O.M.B. 0925-0281
exp. 7-31-89

A-237

ARIC ANTHROPOMETRY FORM

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ] CONTACT YEAR: [0][1] FORM CODE: [A][N][T] VERSION: A 11-01-

LAST NAME: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] INITIALS: [ ][ ]

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 (ANTA screen 1 of 2)

A. HEIGHT AND WEIGHT

1. Standing height (to the nearest cm):..... [ ][ ][ ] cm

2. Unadjusted sitting height (to the nearest cm):..... [ ][ ][ ] cm

3. Stool height (to the nearest cm):..... [ ][ ][ ] cm

4. Weight (to the nearest lb):..... [ ][ ][ ] lb

B. SKINFOLDS (to the nearest mm)

5. Triceps Measurements (mm):...

	1	2
	a. [ ][ ] mm	b. [ ][ ] mm

6. Subscapular Measurements (mm):...

	1	2
	a. [ ][ ] mm	b. [ ][ ] mm

ANTHROPOMETRY (ANTA screen 2 of 2)

C. BODY SIZE

7. Girths (to the nearest cm)

a. Waist:..... [ ][ ][ ] cm

b. Hip:..... [ ][ ][ ] cm

c. Calf:..... [ ][ ][ ] cm

8. Wrist breadth (to the nearest mm):..... [ ][ ] mm

D. ADMINISTRATIVE INFORMATION

9. Date of data collection:..... [ ][ ] - [ ][ ] - [ ][ ]
month day year

10. Method of data collection:.....Computer
Paper form

11. Code number of person completing this form:..... [ ][ ][ ]