

## Attachment 13

**Anthropometry Measurements**

**OMB#: #####-##### EXP.DATE: ##/##/####**

### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes for this questionnaire, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review 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 current, 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 (#####-#####).

# Anthropometry Data Collection Form

## WEIGHT

	<b>WEIGHT 1</b>	<b>WEIGHT 2</b>
MEASURED WEIGHT?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
WEIGHT IN KG	_____ . ____ kg	_____ . ____ kg
EXCEEDS CAPACITY?	<input type="checkbox"/> (check if applicable)	
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)

IF WEIGHT 1 AND WEIGHT 2 DIFFER BY GREATER THAN 0.3 KG, CONTINUE WITH WEIGHT 3 AND THEN GO TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR WEIGHT. OTHERWISE, GO DIRECTLY TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR WEIGHT.

Weight 3

<b>MEASURED WEIGHT?</b>	
<input type="checkbox"/> (check if applicable)	_____ . ____ kg
<b>WEIGHT IN KG</b>	
<b>COULD NOT OBTAIN?</b>	<input type="checkbox"/> (check if applicable)

### CALCULATE THE MEAN VALUE FOR THE WEIGHT:

IF WEIGHT 1 AND WEIGHT 2 DIFFER BY GREATER THAN 0.3 KG AND THE HIGHEST AND LOWEST MEASURES FOR WEIGHT 1, WEIGHT 2, AND WEIGHT 3 ARE EQUIDISTANT FROM THE MIDDLE MEASURE, USE THE MIDDLE VALUE FOR THE MEAN.

OTHERWISE, CALCULATE THE MEAN OF THE TWO CLOSEST MEASUREMENTS.

MEAN WEIGHT: \_\_\_\_\_ . \_\_\_\_ kg

## STANDING HEIGHT

	<b>STANDING HEIGHT 1</b>	<b>STANDING HEIGHT 2</b>
MEASURED STANDING HEIGHT?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
STANDING HEIGHT IN CM	_____ . ____ cm	_____ . ____ cm
EXCEEDS CAPACITY?	<input type="checkbox"/> (check if applicable)	
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)

IF STANDING HEIGHT 1 AND STANDING HEIGHT 2 DIFFER BY GREATER THAN 1.0 CM, CONTINUE WITH STANDING HEIGHT 3 AND THEN GO TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR STANDING HEIGHT. OTHERWISE, GO DIRECTLY TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR STANDING HEIGHT.

STANDING HEIGHT 3	
MEASURED STANDING HEIGHT?	<input type="checkbox"/> (check if applicable)
STANDING HEIGHT IN CM	_____ . ____ cm
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)

**CALCULATE THE MEAN VALUE FOR THE STANDING HEIGHT:**

IF STANDING HEIGHT 1 AND STANDING HEIGHT 2 DIFFER BY GREATER THAN 1.0 CM AND THE HIGHEST AND LOWEST MEASURES FOR STANDING HEIGHT 1, STANDING HEIGHT 2, AND STANDING HEIGHT 3 ARE EQUIDISTANT FROM THE MIDDLE MEASURE, USE THE MIDDLE VALUE FOR THE MEAN.

OTHERWISE, CALCULATE THE MEAN OF THE TWO CLOSEST MEASUREMENTS.

STANDING HEIGHT MEAN: \_\_\_\_\_ . \_\_\_\_ cm

ABOVE WAIST ADJUSTMENT: \_\_\_\_\_ . \_\_\_\_ cm (enter 0 if no adjustment is needed)

BELOW WAIST ADJUSTMENT: \_\_\_\_\_ . \_\_\_\_ cm (enter 0 if no adjustment is needed)

**CALCULATE THE ADJUSTED STANDING HEIGHT:**

SUBTRACT THE ABOVE WAIST AND BELOW WAIST ADJUSTMENT VALUES FROM THE STANDING HEIGHT MEAN TO GET THE ADJUSTED STANDING HEIGHT.

ADJUSTED STANDING HEIGHT: \_\_\_\_\_ . \_\_\_\_ cm

**SITTING HEIGHT**

	SITTING HEIGHT 1	SITTING HEIGHT 2
MEASURED SITTING HEIGHT?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
SITTING HEIGHT IN CM	_____ . ____ cm	_____ . ____ cm
EXCEEDS CAPACITY?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)

IF SITTING HEIGHT 1 AND SITTING HEIGHT 2 DIFFER BY GREATER THAN 1.0 CM, CONTINUE WITH SITTING HEIGHT 3 AND THEN GO TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR SITTING HEIGHT. OTHERWISE, GO DIRECTLY TO INSTRUCTION FOR CALCULATING THE MEAN VALUE FOR SITTING HEIGHT.

SITTING HEIGHT 3	
MEASURED SITTING HEIGHT?	<input type="checkbox"/> (check if applicable)
SITTING HEIGHT IN CM	_____ . ____ cm
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)

**CALCULATE THE MEAN VALUE FOR THE SITTING HEIGHT:**

IF SITTING HEIGHT 1 AND SITTING HEIGHT 2 DIFFER BY GREATER THAN 1.0 CM AND THE HIGHEST AND LOWEST MEASURES FOR SITTING HEIGHT 1, SITTING HEIGHT 2, AND SITTING

HEIGHT 3 ARE EQUIDISTANT FROM THE MIDDLE MEASURE, USE THE MIDDLE VALUE FOR THE MEAN.

OTHERWISE, CALCULATE THE MEAN OF THE TWO CLOSEST MEASUREMENTS.

SITTING HEIGHT MEAN: \_\_\_\_\_ . \_\_\_\_ cm

ABOVE WAIST ADJUSTMENT: \_\_\_\_\_ . \_\_\_\_ cm (enter 0 if no adjustment is needed)

BELOW WAIST ADJUSTMENT: \_\_\_\_\_ . \_\_\_\_ cm (enter 0 if no adjustment is needed)

CALCULATE THE ADJUSTED SITTING HEIGHT:

SUBTRACT THE ABOVE WAIST AND BELOW WAIST ADJUSTMENT VALUES FROM THE SITTING HEIGHT MEAN TO GET THE ADJUSTED SITTING HEIGHT.

ADJUSTED SITTING HEIGHT: \_\_\_\_\_ . \_\_\_\_ cm

MEASUREMENT COMMENTS FOR WEIGHT, STANDING HEIGHT, AND SITTING HEIGHT:

CHECK ALL THAT APPLY.

- None
- Weight greater than 180 kg; 2 scales used
- Position not straight for height/length
- Medical appliance/ cast not removed
- Amputation – leg
- Amputation - arm

HIP CIRCUMFERENCE

	<b>HIP CIRCUMFERENCE 1</b>	<b>HIP CIRCUMFERENCE 2</b>
MEASURED HIP CIRCUMFERENCE?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
HIP CIRCUMFERENCE IN CM	_____ . ____ cm	_____ . ____ cm
EXCEEDS CAPACITY?	<input type="checkbox"/> (check if applicable)	
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)

IF HIP CIRCUMFERENCE 1 AND HIP CIRCUMFERENCE 2 DIFFER BY GREATER THAN 1.0 CM, CONTINUE WITH HIP CIRCUMFERENCE 3 AND THEN GO TO WAIST CIRCUMFERENCE. OTHERWISE, GO DIRECTLY TO WAIST CIRCUMFERENCE.

<b>HIP CIRCUMFERENCE 3</b>	
MEASURED HIP CIRCUMFERENCE?	<input type="checkbox"/> (check if applicable)
HIP CIRCUMFERENCE IN CM	_____ . ____ cm
COULD NOT OBTAIN?	<input type="checkbox"/> (check if applicable)

WAIST CIRCUMFERENCE

	<b>WAIST CIRCUMFERENCE 1</b>	<b>WAIST CIRCUMFERENCE 2</b>
<b>MEASURED WAIST CIRCUMFERENCE?</b>	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)
<b>WAIST CIRCUMFERENCE IN CM</b>	_____ . ____ cm	_____ . ____ cm
<b>EXCEEDS CAPACITY?</b>	<input type="checkbox"/> (check if applicable)	
<b>COULD NOT OBTAIN?</b>	<input type="checkbox"/> (check if applicable)	<input type="checkbox"/> (check if applicable)

IF WAIST CIRCUMFERENCE 1 AND WAIST CIRCUMFERENCE 2 DIFFER BY GREATER THAN 1.0 CM, CONTINUE WITH WAIST CIRCUMFERENCE 3 AND THEN GO TO MEASUREMENT COMMENTS FOR CIRCUMFERENCES. OTHERWISE, GO DIRECTLY TO MEASUREMENT COMMENTS FOR CIRCUMFERENCES.

<b>WAIST CIRCUMFERENCE 3</b>	
<b>MEASURED WAIST CIRCUMFERENCE?</b>	<input type="checkbox"/> (check if applicable)
<b>WAIST CIRCUMFERENCE IN CM</b>	_____ . ____ cm
<b>COULD NOT OBTAIN?</b>	<input type="checkbox"/> (check if applicable)

**MEASUREMENT COMMENTS FOR CIRCUMFERENCES:**

CHECK ALL THAT APPLY.

- None
- Measurement taken over thick clothing (hip)
- Measurement taken over thick clothing (waist)
- Other (Specify): \_\_\_\_\_

**REPORT OF FINDINGS:**

STANDING HEIGHT (in) = [ADJUSTED STANDING HEIGHT (cm) × 0.39] WHERE 12 in = 1 ft

STANDING HEIGHT: \_\_\_\_ ft \_\_\_\_ in

WEIGHT (lbs) = MEAN WEIGHT (kg) × 2.2

WEIGHT:

lbs

BMI TABLE*	
<b>Body Mass Index</b>	<b>Weight Status</b>
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight

**KG**  
STANDING HEIGHT IN CM × .01<sup>2</sup>

\_\_\_\_\_  
Staff ID

\_\_\_\_\_  
Participant ID

\*Categories are based on the Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood Pressure. NIH Publication, 2003.