

Live Healthy to Be There

Reduce your cancer risk with this checklist!

Fruits and vegetables contain nutrients that are important to help reduce the risk of some cancers and other health conditions. There are other things you can do to help reduce your risks. Check out this Health Action Plan checklist and see how many things you can do to reduce health risks. Keep it simple. Set a goal each week to make good changes. Add on a goal each week. Check off what you achieved and how often you did it! Be proud of yourself.

WEEK ONE	Once	2 – 5 Times	More than 5 Times
Have a home cooked meal.			
Limit how much time you spend sitting (i.e. stretch for five minutes).			
Drink water instead of a sugary drink.			
Limit alcohol use (one per day – women, two per day – men).			
Create your own goal: _____ _____			

Get to know your family health History. Visit CDC Family Health History (<https://www.cdc.gov/genomics/famhistory/index.htm>) for a list of questions to ask your family members.

Resources to Help You Achieve your Goals:
CDC Family Health History: www.cdc.gov/genomics/famhistory/index.htm
My Plate: www.myplate.gov
NC EFNEP: ncefnep.org/blog

WEEK TWO	Once	2 – 5 Times	More than 5 Times
Eat fruit as a snack instead of processed snacks.			
Take a walk for at least 15 minutes.			
Plan 2 – 3 meals for the week.			
Get eight (8) hours of sleep.			
Create your own goal: _____ _____			

Schedule your annual health check-up and learn your health numbers!*
Appointment Date:

Resources to Help You Achieve your Goals:
My Plate: www.myplate.gov
NC EFNEP: ncefnep.org/blog
American Heart Association: Know Your Numbers: www.heart.org/en/health-topics/diabetes/prevention-treatment-of-diabetes/know-your-health-numbers
National Institute of Health (NIH) Heart Truth’s Wallet Card: www.nhlbi.nih.gov/sites/default/files/publications/THT_WalletCard_2016_508.pdf
CDC Why Walk? Why Not!: www.cdc.gov/physicalactivity/walking/index.htm

WEEK THREE	Once	2 – 5 Times	More than 5 Times
Get active to strengthen your muscles (i.e. take stairs, play with kids).			
Try a new physical activity (i.e. squat to chair, toe touch game with others).			
Add a serving of fruit or vegetable to your daily meal.			
Visit a local or state park.			
Track your health numbers.			
Create your own goal: _____ _____			

Set a Tobacco use quit date. It takes practice. To find local support to help call 1-800-QUIT-NOW

Quit Date:

Resources to Help You Achieve your Goals:

CDC: Quitline and other Cessation Support Services: www.cdc.gov/tobacco/basic_information/for-health-care-providers/quitlines-other/index.html

CDC: Smoking and Tobacco Use: www.cdc.gov/tobacco/index.htm

U.S. Department of Health and Human Services Guidelines for Physical Activity: health.gov/our-work/physical-activity/about-physical-activity-guidelines

National Institute of Health (NIH) Heart Truth’s Wallet Card: www.nhlbi.nih.gov/sites/default/files/publications/THT_WalletCard_2016_508.pdf

WEEK FOUR	Once	2 – 5 Times	More than 5 Times
Complete 30 minutes of physical activity (i.e. dancing, swimming, walking).			
Plan 5 or meals for the week.			
Eat snacks like nuts or whole grain crackers instead of sugary snacks.			
Eat more plant-based foods (i.e. leafy greens, nuts, beans, etc.).			
Create your own goal: _____ _____			

Schedule appropriate cancer screenings with your healthcare provider. A list of cancer screenings can be found at: www.cdc.gov/cancer/dpcp/prevention/screening.htm.

Appointment Date:

Resources to Help You Achieve your Goals:

CDC: Comprehensive Cancer Control Program: www.cdc.gov/cancer/ncccp/index.htm

American Cancer Society: www.cancer.org

American Heart Association: Know Your Numbers: www.heart.org/en/health-topics/diabetes/prevention-treatment-of-diabetes/know-your-health-numbers

National Institute of Health (NIH) Heart Truth’s Wallet Card: www.nhlbi.nih.gov/sites/default/files/publications/THT_WalletCard_2016_508.pdf

*Talk with your doctor to learn your health numbers or vaccines you may need: normal blood pressure readings, cholesterol levels, Body Mass Index (BMI), and blood sugar level numbers.

Blood Pressure: _____ Cholesterol Numbers: LDL _____ HDL _____ Triglycerides: _____
 Total Cholesterol _____ BMI: _____ Blood Sugar Level: _____ HPV Vaccine: _____