▶ Spend time with other people and talk to a friend or relative about your feelings.
- ▶ Stick to your treatment plan. It will take time for treatment to work.
- ▶ Discuss decisions with others who know you well. Do not make important life decisions until you feel better.

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## If you are having suicidal thoughts

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Older adults with depression are at risk for suicide. If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

- ▶ Call your doctor.
- ▶ Call 911 for emergency services.
- ▶ Go to the nearest hospital emergency room.
- ▶ Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.

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## How do I help someone with depression?

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If you know someone who has depression, first help him or her see a doctor or mental health professional. Several ways you can help an older adult with depression is to:

- ▶ Offer support, understanding, patience, and encouragement.
- ▶ Help keep track of his or her appointments and weekly "pillbox" if possible because many older adults with depression may not be thinking clearly.
- ▶ Try to make sure he or she has a way of getting to doctor visits.
- ▶ Talk to him or her, and listen carefully.
- ▶ Never ignore comments about suicide, and report them to your loved one's therapist or doctor.
- ▶ Invite him or her out for walks or outings, or to engage in indoor activities with you.
- ▶ Remind him or her that, with time and treatment, the depression will lift.

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## Where can I find more information?

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NIMH has a variety of publications on depression available at [www.nimh.nih.gov/health/publications/](http://www.nimh.nih.gov/health/publications/). If you need additional information and support, you may find the following resources to be helpful:

### Clinical Trials and You

Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. All clinical trials have particular requirements to match potential subjects with studies, such as age range or acceptable other conditions/medications. To learn more about participating in a clinical trial, please visit [www.nih.gov/health/clinicaltrials/index.htm](http://www.nih.gov/health/clinicaltrials/index.htm) and

use search terms such as “geriatric depression” or “depression and older adults.”

### Locate Affordable Health Care in Your Area

Within the Federal Government, a bureau of the Health Resources and Services Administration (HRSA) provides a Health Center Database for a nationwide directory of clinics to obtain low or no-cost health care. Start your search at [www.findahealthcenter.hrsa.gov/](http://www.findahealthcenter.hrsa.gov/).

### Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Mental Health Treatment Program Locator, which is an online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental disorders. Find a facility in your state at [www.findtreatment.samhsa.gov/](http://www.findtreatment.samhsa.gov/).

### NIHSeniorHealth.Gov

NIHSeniorHealth.gov is a website for older adults that makes aging-related health information easily accessible for family members and friends seeking reliable, easy-to-understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM), both part of the National Institutes of Health (NIH). Visit at [www.nihseniorhealth.gov/](http://www.nihseniorhealth.gov/).

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### National Institute of Mental Health

Office of Science Policy, Planning,  
and Communications  
Science Writing, Press, and 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  
FAX: 301-443-4279  
E-mail: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)  
Website: [www.nimh.nih.gov](http://www.nimh.nih.gov)



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**Call 707-515-4105**

Please identify yourself as a Napa County resident



# The Great California ShakeOut

Annual Statewide Earthquake Drill

## Senior Facilities and Communities

Register today at [ShakeOut.org/california](https://ShakeOut.org/california)

**At 10:21 a.m. on October 21, 2021**, millions of Californians will “Drop, Cover, and Hold On” in The Great California ShakeOut, the state’s largest earthquake drill ever! All senior facilities/communities are encouraged to participate in the drill (or plan a more extensive exercise).

Major earthquakes may happen anywhere you live, work, or travel. The ShakeOut is our chance to practice how to protect ourselves, and for everyone to become prepared. The goal is to prevent a major earthquake from becoming a catastrophe for you, your organization, and your community.

Why is a “Drop, Cover, and Hold On” drill important? To respond quickly you must practice often. You may only have seconds to protect yourself in an earthquake before strong shaking knocks you down, or something falls on you.



Millions of people worldwide have participated in Great ShakeOut Earthquake Drills since 2008. The Great California ShakeOut is held on the third Thursday of October each year.

**Everyone can participate!** Individuals, families, businesses, schools, colleges, government agencies and organizations are all invited to register.

## HOW TO PARTICIPATE

Here are a few suggestions for what senior facilities/communities can do to participate in the ShakeOut. Learn more at [ShakeOut.org/california/howtoparticipate](https://ShakeOut.org/california/howtoparticipate).

### Plan Your Drill:

- Register at [ShakeOut.org/california/register](https://ShakeOut.org/california/register) to be counted in the ShakeOut, get email updates, and more.
- Download a Drill Broadcast recording from [ShakeOut.org/california/drill/broadcast](https://ShakeOut.org/california/drill/broadcast).
- Have a “Drop, Cover, and Hold On” drill at 10:21 a.m. on October 21. You can also practice other aspects of your emergency plan.
- Discuss what you learned and make improvements.

### Get Prepared for Earthquakes:

- Create (or update) and practice an overall disaster plan.
- Distribute “Ok/Help” status signs for residents to use.
- Secure furnishings & other contents in offices and living spaces with appropriate seismic restraints.
- Encourage both staff and residents to prepare at home.
- Organize a support network for those who need to be evacuated.
- Keep at least a 7 day supply of essential medications.

### Share the ShakeOut:

- Encourage everyone to urge others to register, and ask neighborhood businesses to post flyers.
- Encourage other similar organizations to participate.
- Find posters, flyers, and other materials for promoting the ShakeOut at [ShakeOut.org/california/resources](https://ShakeOut.org/california/resources).
- Share photos and stories of your drill at [Shakeout.org/california/share](https://Shakeout.org/california/share).



## As a registered ShakeOut Participant you will:

- Learn what you can do to get prepared
- Be counted in the largest earthquake drill ever
- Receive ShakeOut news and other earthquake information
- Set an example that motivates others to participate

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CITY OF  
AMERICAN  
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**VIRTUAL PROGRAMS**  
**BY PARTNER**  
**ORGANIZATIONS**



## **VIRTUAL CLASS OFFERINGS**

### **Sign Language Class – Mondays 1-2PM;**

This introductory class in Sign Language will help introduce and improve your knowledge of American Sign Language (ASL), improve your mental acuity, and increase your ability to reach out and connect to our deaf community. Please email [vlin@cityofamericancanyon.org](mailto:vlin@cityofamericancanyon.org) or call the Senior Center at (707) 647-5350 for the log-in information and instructions.

### **Morning Yoga - Mondays and Wednesdays 9-9:50 AM**

Yoga can improve and maintain overall health. Learn to control stress while increasing flexibility, strength, and balance at home! Please email [vlin@cityofamericancanyon.org](mailto:vlin@cityofamericancanyon.org) or call the Senior Center at (707) 647-5350 for the log-in information and instructions.

**Forever Young Fitness** - Mondays, Wednesdays, & Fridays 10-10:50 AM

This long-running fitness class has many devoted followers who enjoy the sociability and fun it offers. This class is a great way to exercise your body and keep you feeling young with basic stretches and exercises, low impact workouts, dancing, and laughter. To get the most out of this at-home virtual class, please dress comfortably, ensure you have enough free space in your exercise area and have a towel and water nearby. Please email [vlin@cityofamericancanyon.org](mailto:vlin@cityofamericancanyon.org) or call the Senior Center at (707) 647-5350 for the log-in information and instructions.



**Soroptimist of American Canyon Presents...**



**Via Zoom**

**Thursday, October 21<sup>st</sup> at 7p.m.**

Please sign up by Wednesday, October 20<sup>th</sup> at  
<https://lf.cityofamericancanyon.org/Forms/BingoNight>

Join Zoom Meeting  
<https://us02web.zoom.us/j/87076367822>





# ZOOM INTO WELLNESS

Join in this Fall for monthly live sessions on health and wellness

**MONDAYS**

**9/13, 10/18, 11/08, 12/13, 5-6 P.M. (PST)**

**FREE REGISTRATION:**

**[TU.EDU/ZOOMINTOWELLNESS](https://TU.EDU/ZOOMINTOWELLNESS)**

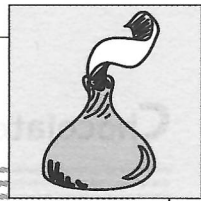
CITY OF  
AMERICAN  
CANYON



**BRAIN TEASERS**

**AND**

**COLORING PAGES**



## Chocolate, Chocolate, Chocolate

Chocolate is at the top of the list of favorite foods for millions of people. Recent research has shown that dark chocolate can have a positive effect on memory. Answer the following questions using your chocolate savvy!

1. What is chocolate made from?
2. In Hershey, Pennsylvania, what are the streetlights shaped like?
3. Which country consumes the most chocolate per person according to the Chocolate Manufacturers Association?
4. According to the slogan, who "makes the very best" chocolate?
5. Name five candy bars that contain chocolate.
6. In 1940, the Mars Company first sold what candy to soldiers going to World War II because it wouldn't melt in their hands?
7. Name three chocolate producers.
8. What is the most popular candy bar in the United States today, according to AskMen.com?
9. Name five items that are made from chocolate.
10. How much did a Hershey Bar cost in
  - a. 1920?
  - b. 1955?
  - c. 1980?
  - d. 2005?
11. Do more Americans prefer milk chocolate or dark? (How about you?)
12. What popular chocolate Easter egg comes from England?
13. Name two types of chocolate besides milk chocolate.

# Chocolate, Chocolate, Chocolate ANSWER SHEET



1. What is chocolate made from?  
**Cocoa beans, seeds of the cacao tree**
2. In Hershey, Pennsylvania, what are the streetlights shaped like?  
**Hershey's Kisses**
3. Which country consumes the most chocolate per person according to the Chocolate Manufacturers Association?  
**Switzerland**
4. According to the slogan, who "makes the very best" chocolate?  
**Nestlé**
5. Name five candy bars that contain chocolate.  
**3Musketees, Almond Joy, Butterfinger, Heath Toffee Bar, Hershey's Bar, Kit Kat, Mars, Milky Way, Mounds, Mr. Goodbar, Nestlé Crunch, Snickers, Twix, York Peppermint Pattie**
6. In 1940, the Mars Company first sold what candy to soldiers going to World War II because it wouldn't melt in their hands?  
**M&M'S**
7. Name three chocolate producers.  
**Baci, Baker's, Cadbury, Ghirardelli, Godiva, Guittard, Hershey's, Nestlé, Russell Stover, See's, Suchard, Toblerone, Whitman's**
8. What is the most popular candy bar in the United States today, according to AskMen.com?  
**Snickers**
9. Name five items that are made from chocolate.  
**Brownies, cake, candy, cookies, fudge, hot chocolate, pie, pudding, shakes, splits, sundaes, syrup**
10. How much did a Hershey Bar cost in
  - a. **3 cents in 1920**
  - b. **5 cents in 1955**
  - c. **25 cents in 1980**
  - d. **approximately 75 cents in 2005**
11. Do more Americans prefer milk chocolate or dark? (How about you?)  
**Milk chocolate—approximately 65% like milk chocolate best!**
12. What popular chocolate Easter egg comes from England?  
**Cadbury Creme Egg**
13. Name two types of chocolate besides milk chocolate.  
**Couverture, dark or bittersweet, semi-sweet, unsweetened or cocoa powder, white**

**FACILITATOR:** *Chocolate is sure to be a lively topic for discussion. Ask each person for his or her favorite chocolate bar, favorite type of chocolate, favorite dessert with chocolate, and so forth. Ask for special memories associated with chocolate—a special Valentine's Day gift, an Easter egg, Halloween treats, and so forth. A fun and interesting activity to go along with this worksheet would be to have a taste test with different kinds of candy bars. Assemble a few different types of candy bars, cut them into small pieces, and have everyone guess the type. This could be done in a big group, small groups, or individually. Be sure to number each bar and pass out paper to each person, with numbered blanks to be filled in.*

## E.T. Phone Home—Famous Movie Lines



Talking motion pictures have been around more than 75 years. Thousands of movies have been made, featuring thousands of actors and actresses. Millions of lines have been said—some have made movie history. “E.T. phone home” is one of the most famous lines in recent years. It’s from the movie *E.T.* The following lines were also said by a famous movie star in a famous movie. Name the star, character, and/or the movie.

1. “Elementary, my dear Watson.”
2. “Frankly, my dear, I don’t give a damn.”
3. “When I’m good, I’m very good, but when I’m bad, I’m better.”
4. “Here’s looking at you, kid.”
5. “Toto, I’ve a feeling we’re not in Kansas anymore.”
6. “I’ll make him an offer he can’t refuse.”
7. “I’ll be back.”
8. “I don’t know nothin ‘bout birthin’ babies.”
9. “Of all the gin joints in all the towns in all the world, she walks into mine.”
10. “Hey, STELLAAAAA!”
11. “What is it you want, Mary? What do you want? You want the moon? Just say the word, and I’ll throw a lasso around it and pull it down.”
12. “Gimme a whiskey, ginger ale on the side. And don’t be stingy, baby.”
13. “They call me *Mister Tibbs*.”
14. “I coulda had class. I coulda been a contender.”
15. “Well, here’s another nice mess you’ve gotten me into.”

## E.T. Phone Home—Famous Movie Lines ANSWER SHEET



1. "Elementary, my dear Watson."  
**Basil Rathbone as Sherlock Holmes, *The Adventures of Sherlock Holmes***
2. "Frankly, my dear, I don't give a damn."  
**Clark Gable as Rhett Butler, *Gone with the Wind***
3. "When I'm good, I'm very good, but when I'm bad, I'm better."  
**Mae West as Tira, *I'm No Angel***
4. "Here's looking at you, kid."  
**Humphrey Bogart as Rick Blaine, *Casablanca***
5. "Toto, I've a feeling we're not in Kansas anymore."  
**Judy Garland as Dorothy, *The Wizard of Oz***
6. "I'll make him an offer he can't refuse."  
**Marlon Brando as Don Corleone or Al Pacino as Michael Corleone, *The Godfather***
7. "I'll be back."  
**Arnold Schwarzenegger as The Terminator, *The Terminator***
8. "I don't know nothin 'bout birthin' babies."  
**Butterfly McQueen as Prissy, *Gone with the Wind***
9. "Of all the gin joints in all the towns in all the world, she walks into mine."  
**Humphrey Bogart as Rick Blaine, *Casablanca***
10. "Hey, STELLAAAAA!"  
**Marlon Brando as Stanley Kowalski, *A Streetcar Named Desire***
11. "What is it you want, Mary? What do you want? You want the moon? Just say the word, and I'll throw a lasso around it and pull it down."  
**Jimmy Stewart as George Bailey, *It's a Wonderful Life***
12. "Gimme a whiskey, ginger ale on the side. And don't be stingy, baby."  
**Greta Garbo as Anna Christie, *Anna Christie***
13. "They call me *Mister Tibbs*."  
**Sidney Poitier as Detective Virgil Tibbs, *In the Heat of the Night***
14. "I coulda had class. I coulda been a contender."  
**Marlon Brando as Terry Malloy, *On the Waterfront***
15. "Well, here's another nice mess you've gotten me into."  
**Oliver Hardy as himself, *Another Fine Mess* or *Sons of the Desert***

**FACILITATOR:** As you review the answers, discuss each movie and its stars. Why are these lines memorable? Who has seen the movie? Did he or she like it? Were the stars famous for other movies? When did everyone first go to the movies? How much did it cost? What is each person's favorite movie ever? His or her favorite stars? How have movies changed through the years? Oftentimes, quotes are remembered differently by different people. Ask participants if there are any quotes that they remember as having other wordings (e.g., "Somehow, Toto, I don't think we're in Kansas anymore." "I'm gonna make him an offer he can't refuse." "When I'm good, I'm very, very good . . .").



HAPPY HALLOWEEN

