Public reporting burden for this collection of information is estimated to average 04 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281). Do not return the completed form to this address.



## ANTHROPOMETRY FORM

OMB#: 0925-0281 Exp. 3/31/2014

ID NUMBER: FORM CODE: A N T DATE: 06/01/2011 Version 1.0
ADMINISTRATIVE INFORMATION  Oa. Completion Date:
<b>Instructions</b> : In order to measure bioimpedence, the participant must be barefoot. Set the Tanita analyzer to repo metric units (cm/kg).
A. DETERMINATION OF ABILITY TO STAND
1. Assessment of ability to stand (choose one):  Can stand erectly on both feet.  Can stand on both feet, but posture not erect.  B  GO TO ITEM 3  Cannot stand on both feet.  C
B. SELF REPORT
2. a) Self-reported weight (to the nearest lb or kg):
b) Units (check one): lb
C. MEASURED HEIGHT, WEIGHT, and BIO-IMPEDENCE
3. Standing height (round to nearest cm): cm
4. Weight: kg
5. Fat (%):
6. Impedance: Ohms
7. Fat mass: kg
8. Lean body mass (FFM): kg
9. Total body water (TBW): kg
D. BODY SIZE
10. Girth (round to nearest cm)
a) Waist: cm
b) Hip: cm

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## INSTRUCTIONS FOR THE ANTHROPOMETRY (ANT) FORM

## I. General Instructions

The Anthropometry form is completed during the participant's clinic visit to record the results of that procedure. The technician must be certified to perform each of the anthropometric measurements and should have a working knowledge of the anthropometry procedures documented in Manual 2, Field Center Procedures.

For quality control purposes, five percent of the participants will be randomly selected to have their anthropometric measurements repeated by a different technician. The instructions on how to select the participant for repeat measurements are described in the 'Anthropometry Replicate Measurements Procedures' Memo from the CSCC dated July 14, 2011. The technician performing the initial measurements should not be aware that a repeat is to be done until after the initial measurement is complete. The technician who repeats the measurements completes a new or second occurrence of the ANT form, without looking at the measurement determined by the first technician. Instructions on completing a second occurrence of the ANT form is located on the ARIC website under 'Training', 'DMS', 'Occurrences Instructions'.

## II. Detailed Instructions for Each Item

Anthropometry is performed before the clinic snack and after offering the participant an opportunity to empty his or her bladder.

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
- 1. Determination of ability to stand

As described in Section 11 of Manual 2, measurements of weight, height, waist and hip circumferences are made while the participant is standing erectly. Thus, prior to beginning the anthropometry sequence it is important to determine the participant's ability to do so. The following prototype script can be used to make this assessment.

"The height, weight, and circumference measures that we'll be taking are all done with you standing. Do you have any conditions that will prevent you from standing while we take these measurements?"

If NO and the participant can stand erectly, enter A as the response for item# 1 and proceed with the measurements. While doing so, evaluate his or her standing posture. If the participant is not able to stand straight, change the response for item #1 to B <can stand on both feet, but posture, not erect> and proceed with the measurements.

If YES, enter the appropriate response in the data management system (DMS) on item #1, as follows. If the participant can stand on both feet but is unable to stand erect – such as due to a severe kyphosis or requires a walker or other support to stand - enter B on item #1 and proceed to weigh the participant on the balance scale. Record the weight in item 4 of section C, and set all other items in section C to permanently missing (Standing height, Fat%, Impedance, Fat mass, Lean body mass, and Total body water).

If standing on a balance scale is uncomfortable to the participant or poses a safety risk, do not weigh the participant; instead, ask for a self-reported weight, enter the value in Item B.2, change

- the response to Item A.1 to C, and proceed to close and save the form.
- If the participant cannot stand on both feet, enter C in item A.1 and then go to item #2 (self-reported weight).
- 2. Self-reported weight: Ask the participant his/her weight. Record results to the nearest pound or kilogram, rounding down.
- 3. When measuring standing height, be sure that the participant's head is in the Frankfort horizontal plane as described in the Manual of Operations. Record the height to the nearest centimeter using leading zeroes if necessary. If height is between the centimeter marks, round down to the nearest whole number.
- 4. Weight is taken with minimal clothing (gown/scrubs, etc.). 5-9. Participants with pacemakers or defibrillators should **not** have bioimpedance performed. Instead, weigh the participant on the balance scale and record the measurement in Item C.4, and set each of % fat, impedance, fat mass, lean body mass, and total body water to permanently missing. If any technical problems occur during the bioimpedance procedure, record them in a notelog for Q6.
- 10. Girth measurements are taken against the skin or over lightweight non-constricting underwear, at the discretion of the field center.
- 10a. (Waist) Ask the participant to stand with his/her feet apart and weight equally distributed while the waist is measured. Raise or lower any clothing that might interfere with the measurement. Stand or sit behind and to the right of the participant. Being at eye level with the Gulick tape is essential to keeping the tape level for an accurate measurement. The measurement is taken at the point where the horizontal line just above the uppermost lateral border of the right ilium intersects with the mid-axillary line of the body. Palpate the hip area to locate the right ilium (see Figure 3). Draw a horizontal line just above the uppermost lateral border of the right ilium and then cross the line to indicate the mid-axillary line of the body. Standing on the participant's right side, place the measuring tape around the trunk in a horizontal plane at the level marked on the right side of the trunk. Hold the zero end below the measurement value. Make the reading when the first red ball of the Gulick appears in the window. Record the results to the nearest centimeter, rounding down.
- 10b. (Hip) The objective here is to measure the maximal circumference of the gluteal (hip) muscles. The measuring tape must be kept horizontal throughout this procedure. Record the results to the nearest centimeter, rounding down.