**Sources.** The information in this fact sheet is based on research findings from the U.S. Department of Health and Human Services and the U.S. Preventive Services Task Force (USPSTF). The USPSTF, supported by AHRQ, is the leading independent panel of experts in prevention and primary care. The fact sheet was developed in partnership with AARP.

Put Prevention Into Practice, part of the AHRQ Dissemination and Implementation Program, is designed to increase the appropriate use of clinical preventive services, such as screening tests, preventive medications, and counseling. Based on the recommendations of the USPSTF and Government agencies such as the Centers for Disease Control and Prevention, Put Prevention Into Practice tools and resources make it easier for patients to participate in, understand, and keep track of their preventive care.

For more information about USPSTF recommendations and Put Prevention Into Practice, go to the Agency for Healthcare Research and Quality Web site at: www.preventiveservices.ahrq.gov.



U.S. Department of Health and Human Services Agency for Healthcare Research and Quality www.ahrq.gov

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Checklists for Your Health









Jes the checklists in this flyer to help you stay healthy at 50+. The checklists help answer your questions about what **daily steps** you can take for good health, whether you need **medicines to prevent disease**, and which **screening tests** you need and when to get them.

## **Daily Steps to Good Health**

- Be tobacco free. For tips on how to quit, go to www.ahrq.gov and click on "Quit Smoking" or visit www.smokefree.gov. To talk to someone about how to be tobacco free, call the National Quitline: 1-800-QUITNOW.
- Be physically active. If you are not already physically active, start small and work up to 30 minutes or more of moderate physical activity most days of the week. Walking briskly, mowing the lawn, dancing, swimming, and bicycling are just a few examples of moderate physical activity.
- Eat a healthy diet. Focus on fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. Include lean meats, poultry, fish, beans, eggs, and nuts. Eat foods low in saturated fats, trans fats, cholesterol, salt, and added sugars.
- Stay at a healthy weight. Balance the calories you take in from food and drink with the calories you burn off by your activities. Check with your doctor if you start to gain or lose weight.

✓ If you drink alcohol, drink only in moderation. Have no more than one drink a day. A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.

## **Should You Take Preventive Medicines?**

- **Aspirin.** Ask your doctor about taking aspirin to prevent stroke.
- **Breast Cancer Drugs.** If your mother, sister, or daughter has had breast cancer, talk to your doctor about whether you should take medicines to prevent breast cancer.
- Estrogen Use for Menopause (Hormone Replacement Therapy). Do not use estrogen for the prevention of cardiovascular disease or other diseases. If you need relief from the symptoms of menopause, talk with your doctor.
- Immunizations. You need a flu shot every year. You can prevent other serious diseases, such as pneumonia, whooping cough, and shingles, by being vaccinated. Talk with your doctor or nurse about the vaccines you need and when to get them. You can also find out which immunizations you need by going to http://www2.cdc.gov/nip/adultImmSched/.

## Screening Tests: What You Need and When

Health experts from the U.S. Preventive Services Task Force have made these recommendations, based on scientific evidence, about which screening tests you need and when to get them.

**✓ Breast Cancer.** Have a mammogram every 1 to 2 years.

Cervical Cancer. Have a Pap smear every 1 to 3 years if you have ever been sexually active. If you are older than 65 and recent Pap smears before you turned 65 were normal, you do not need a Pap smear.

**Colorectal Cancer.** Have a test for colorectal cancer. Your doctor can help you decide which test is right for you.

**Depression.** Your emotional health is as important as your physical health. If you have felt "down," sad, or hopeless over the last 2 weeks or have felt little interest or pleasure in doing things, you may be depressed. Talk to your doctor about being screened for depression.

**Diabetes.** Have a blood test for diabetes if you have high blood pressure.

High Blood Pressure. Have your blood pressure checked at least every 2 years. High blood pressure is 140/90 or higher.

**High Cholesterol.** Have your cholesterol checked regularly.

**HIV.** Talk with your doctor about HIV screening if any of these apply:

- You have had unprotected sex with multiple partners.
- You have used or now use injection drugs.
- You exchange sex for money or drugs or have sex partners who do.
- You have past or present sex partners who are HIV-infected, are bisexual, or use injection drugs.
- You are being treated for a sexually transmitted disease.
- You had a blood transfusion between 1978 and 1985.

Obesity. Have your body mass index (BMI) calculated to screen for obesity. (BMI is a measure of body fat based on height and weight.) You can find your own BMI with the BMI calculator from the National Heart, Lung, and Blood Institute at: http://www.nhlbisupport.com/bmi/.

Osteoporosis (Bone Thinning). Have a bone density test at age 65 to screen for osteoporosis. If you are younger than 65, talk to your doctor about whether you should be tested. You may need to have this test again after 2 or more years.

**Sexually Transmitted Infections.** Talk to your doctor about being tested for sexually transmitted infections.

**A Note on Other Conditions.** Every body is different. Always feel free to ask your doctor or nurse about being checked for any condition, not just the ones above. If you are worried about diseases such as glaucoma or skin cancer, for example, ask your doctor about them. And always tell your doctor about any changes in your health, including your vision and hearing.

## **Screening Test Record**

Take this form to your doctor's office. You can use it to keep track of the date and results of your last screening tests, when you should have the test next, and questions you have for your next doctor visit.

Test For	Last Test (mo/yr)	Results	Next Test Due (mo/yr)	Questions for the Doctor
Breast Cancer (Mammogram)				
Cervical Cancer (Pap Smear)				
Colorectal Cancer				
Diabetes				
High Blood Pressure				
High Cholesterol				
Total				
HDL (Good)				
LDL (Bad)				
HIV Infection				
Obesity (BMI)				
Osteoporosis (Bone Density Test)			V	
Sexually Transmitted Infections				