



ANTHROPOMETRY FORM

ID NUMBER:

FORM CODE: ANT
VERSION: 1.0 10/26/10

Visit Number

SEQ #

0a) Form Date /

0b) Initials

Instructions: This form should be completed during the participant's visit. For numerical responses, enter the number so that the last digit appears in the rightmost box.

1) Assessment of ability to stand (choose one):.....

- Can stand erectly on both feet 1
- Can stand on both feet, but posture not erect ... 2
- Cannot stand on both feet..... 3 → **End**

2) Standing height (round to nearest cm):..... cm

3) Weight: kg

4) BMI:..... . wt/ht²

5) Arm Span cm

6) Girth (round to nearest cm)

a) Waist: cm

b) Hip: cm

c) Neck: cm