

THE HOME SCAN



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Why This Exists

You already know what to do. That was never the problem. The real issue is that most people have been making health decisions without actionable data. For years, you've stepped on your bathroom scale, letting a single number guide your self-assessment. Yet that number—the least useful one you own—cannot tell you whether the fifteen pounds you lost were fat or muscle. In our facility, we answer with a sophisticated body composition scan, but you're not in our facility. That's why this guide exists: to give you five clinically-validated measurements you can take at your kitchen table, in fifteen minutes, with just a tape measure, a chair, and your phone.

Every threshold in these pages comes directly from published research and is used in clinics worldwide. If you complete all five self-tests in one sitting (ideally in the morning, before you eat), you'll see a comprehensive snapshot of your true health beyond what a scale can reveal. The secret to meaningful change isn't willpower—it's clarity. When you measure what matters, you gain the power to change it.

Do all five tests in one session. Don't round in your favor. Re-test in 90 days. One measurement is a snapshot—two create a direction. You'll notice this ebook is different: each section is backed by clinical literature, and every assessment is something you can do yourself, without special equipment.

“

You cannot fix what you
refuse to measure.

Shredded University <https://link.me/johnfrancofit>

Why Most Advice Falls Short



One Number Problem

Bathroom scales can't tell fat from muscle or show what's really changing inside your body. They miss the key health risks associated with body composition.



Data Gap

Most fitness advice lacks the clear, actionable data you need to make informed decisions, leading to confusion and frustration instead of real change.



Missing the Target

Without measuring what matters—like your actual body composition or functional strength—efforts often miss the real targets for improving long-term health.

Waist-to-Height Ratio: A Smarter Metric

Let's start with the most powerful and under-used measure: your waist-to-height ratio.

Unlike BMI, which was never designed for individual health assessment and averages out vital details, the waist-to-height ratio is strongly predictive of heart disease, diabetes, and overall metabolic risk. National guidance in the UK adopted a 0.5 ratio as the key threshold in 2022, recognizing that fat stored around your waist signals far greater risk than fat spread elsewhere.

Why is this so important? Central fat—the kind that accumulates around your belly—drives inflammation, hormonal changes, and serious risk for cardiovascular issues. Measuring is simpler than you think. Just stand up straight, breathe out, and wrap a tape measure around your bare waist at belly-button level, parallel to the floor. Don't suck in; be honest. Then, divide your waist measurement by your height (use inches, or centimeters—just be consistent).

- 0.40–0.49 Healthy
- 0.50–0.59 Increased risk
- 0.60+ High risk

Use this formula: Waist ___ ÷ Height ___ = ___. Write your result below, and compare with the ranges above.



How to Measure: Step-by-Step Guide

1. Stand upright with feet together and relaxed, arms at your sides.
2. Locate the midpoint between your last rib and the top of your hip bone, usually at the height of your belly button.
3. Breathe out normally; don't hold your stomach in.
4. Use a non-stretch tape measure, wrapped horizontally, snug but not tight.
5. Record your waist and height in the same units, then calculate your result.

Fill in your own numbers:

Waist _____ ÷ Height _____ = _____

Compare your number to the clinical thresholds provided in the previous section. Even small decreases in this ratio can mean meaningful improvements in your health outlook over time.



Waist-to-Height Ratio: Fast Facts



Central Fat Risk

Fat around your waist is more predictive of heart and metabolic risk than weight spread elsewhere on your body.



Simple Formula

All you need to calculate your ratio is a flexible measuring tape and your own height—no other equipment necessary.



Proven Clinical Thresholds

The UK NHS and international experts now use a 0.5 ratio as a key line for health; staying under half your height is a sound target.



**Measure what is measurable, and make measurable what
is not so.**

Galileo Galilei

Waist Circumference: What Your Tape Reveals

Your waist circumference is the simplest way to estimate your visceral fat—the fat stored deep in your abdomen around your organs. Unlike the soft, pinchable fat under your skin (subcutaneous fat), visceral fat silently raises your risk for high blood pressure, prediabetes, and non-alcoholic fatty liver disease.

Clinical thresholds are straightforward: for men, a waist greater than 40 inches is high risk; for women, over 35 inches. This number holds true even if your weight is in the so-called normal range. Visceral fat doesn't just affect how clothes fit—it disrupts your metabolism and signals increased disease risk.

How to measure: At the end of a normal exhale, wrap your measuring tape around your waist at belly button level, keeping the tape horizontal and snug.



Recording and Acting on Your Waist Circumference

Use this fillable box to record your number:

My waist: _____ inches

Compare the result to the thresholds for gender. If your number is at or above the cutoff, it's not a character flaw—it's a critical clue. Data suggest that changing this number, even by an inch or two, can make a real difference for blood pressure, blood sugar, and your long-term risk for metabolic disease.

Remember, subcutaneous fat is what you see; visceral fat is what your labs see. Visible or not, the number provides insight your mirror doesn't. Future changes should be measured from this baseline, not from memory or appearance alone.



Waist Circumference: Differences That Matter



Visceral Fat

This fat wraps around your organs and fuels high blood sugar, hypertension, and liver trouble—often unseen until measured.



Subcutaneous vs. Visceral

Subcutaneous fat is what you can pinch. Visceral fat shows up in your labs and quietly raises your health risk.

“

What gets measured
gets managed.

Peter Drucker

The Chair Test: Functional Strength at Home

You'll notice the effects of muscle loss in your legs before you ever see it in the mirror. Daily activities—climbing stairs, carrying groceries, getting out of a chair—feel harder. The Five-Times Sit-to-Stand Test is used globally to screen for sarcopenia, or age-related muscle loss. It requires no special equipment: just a solid chair and a stopwatch (your phone will do).

How to perform:

1. Place a dining chair against a wall for safety. Sit with your feet flat on the floor, arms crossed over your chest.
 2. Without using your hands or arms for assistance, stand up fully and sit back down, repeating this movement five times as fast as you safely can.
 3. Time yourself and record your result.
- Under 12 seconds: Good
 - 12–15 seconds: Watch this
 - Over 15 seconds: Clinical threshold for low muscle strength

Box: My time _____ seconds

Safety note: If you have a knee, hip, or back injury, skip this test and speak with your physician before trying again.

Why Functional Strength Matters after 40



Practical Health Check

Leg strength declines faster than any other muscle group as you age. This test highlights deficits before they become critical.



Screening for Sarcopenia

Loss of leg strength is a key risk factor for falls, fractures, and mobility issues in middle age and beyond.

Push-Up Capacity: A Window into Heart Health

In a landmark 10-year study of over 1,100 middle-aged men at Harvard, push-up capacity outperformed treadmill stress testing for predicting major cardiovascular events. Men who could perform more than 40 push-ups had dramatically lower rates of heart issues compared to those who couldn't reach 10. Let's be honest: this shows association, not causation, but it's a powerful functional check.

Here's how to do it:

- Get into a standard push-up position—palms flat, arms straight below your shoulders, body in a straight line from head to heels.
- Lower yourself until your chest nearly touches your fist on the floor, then press up without long pauses or loss of form.
- Count each push-up until your form breaks (hips sag, back arches, or incomplete range of motion).

Women or anyone recovering or rebuilding strength should perform the same test from their knees. Track your personal trends over time, not just compare to absolute numbers.

Tracking and Interpreting Push-Up Results

Box: My count _____

Compare your result to your own last best. The point isn't competition—it's seeing your movement over time. If you can do more in 90 days, your heart and muscular health are both improving. If you struggle to complete even one, don't see this as failure but as the place to start. Track, adapt, and improve.



Push-Up Test: Why It Works



No Equipment Needed

Assess your cardiorespiratory fitness and upper body strength with no gym memberships or gadgets required.



Trackable Progress

Anyone can start—what matters isn't your starting point, but your trend over months and years, not just days.



**It does not matter how slowly you go as long as you do not
stop.**

Confucius

Your Labs: Interpreting Key Markers

Your bloodwork tells the internal story—sometimes before symptoms are visible. For this self-scan, pull your latest labs. If they're over a year old, schedule a new draw as soon as possible. Start with these numbers:

- Blood Pressure (BP): Under 120/80 Normal | 120–129 Elevated | 130–139/80–89 Stage 1 Hypertension | 140/90+ Stage 2
- A1c: Under 5.7% Normal | 5.7–6.4% Prediabetes | 6.5%+ Diabetes range
- Also record: Total cholesterol, HDL, triglycerides, and any note on fatty liver

Box: Record your values here and use these cutoffs as guideposts. Even if everything is in range now, regular checks reveal crucial shifts early. If your doctor focuses only on weight or gives advice like “lose weight and move more,” that’s a warning, not a plan. You need a number, a method, and someone tracking your progress.

Your Labs: Turning Data Into Action

Filling in your lab data creates accountability and reveals trends. If any result is out-of-range, it needs action—not just awareness. You don't need perfection; you need a starting point and a next step. Significant improvement almost always comes from incremental, monitored changes.

Callout: Your doctor may give you a warning—turn it into a plan by setting specific goals, tracking them, and checking again in three months. Write down your numbers below and refer to them on re-test day.

Action Steps: Labs to Lifestyle



Pull Your Labs

You can't improve what you don't track. Get the latest on BP, A1c, cholesterol, and liver health to catch patterns early.



Turn Data Into Plans

A plan means picking a number to watch, a method for improvement, and a system for checking your progress on re-test.

The Scorecard: Putting It All Together

Here is your scorecard—a single place to collect your five numbers every 90 days, so you can track your trends, celebrate progress, and make targeted changes. If three or more of your results fall outside the healthy range, remember: this is the result of everyday life, not personal failure. Adults typically lose 3–5% of muscle mass per decade after age thirty. Strength can decline two to five times faster than mass. The good news? None of this is inevitable. With resistance training and adequate protein, you can add or maintain muscle at any age. Knowledge is only the first step—what you do with these numbers matters most.

Measurement	Your Value	Date	Re-test Date
Waist-to-Height Ratio			
Waist Circumference			
Sit-to-Stand Time			
Push-Up Reps			
Bloodwork (BP, labs)			

Making Sense of Results

Don't be discouraged if your numbers aren't ideal. They reflect years spent building a career, running a household, and facing the relentless demands of life. This is normal, and none of it is unchangeable. What matters is the choice to measure, the willingness to face the data, and the commitment to adjust your approach. If your numbers moved positively after re-testing, keep going. If not, you don't have a discipline problem—you have a strategy problem, and that's absolutely fixable with the right plan.

Charcoal block with gold border: Re-test in 90 days. If your numbers moved, great—keep going. If nothing changed, it's not a willpower issue: your approach needs adjusting, not your character.

Call to action: Reply READY and I'll personally review your five numbers and tell you what I'd do first.

The Power of Re-Testing



Two Is a Trend

Each new set of numbers isn't just a result—it's your direction over time. Change happens in trends, not one-offs.



Respond to What You See

Real improvement means adjusting your strategy if the data isn't moving. Don't wait another year to check back in.

“
Start where you are.
Use what you have. Do
what you can.

Arthur Ashe

Sources & Disclaimer

Major clinical references: Ashwell & Gibson, Health Survey for England; NICE obesity guidance 2022; Cruz-Jentoft et al, EWGSOP2, Age and Ageing 2019; Yang et al, JAMA Netw Open 2019; Mitchell et al, Front Physiol 2012; ACC/AHA 2017 BP Guideline; ADA Standards of Care.

General education only. Not medical advice or diagnosis. These are population-level screening references. Consult your physician before starting any exercise program, especially if you have a heart condition or chronic illness. Stop any test if you feel pain, dizziness, or chest discomfort.

A photograph of a spiral-bound notebook with a silver metal spiral binding. The notebook is open to a white page with the words "HEALTH AND WELLNESS" written in a large, black, hand-drawn, sans-serif font. The notebook is resting on a light-colored wooden surface. To the right of the notebook, a stethoscope with a silver chest piece and blue tubing is visible. In the top right corner, a small potted plant with green, grass-like leaves is partially visible.

HEALTH
AND
WELLNESS