

LIVE HEALTHY TO BE THERE. Reduce your cancer risk with this checklist!

Keep it simple. Stay on track to a healthier lifestyle. Use this health action plan checklist to help lower your risk for cancer. Set your goal each week to make at least one healthy lifestyle change. Continue to build on your goals each week. Check off what you achieved and how often you did it!

WEEK ONE

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|--|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Have a home cooked meal. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Take a walk for 30 minutes. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Drink water instead of a sugary drink. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Set a tobacco use quit date. It takes practice. Visit QuitlineNC.com for support. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Limit alcohol use (one per day-women; two per day-men). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Schedule appropriate cancer screenings with your healthcare provider. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Create your own goal: | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |

WEEK TWO

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|---|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Eat a healthy fruit for breakfast (i.e., apple, grapefruit, banana etc.). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Schedule appropriate cancer screenings with your healthcare provider. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Try a new physical activity for 30 minutes (i.e., landscaping, dancing, yoga). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Get eight (8) hours of sleep. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Know your health numbers!* | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Continue to reduce/limit tobacco use (If currently a smoker). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Create your own goal: | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |

WEEK THREE

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|--|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Get active to strengthen your muscles (i.e., push ups, stretching, squats). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Schedule appropriate cancer screenings with your healthcare provider. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Practice safe sex. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Add a serving of fruit or vegetable to your daily meal. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Limit how much time you spend sitting (i.e., stretch for five minutes, hourly). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Get to know your family medical/cancer history. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Create your own goal: | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |

WEEK FOUR

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|---|-------------------------------|------------------------------------|--|
| <input type="checkbox"/> Strive for 60 minutes of physical activity (i.e., dancing, swimming, walking). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Create meal plans to cook at home. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Protect your skin using sunscreen from exposure to sun's ultraviolet rays. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Eat snacks like nuts or whole grain crackers instead of sugary snacks. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Schedule appropriate cancer screenings with your healthcare provider. | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Eat more plant-based foods, protein for energy (i.e., leafy greens, nuts, etc.). | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |
| <input type="checkbox"/> Create your own goal: | <input type="checkbox"/> Once | <input type="checkbox"/> 2-5 times | <input type="checkbox"/> More than 5 times |

*Know Your Health Numbers: Know your normal blood pressure readings, cholesterol level numbers, Body Mass Index (BMI), and blood sugar level numbers.

