

First-party healthspan data, Singapore

The Singapore Healthspan Report

Over 700 Singaporeans have now taken the Catalyst Healthspan Audit, our free online self-assessment that scores how well the body is built to last across four pillars: body composition, cardiorespiratory fitness, stability, and strength. The median Healthspan Score is 5.4 out of 10, and just over half of people land in the two lowest bands before they change a thing. This is first-party data from people who took our audit, reported only in aggregate. The figures elsewhere on this page are public research. These are ours.

700+

Singaporeans audited

5.4 / 10

Median Healthspan Score

~51%

In the two lowest bands

1 in 5

Sarcopenia risk flag

A note on who this is. People who take a healthspan self-assessment are, by definition, a more health-interested slice of Singapore, not a random cross-section of the population. Read the figures below with that in mind: they describe an engaged, motivated group. That is what makes the gaps striking rather than reassuring, because if the people already paying attention look like this, the wider population is unlikely to look any better.

Prepared by Bervin Manoharan, Co-Founder and General Manager, Catalyst Performance. Full interactive data, sources, and citation format at catalystperformance.sg/fitness-and-longevity-statistics.

01 Strength training tracks with a higher Healthspan Score, session by session

4.2 -> 7.7



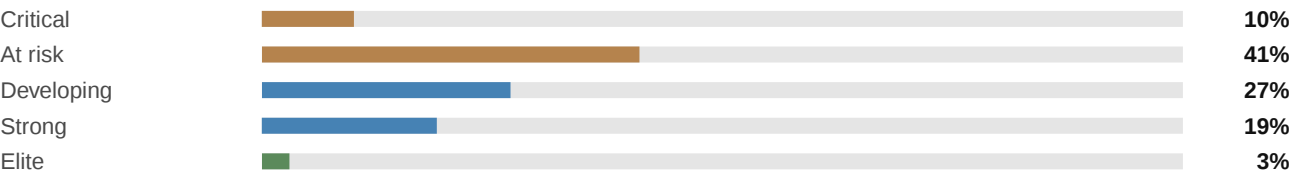
In the Catalyst Healthspan Audit of over 700 Singaporeans, people who report more weekly strength sessions also score higher, in a consistent step up from 4.2 at zero sessions to 7.7 at four or more.

The pattern is consistent across every frequency band with no plateau. We are careful here: this is an association in a single snapshot of self-reported data, not proof that training caused the higher scores, and part of the relationship is expected by design, since strength training feeds directly into one of the four scored pillars. Read honestly, it still points the same way as the wider resistance-training evidence.

We have argued for years that strength is the lever most people under-pull, and our own audience draws the line for us. The people who never lift sit at the bottom, every time.

02 Even the engaged are not as ready as they think

~51% in the two lowest bands



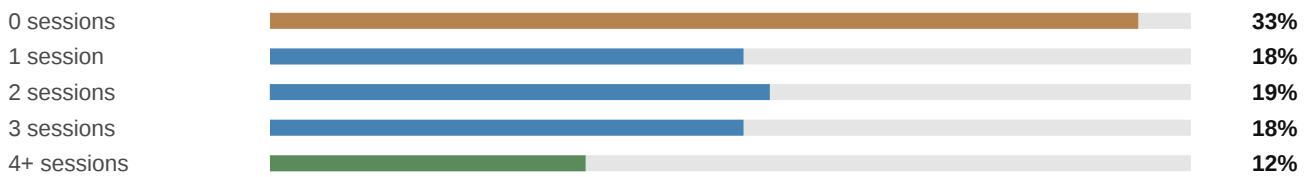
Among over 700 Singaporeans who took our Healthspan Audit, just over half landed in the two lowest readiness bands despite being motivated enough to seek the audit out.

This is the finding that ties the page together, and the self-selection makes it stronger, not weaker. These are not random Singaporeans; they are people engaged enough to measure themselves, and just over half still scored in the bottom two bands. If the health-curious end of the market looks like this, the people who never measure are unlikely to be in better shape.

The people taking our audit are already paying attention, and even they are not ready for the decades ahead. That gap between intent and capacity is the whole reason Catalyst exists.

03 Most people barely strength train, or not at all

Over half do one session a week or none



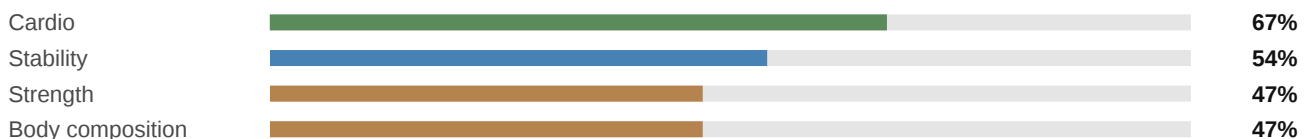
In the Catalyst Healthspan Audit, over half of Singaporeans do one weekly strength session or none, with a third doing zero.

Set against the previous finding, this is the heart of the data: the single biggest healthspan lever is the one most people are not using. Self-report most likely flatters the real picture, since people tend to round their training up. The gap is not about motivation, because these people sought out an audit; it is about structure and guidance.

The intent is there, the doing is not. Half the people who measured themselves are leaving the highest-return work on the table, and that is a coaching problem, not a willpower one.

04 Body composition and strength trail cardio and stability

Cardio highest, body composition and strength nearly tied lowest



Across the Catalyst Healthspan Audit, cardio is the strongest pillar on average while strength and body composition score lowest, essentially tied, the two pillars that decay fastest with age.

The ordering is consistent across the sample and tells a clear story about what Singapore's active population trains and what it neglects. Strength and body composition sit within half a point of each other, close enough that we read them as a shared weak point rather than ranking one below the other. Scores are normalised to each pillar's own maximum, so this is about relative neglect, not an absolute physiological ranking.

Singapore runs, cycles, and clocks its steps. What it skips is the muscle and composition work that actually protects the back half of life. Our four-pillar lens exists to make that blind spot visible.

05 The fit-looking but under-muscled paradox

About 1 in 6

~1 in 6

have strong cardio yet weak body composition, a profile a scale and a good run both hide

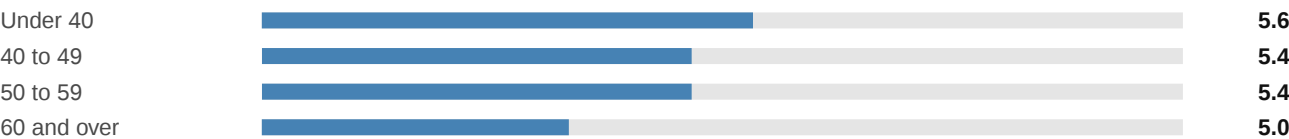
Roughly one in six Catalyst Healthspan Audit participants has strong cardio but weak body composition, the classic under-muscled profile.

This is the clearest sign of mis-allocated effort in the data: cardiovascularly fit, but carrying too little muscle relative to their frame. Because the audit scores composition separately from cardio, it surfaces a risk that a bathroom scale and a fast 10k both miss. We flag this as a screening signal, not a diagnosis, and the thresholds are our own.

Looking fit and being resilient are not the same thing, and one in six of our audit-takers proves it. Cardio earns the appearance; muscle earns the decades.

06 The Healthspan Score eases down with each decade

5.6 -> 5.0



In the Catalyst Healthspan Audit, the median Healthspan Score eases from 5.6 in the under-40s to 5.0 in the over-60s, levelling through the 40s and 50s before easing again after 60.

The decline is real but gentler than the usual fear narrative, which says it is a slope you can manage rather than a cliff you fall off. Older audit-takers are likely a more health-engaged slice of their age group, so the true population curve is probably steeper than this. Framed forward, the work you do in your 40s sets the height of the curve you ride into your 60s.

The decade-by-decade slide is not destiny; it is a gradient, and the people who train through their 40s and 50s bend it. We coach for the back half of that curve, not the next eight weeks.

07 The weak point shifts from strength to stability with age

Strength in the 40s and 50s, stability at 60+

Strength -> stability

the most common weakest pillar moves from strength in midlife to stability after 60

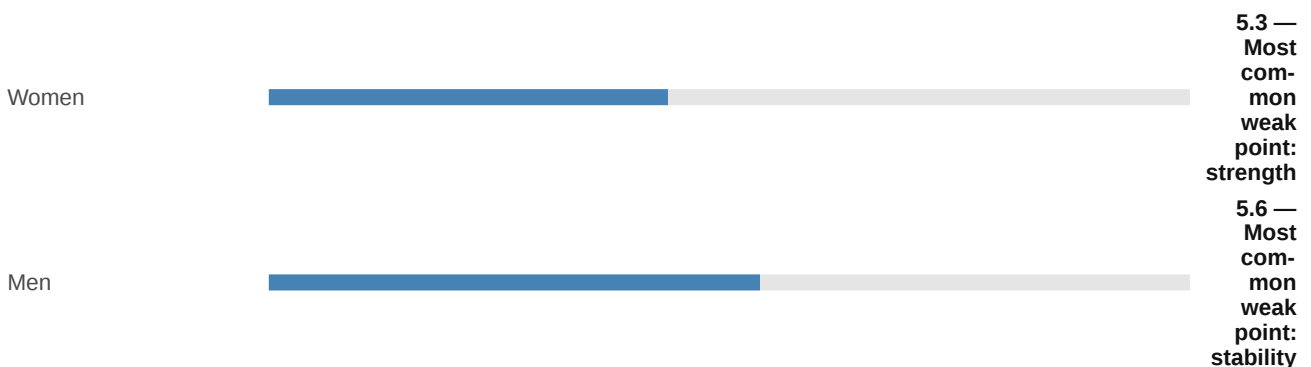
In the Catalyst Healthspan Audit, strength is the most common weakest pillar through the 40s and 50s, while stability overtakes it at 60 and beyond.

This is one of the most useful patterns in the data, because it means the right work is age-dependent: a 45-year-old's biggest gap tends to be force, a 65-year-old's tends to be balance, the pillar most tied to fall risk. We read this as a shift in relative weakness, not as strength mattering less with age. The oldest group is the smallest, so we hold this as a strong signal rather than a settled fact.

There is no single fix for getting older; the gap moves, so the programme has to move with it. Strength first through the 40s and 50s, stability brought to the front as balance becomes what keeps you independent.

08 Women and men walk in with different weak points

Women: strength · Men: stability



In the Catalyst Healthspan Audit, women most often have strength as their weakest pillar while men most often have stability.

The overall score gap is modest and partly reflects how the composite weights pillars, so we do not lean on 'men are fitter'. The useful finding is the divergence in weakness: women most often need strength work, directly relevant to bone density and the menopausal transition, while men most often need stability and control.

The average hides the useful truth: women and men arrive with different gaps, so they should not walk into the same programme. For women in particular, strength is the bone-and-longevity investment the data keeps pointing at.

09 One in five shows a sarcopenia risk flag before they reach us

1 in 5



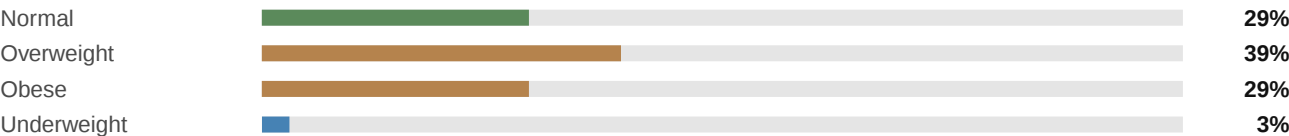
Around one in five Catalyst Healthspan Audit participants carries a screening flag for elevated sarcopenia risk, the age-related loss of muscle.

Muscle-loss risk showing up in nearly one in five health-curious adults is a genuine signal, and it ties the dataset together: low strength training, weak body composition, and sarcopenia risk are the same story told three ways. These are screening flags from a self-report instrument, not clinical diagnoses, and the small share who need professional care are routed accordingly.

Muscle is the tissue that decides how the next thirty years go, and one in five of our audit-takers is already losing the argument. Catching that early, before it becomes a clinical problem, is the whole point of measuring.

10 Two in three sit above a healthy weight on Asian cutoffs

~68% on Asian BMI cutoffs



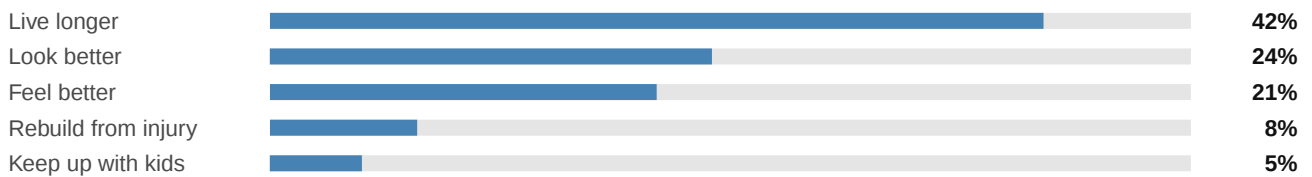
Using Asian-specific BMI cutoffs, about two in three Catalyst Healthspan Audit participants sit above a healthy weight.

These figures use the lower Asian cutoffs (overweight at 23, obese at 27.5), so they are not comparable to obesity rates quoted on standard cutoffs. BMI is a blunt screening proxy that cannot separate muscle from fat, which is exactly why we pair it with the body-composition pillar; read together, the high overweight share and the low body-composition scores point the same way.

BMI on its own is crude, but two-thirds above the healthy line, sitting next to body composition as the weakest pillar, is a pattern we trust. The fix is not just less weight; it is more muscle under that weight.

11 People come to live longer, not to look better

Longevity is the top reason



The top reason people take the Catalyst Healthspan Audit is to live longer, well ahead of looking better.

Longevity, not aesthetics, is the dominant driver among people seeking out a healthspan audit, which fits a healthspan-first positioning over a transformation-first one. There is selection at play, since an audit framed around healthspan attracts longevity-minded people, so this describes our audience, not all of Singapore.

People are no longer just chasing a look; they want the years, and the quality of those years. That is the conversation we have been built around from day one.

12 A real quantified-self segment, and it peaks in the 40s

~37% enter exact numbers

~37%

entered exact measurements rather than estimates, a proxy for owning a smart scale, wearable, or lab data; this peaks in the 40 to 49 band

More than a third of Catalyst Healthspan Audit participants enter exact figures rather than estimates, a proxy for tracking themselves with a smart scale, wearable, or lab data, and that share peaks in the 40s.

This marks a distinct, addressable persona: data-literate, mid-life, and ready to act on numbers. It is an inference from how people answered rather than a verified device-ownership survey, so we treat it as a strong proxy, not a measured fact. It also tells us this audience respects evidence, which is how we communicate anyway.

A large share of the people we attract already live by their own numbers, and they peak right at the age when the data starts to matter most. They do not want hype; they want a programme that reads the numbers as seriously as they do.

13 Cardio is the most comforting and most misleading number

The weak point for only ~6%

~6%

of participants have cardio as their weakest pillar, by far the rarest weak point

Cardio is the highest-scoring pillar in the Catalyst Healthspan Audit and the weakest pillar for only about one in seventeen people, by far the rarest weak point.

The market is over-invested in the pillar it already does well and under-invested in the two that decay fastest. We are not knocking cardio, which is genuinely protective; the point is allocation. The risk is that a strong cardio number gives people false reassurance about a picture the audit shows is weaker elsewhere.

A strong cardio score is the most comforting and most misleading number people bring us, because it is rarely where the real gap is. Feeling fit on a run is not the same as being built for the decades.

14 Demand for measuring healthspan built fast in the second quarter

More than doubled, May to June

Up sharply

monthly completed audits more than doubled from May to June 2026

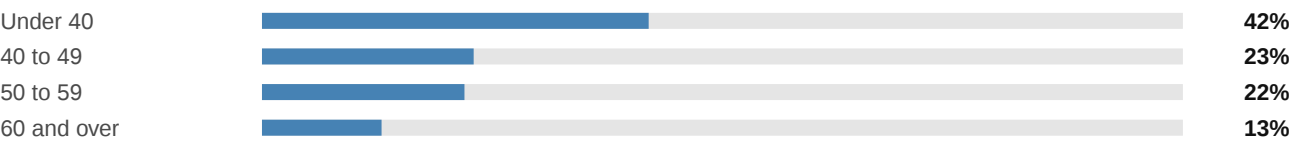
Completed Catalyst Healthspan Audits more than doubled from May to June 2026.

The lift points to genuine, building interest in self-directed healthspan measurement over that stretch. Two months is a short run, so we do not extrapolate a longer trend line from it, and some of the rise reflects marketing reach rather than pure organic pull. We track this figure monthly and will update it as more complete months land.

Interest in measuring healthspan is not a trickle; May into June alone more than doubled. Singapore is starting to ask the healthspan question out loud, and we are the ones holding the instrument.

15 Healthspan thinking is starting before 40

The under-40s are the largest group



The largest single age group taking the Catalyst Healthspan Audit is under 40, and they post the highest scores.

A healthspan-framed instrument pulling its largest audience from under-40s says longevity thinking is moving earlier in life, which supports a forward-framed '40s and beyond' positioning that starts before decline sets in. As a self-selected online audience this skews younger and more digital than a walk-in market, so we read it as where the interest is, not the full picture of who needs the work.

Healthspan is no longer a conversation people put off until 60; the biggest slice of our audit-takers is under 40 and starting early. That is exactly the timing that works, because the cheapest decade to protect is the one before it slips.

Methodology

These figures come from over 700 people, the large majority based in Singapore, who completed our free online Healthspan Audit. They are self-selected and health-engaged, not a representative sample of all Singapore, and most answers are self-reported, so we read everything as directional rather than diagnostic. The Healthspan Score is our own composite, useful for comparison within the audit but not a clinical measure, and the bands are readiness labels, not medical diagnoses. BMI uses Asian-specific cutoffs, which sit lower than standard ones. Where we note that one group scores differently, that is an association in a single snapshot, not proof of cause, and smaller subgroups carry more uncertainty.

How to cite this report

Catalyst Performance. "The Catalyst Healthspan Audit: First-Party Healthspan Data, Singapore." Aggregate data from over 700 free Healthspan Audit participants. Last updated July 2026. <https://catalystperformance.sg/fitness-and-longevity-statistics#catalyst-audit>

Take the audit

See where you stand against this dataset

The free, 3-minute Catalyst Healthspan Audit scores you across the same four pillars and benchmarks you against every figure in this report.

catalystperformance.sg/healthspan-audit