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Prostate Health Checklist

For Men Over 50 • Screening Schedule • Diet Tips • Questions for Your Doctor

⚠️ This checklist is for educational purposes only. Always consult your doctor before making health decisions, especially regarding prostate cancer screening or treatment.

Screening & Doctor Visit Schedule

- ☐ **Age 50-54:** Discuss PSA testing with your doctor. Get a baseline PSA blood test.
- ☐ **Age 55-69:** Get a PSA test every 1-2 years (or as recommended by your doctor).
- ☐ **Age 70+:** Discuss with your doctor whether continued PSA screening is right for you based on overall health.

- ☐ **Annual Digital Rectal Exam (DRE):** Part of routine physical after age 50.

Daily Habits for Prostate Health

- ☐  Walk for 20-30 minutes daily (or gentle exercise like Tai Chi).
- ☐  Drink 6-8 glasses of water daily (stay hydrated).
- ☐  Eat at least one serving of cooked tomatoes weekly (sauce, soup).
- ☐  Add turmeric and ginger to meals (anti-inflammatory).
- ☐  Drink 1-2 cups of green tea daily.
- ☐  Eat cruciferous vegetables (broccoli, cauliflower) 3+ times per week.
- ☐  Quit smoking (or reduce significantly).
- ☐  Limit alcohol to 1-2 drinks per day maximum.

Sample Prostate-Healthy Meal Ideas

Breakfast Options

- Oatmeal with berries + walnuts
- Green tea + Greek yogurt
- Scrambled eggs + spinach

Lunch Options

- Salmon salad with avocado
- Tomato soup + whole-grain cracker
- Tofu stir-fry with broccoli

Dinner Options

- Baked chicken + roasted cauliflower
- Turkey meatballs + tomato sauce + quinoa
- Lentil soup + side of sautéed kale

Snacks

- Handful of walnuts or almonds
- Pomegranate juice (small glass)
- Apple slices with peanut butter

Questions to Ask Your Doctor About TRT & Prostate Health

- ☐ "Based on my PSA levels and family history, am I a candidate for testosterone therapy?"
- ☐ "How often should I have my PSA levels checked if I start TRT?"

- ☐ "What are the non-hormonal options for my symptoms (fatigue, low libido)?"
- ☐ "Is there a family history of prostate cancer that changes my risk profile?"
- ☐ "What diet or supplement changes would you recommend for my specific case?"
-  **Weekly Tracking** (Circle your answers)

Day	Exercise (30 min)	Ate 1 veg/fruit serving	Drank 6+ glasses water	Urinary symptoms? (Y/N)
Mon	☐	☐	☐	_____
Tue	☐	☐	☐	_____
Wed	☐	☐	☐	_____
Thu	☐	☐	☐	_____
Fri	☐	☐	☐	_____
Sat	☐	☐	☐	_____
Sun	☐	☐	☐	_____

 **Note:** Bring this tracking sheet to your doctor appointments.

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