

Capability Reserve Check-In

A 10-minute monthly record of how everyday movement feels. Compare only with your own previous check-ins under similar conditions. This sheet does not calculate a diagnosis, predict falls or grade your health.

STOP AND GET APPROPRIATE HELP

Do not begin if you feel unwell or unsafe. Stop for chest pressure, faintness, new dizziness, sudden weakness, severe or sharp pain, unusual breathlessness, or loss of balance you cannot control. New or rapidly declining function deserves professional assessment.

1. Make the check-in repeatable

Date		Time	
Chair / support		Footwear	
Energy today (low / usual / high)		Pain before starting (0-10 + location)	

2. Five everyday capability checks

Use a clear, non-slip area and stable support. Choose an easier version whenever needed. Quality and confidence matter more than repetitions.

1 RISE - controlled chair stands

Set-up: Use the same firm chair and the same hand-support rule. Complete up to five calm stands; this is not a 30-second maximum test.

Record: Number completed, hand support used, control on the way down, pain or dizziness.

Result / notes: _____

2 HINGE - lift from a known height

Set-up: Use the same light household object or kettlebell from the same raised, stable surface. Perform up to three controlled lifts.

Record: Object/load, starting height, whether it stayed close, and how steady the feet felt.

Result / notes: _____

3 CARRY - a short clear route

Set-up: Carry the same two manageable bags along a familiar 10-20 step route. Keep a place available to set them down.

Record: Load description, route, posture, grip comfort, breathing and confidence.

Result / notes: _____

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4 PUSH + PULL - controlled repetitions

Set-up: Use the same wall push-up position and the same light resistance-band row set-up. Complete up to five of each.

Record: Position or band, smooth range, joint comfort and whether the final repetition matched the first.

Result / notes: _____

5 STABILIZE + STEP - supported step pattern

Set-up: Stand beside a stable counter. Use the same low step or repeat five controlled weight shifts if stepping is not appropriate.

Record: Support used, side-to-side difference, hesitation, foot placement and confidence.

Result / notes: _____

3. Read the pattern, not a score

Compared with last month	Easier / Similar / Harder / First check-in
What improved?	
What felt less secure?	
What changed outside training?	Sleep / illness / medication / pain / stress / activity / other

4. Choose one next action

One pattern I will practise twice weekly:

One set-up change that will make practice safer or easier:

Question or change I will discuss with a qualified professional:

Use and limitations

This FitFatAI worksheet adapts everyday movement patterns into a consistency log. It is not the CDC STEADI protocol and does not replace standardized clinical testing. Do not compare results with online age tables or use them to clear yourself for exercise. Repeat no more than monthly unless a qualified professional asks otherwise.

Sources: U.S. Physical Activity Guidelines for Americans, 2nd edition; CDC STEADI Clinical Resources; WHO Guidelines on Physical Activity and Sedentary Behaviour. Reviewed August 24, 2026.