



# ANTHROPOMETRY FORM

NUMBER:        CONTACT YEAR:   FORM CODE:     VERSION: B 01-22

NAME:           INITIALS:

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Reports Clearance Officer, PHS, 721-H Hubert H. Humphrey Bldg., 200 Independence Ave. SW, Washington, D.C. 20201, Attn. PRA; and to the Office of Management and Budget, Paperwork Reduction Project (OMB 0925-0281), Washington, D.C. 20503.

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry.

## ANTHROPOMETRY (ANTB screen 1 of 2)

### WEIGHT

Weight (to the nearest lb):.....    lb

### SKINFOLDS (to the nearest mm)

Triceps Measurements (mm):...

1	2
a. <input type="text"/> <input type="text"/> mm	b. <input type="text"/> <input type="text"/> mm

Subscapular Measurements (mm):..

1	2
a. <input type="text"/> <input type="text"/> mm	b. <input type="text"/> <input type="text"/> mm

### C. BODY SIZE

4. Girths (to the nearest cm)

a. Waist:.....

b. Hip:.....

5. Elbow breadth (to the nearest mm):.....

## ANTHROPOMETRY (ANTB screen 2 of 2)

### ADMINISTRATIVE INFORMATION

Date of data collection:.....   /   /    
month                  day                  year

Method of data collection:.....Computer      C  
                                                                                  Paper form      P

Code number of person completing this form:.....

INSTRUCTIONS FOR THE ANTHROPOMETRY FORM  
ANT, VERSION B, 1/22/90  
PREPARED 1/22/90

### I. GENERAL INSTRUCTIONS

The Anthropometry form should be completed during the participant's clinic visit to record the results of that procedure. The technician must be certified and should have a working knowledge of the ARIC Anthropometry Manual of Operations. The technician also should be familiar with and understand the document titled "General Instructions for Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

### II. DETAILED INSTRUCTIONS FOR EACH ITEM

1. Weight is taken with minimal clothing. Record results to the nearest pound, rounding down.
- 2,3. Following the procedure in the Manual of Operations, the skinfold should be lifted two or three times to determine the fold to be measured before placing the calipers. Upon completing the first measurement, remove the calipers, record the results and repeat the procedure one more time. The results should be recorded to the nearest millimeter, rounding down.
4. Girth measurements are to be taken against the skin or over lightweight non-constricting underwear.
  - 4a. (Waist) Place the tape horizontally at the level of the umbilicus (navel). Record the results to the nearest centimeter, rounding down.
  - 4b. (Hip) The objective here is to measure the maximal circumference. The measuring tape must be kept horizontal throughout this procedure. Record the results to the nearest centimeter, rounding down.
5. Follow the procedures in the Manual of Operations. Record the results to the nearest millimeter, rounding down.
6. Enter the date on which the participant was seen in the clinic. Code in numbers using leading zeroes where necessary to fill all boxes. For example, May 3, 1986, would be entered as:

0	5	1	0	3	1	8	6
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month                      day                      year

7. If the form was completed partially on paper and partially on the computer, code as "Paper Form."
8. The person at the clinic who has completed this form must enter his/her code number in the boxes provided.