HEART & SOUL CURRICULUM

SESSION

ACTIVITIES, TOOLS, & RESOURCES

- Personal Wellness Self-Assessment
- 3-3-2-1 Simple Weekly Meal Planner
- Movement Bingo
- Stress Relief Toolbox
- 7-Day Sleep Tracker
- Bedtime Rest & Recovery Checklist
- Know Your Numbers!
- 4 Key Heart Health Tests to Ask Your Doctor About
- Heart-Safe Action Plan
- 3-3-2-1 Health & Wellness Fair Planner



CARING FOR THE TEMPLE: Whole Person Wellness

PERSONAL WELLNESS SELF-ASSESSMENT

This is a personal reflection tool, not a clinical test. Read each sentence and mark the response that matches where you are right now.

Healthy Five	Reflection Statement	Rarely	Sometimes	Often
Physical Activity	I add movement into my daily or weekly routine.	☐	☐	☐
Food & Nutrition	I make food and nutrition choices that support my health and well-being.	☐	☐	☐
Sleep	I get enough quality sleep to feel rested and restored.	☐	☐	☐
Stress	I have healthy habits that help me manage stress.	☐	☐	☐
Heart Health	I know important information about my heart health, such as my blood pressure and other recommended health numbers.	☐	☐	☐

Reflect on Your Responses

What do you feel you are doing well?

Which Healthy Five pillar could use more of your attention?

Choose one Healthy Five pillar to jump-start your health and wellness journey:

What is one small step you can take over the next few weeks?

My goal is simple, doable, and aligned with my faith because:

MINDFUL EATING: FOOD & NUTRITION

3-3-2-1 SIMPLE MEAL PLANNER

Keep it simple. Choose foods that are accessible to you, fit your tastes and budget, and can be used in different ways throughout the week.

Use This Easy Weekly Planning Formula: 3–3–2–1

For the week, choose 3 proteins, 3 fruits or vegetables, 2 starches or whole grains, and 1 legume such as beans, peas, or lentils. Add dairy or dairy substitutes based on what you like and need. This is a meal-planning strategy, not a serving guide.

A meal plan does not have to cover every day of the week. To make it easier to stick with, start with a few days or weekdays only and give yourself some flexibility on other days.

Category	Examples	My Choices This Week
3 Proteins	Chicken, fish, tofu, eggs, lean beef, turkey, nuts	**1.** _____ **2.** _____ **3.**
3 Fruits or Vegetables	Greens, broccoli, carrots, peppers, berries, apples, oranges	**1.** _____ **2.** _____ **3.**
2 Whole Grains	Brown rice, potatoes, sweet potatoes, oats, whole-grain pasta	**1.** _____ **2.**
1 Legume	Black beans, chickpeas, lentils, kidney beans, peas	**1.**

Monday–Friday Meal Plan

Day	Protein(s)	Grain(s)	Fruit(s)Vegetable(s)	Legume(s)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

My food and nutrition goal for this week:

MOVEMENT WITH PURPOSE: PHYSICAL ACTIVITY

MOVEMENT BINGO

Complete an activity and mark the square. Get five in a row, column, or diagonal to get BINGO. Choose a movement that works well for your body.

B	I	N	G	O
WALKING	YOGA	MOVE FOR 10 MINUTES	GARDENING	DANCING
STRENGTH TRAINING	MOVEMENT WITH A FRIEND	CHAIR EXERCISES	SWIMMING	STRETCHING
PRAISE DANCE OR MIMING	CYCLING	FREE SPACE	MOVE FOR 15 MINUTES	WALK THE DOG
PILATES	CLEAN THE HOUSE	RUNNING	RESISTANCE BANDS	PLAY WITH CHILDREN OR GRANDCHILDREN
MOVE FOR 30 MINUTES	YARD WORK	LIGHT HAND WEIGHTS	TRY A NEW MOVEMENT	RECREATIONAL SPORT

GET BINGO BY NEXT WEEK!

Bring your completed card back for a small prize and community celebration.

REST & RESTORE: SLEEP HYGIENE

7-DAY SLEEP TRACKER

This sleep tracker is a reflection tool, not a medical or clinical test. Use it to notice sleep patterns and reflect on how your sleep may affect how you feel each day.

Record your bedtime, wake-up time, hours of sleep, and sleep quality each day.

Use the 7-Day Sleep Tracker to build awareness of your sleep habits and identify routines or factors that may support better rest.

7-Day Sleep Tracker

Day	Bedtime	Wake-up Time	Hours Slept	Sleep Quality *(Rate it 1-5)*	Quick Notes
Monday				☐ ☐ ☐ ☐ ☐	
Tuesday				☐ ☐ ☐ ☐ ☐	
Wednesday				☐ ☐ ☐ ☐ ☐	
Thursday				☐ ☐ ☐ ☐ ☐	
Friday				☐ ☐ ☐ ☐ ☐	
Saturday				☐ ☐ ☐ ☐ ☐	
Sunday				☐ ☐ ☐ ☐ ☐	

Weekly Average: _____ hours/night

Goal: _____ hours/night

REST & RESTORE: SLEEP HYGIENE

BEDTIME REST & RECOVERY CHECKLIST

BONUS TOOL

Use this Rest and Recovery Checklist as part of your bedtime routine.

✓	Before Bedtime Activity	What to Do
☐	**Get Off Social Media**	Put your phone/social media away and disconnect.
☐	**Meditate**	Spend a few quiet minutes breathing and relaxing.
☐	**Organize Your Workplace**	Tidy up so tomorrow starts with less clutter.
☐	**Stop Exhausting Yourself**	Finish work/studying instead of pushing yourself late.
☐	**Plan Your Breaks**	Think about when you'll take breaks tomorrow.
☐	**Listen to Your Body**	Ask yourself: “Am I tired? Do I need more rest?”

Each night, check off the activities you complete. These may include getting off social media, taking time to relax or meditate, cleaning up your workspace, planning breaks for the next day, and paying attention to how your body feels.

STRESS RELIEF TOOLBOX

This is a personal reflection tool, not a clinical test. Read each sentence and mark the response that matches where you are right now and what might help.

Complete all five sections of this worksheet to create a toolbox of actions and ideas you can use and refer to before, during, and after stressful situations.

The toolbox is divided into five parts:

1. Know My Stress
2. Calm My Body
3. Clear My Mind
4. Connect & Recharge
5. My Go-To Prescription for Stress

1. Know My Stress

My common stress triggers:

My early warning signs:

When I'm stressed, I tend to::

2. Calm My Body

Things that help me physically reset:

- ☐ Deep breathing
- ☐ Stretching
- ☐ Walking/movement
- ☐ Resting
- ☐ Music
- ☐ Time outside
- ☐ Other_____

3. Clear My Mind

Things that help me physically reset:

- ☐ Journaling
- ☐ Talking to someone
- ☐ Taking a break
- ☐ Other _____
- ☐ Meditation, prayer, reflection
- ☐ Focusing on one thing at a time
- ☐ Positive self-talk

4. Connect & Recharge

People I can reach out to:

_____

Places where I feel supported:

_____

Activities that restore my energy

_____

One thing I can do today:

_____

5. My Go-To Prescription for Stress

When I notice _____

I will try _____ before my stress gets bigger.

GUARDING THE HEART: HEART HEALTH

KNOW YOUR NUMBERS!

FACT SHEET

Here are the 4 numbers to know:

Blood Pressure: Keep your blood pressure around 120/80 mm Hg.

Talk with your health care team about how often to check your blood pressure and how to take it correctly.

Blood Sugar: Hemoglobin A1C (HbA1c) below 5.7 is normal.

- **Prediabetes:** 5.7 to 6.4
- **Diabetes:** 6.5 or higher

Most people with diabetes have high blood pressure too. Follow the Healthy Five and practice heart-healthy habits to manage both conditions.

Cholesterol: Get your cholesterol checked by your health provider.

- **HDL** (high-density lipoprotein) levels: 40-80 mg/dL for men and 50-80 mg/dL for women.
- **LDL** (low-density lipoprotein) levels:
  - Below 100 mg/dL to prevent heart disease.
  - Below 70 mg/dL if you have diabetes or multiple health conditions.
  - Below 55 mg/dL if you have had a heart attack or stroke.
- **Triglycerides:** The goal is less than 150 mg/dL; 150-199 mg/dL is borderline; above 200 mg/dL carries a higher risk of heart disease.
- **Total cholesterol:** Should be less than 200 mg/dL; 200-239 mg/dL is borderline; above 240 mg/dL is bad for the heart.

Your doctor or health care team will tell you when and how often to test your cholesterol based on your age, sex, and other personal factors.

Weight: Maintain a healthy weight.

- **BMI or body mass index**
  - Standard range: 18.5 to 24.9
  - Overweight: 25.0 to 29.9
  - Obesity: 30+
- **Measuring your belly**
  - In women, a waist size of 35 inches or more is tied to a high risk of heart disease or diabetes.
  - In men, a waist size of 40 inches carries these risks.

GUARDING THE HEART: HEART HEALTH

4 KEY HEART HEALTH TESTS TO ASK YOUR DOCTOR ABOUT

FACT SHEET

1. **PREVENT:** The Predicting Risk of Cardiovascular Disease (PREVENT) calculator by the American Heart Association:

   - Estimates a person's chance of having a heart attack, stroke, or heart failure using information on their cholesterol, blood pressure, and kidney function.
   - Should be used for people aged 30 to 79 without heart disease to guide talks with their doctor about treatments that can lower heart risks.

2. **Lipoprotein(a)** or Lp(a) carries cholesterol through your bloodstream. It is a genetic risk factor that should be tested at least once as an adult.

   - Lp(a) helps you understand your long-term risk of heart disease. High Lp(a) — above 125 nmol/L — is linked to a 1.4-fold increase in having a heart attack or stroke.

3. **Apolipoprotein B** (ApoB) is a type of protein that wraps around fat and cholesterol to help them flow through the bloodstream and clog your arteries.

   - Doctors consider this test better than the regular LDL test for estimating your risk of heart attacks and strokes.
   - If this number is higher than 130 mg/dL, you have a higher risk of heart disease.
   - Providers treat high ApoB the same way as high LDL: lifestyle changes such as more fruits and vegetables, lower saturated fat intake, more physical activity, a healthy weight, quitting smoking, and taking cholesterol-lowering drugs (statins).

4. **Coronary calcium scan:** Your health care team may suggest this scan to see the amount of plaque in the arteries that bring blood to the heart.

   - This special CT scan is only done if you don't have heart disease, but you may have risk factors, and your doctor wants to know whether to start treatments like a statin.
   - A score of zero means no plaque was found in your vessels. Anything above zero suggests plaque in your arteries and a higher future risk of heart disease.

GUARDING THE HEART: HEART HEALTH

HEART-SAFE ACTION PLAN

Fill out this action plan and keep it in your journal, notebook, notes app, or another place you can easily find again.

Name: _____ Date: _____

1. Know How to Check My Blood Pressure

My Actions:

- ☐ I watched the blood pressure video during the session.
- ☐ I will watch the video again at home.
- ☐ I will share the video with my family or someone who supports me.

Reminder:

When I check my blood pressure at home, I will:

1. Sit quietly for at least 5 minutes.
2. Keep my back supported and both feet flat on the floor.
3. Rest my arm on a flat surface at heart level.
4. Place the cuff on bare skin, above the bend of my elbow.
5. Take at least two readings, one minute apart, and record them.

2. Know One Important Health Number

My Actions:

Know my blood pressure reading today.

My Blood Pressure Reading today:

_____ / _____ mm Hg

Choose one other number to track:

Blood Sugar / A1C
Cholesterol
Body Weight/Belly Size

My Number: _____

3. Ask My Doctor About One Heart Health Test

I want to ask my health care professional about:

- Lipoprotein(a) or Lp(a)
- Apolipoprotein B or ApoB
- Coronary calcium scan
- PREVENT heart risk calculation

Why am I asking about it?

My question(s) for my doctor:

Appointment date:

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4. Use My Heart & Diabetes Action Plan

- ☐ I downloaded/saved the American Heart Association Action Plan for managing high blood pressure and diabetes.
- ☐ I reviewed it with my health care professional.
- ☐ I will keep it with my other tools.

A SIMPLE GUIDE FOR CELEBRATING HEALTH, WELLNESS, AND COMMUNITY

3-3-2-1 HEALTH & WELLNESS FAIR PLANNER

Celebrate your Heart & Soul journey by bringing health and wellness to life in your congregation or community. Use this 3-3-2-1 tool to plan a Health & Wellness Fair that connects participants with trusted information, resources, health screenings, and community.



3

Community Partners



3

Activations



2

Screenings



1

Celebratory Meal

3 Community Partners

Invite three organizations or professionals that can connect participants with trusted health information, services, or community resources.

1. _____

2. _____

3. _____

Ideas: Local NAACP branch · community health center or health system · public health department · mental health organization · nutrition or food access organization · college or university health program

3 Activations

Plan three events that encourage participants to engage with their health and well-being.

1. _____

2. _____

3. _____

Ideas: Movement or fitness demonstration · healthy cooking demonstration · stress management activity · sleep education station · Healthy Five trivia or game · community walk

2 Screenings

Work with qualified health professionals to offer two preventive health screenings that reflect the needs of your congregation or community.

1. _____

2. _____

Ideas: Blood pressure screening · blood glucose screening · cholesterol screening · other appropriate preventive screening

1 Celebratory Meal

Bring the community together around a meal that celebrates completing Heart & Soul while supporting fellowship, culture, and connection. Plan how this meal will fit in with the other health fair activities.

1. _____

Ideas: Use the Heart & Soul 3-3-2-1 meal-planning approach for inspiration · Include healthier options that reflect what participants learned

Fair Planning Notes

Date & Time: _____

Location: _____

Fair Lead: _____

Volunteers Needed: _____

Additional Notes: _____