



Body Composition Form

FORM CODE: BCF
VERSION A 10/17/2005

ID NUMBER:

CONTACT:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed during the participant's clinic visit. ID Number, Contact Year, 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 using a paper form and a number is entered incorrectly mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the correct code corresponding to the most appropriate response. If a number is circled incorrectly, mark through it with an "X" and circle the correct response.

A. PRELIMINARY INFORMATION

1. When was the last time you had anything to drink including water?.....

TIME
h h m m

2. If you drink alcohol, have you had any alcoholic beverages in the last 48 hours?.....

- Don't drink alcohol 1
- Yes 2
- No 3
- Don't Know 7
- Refused 8
- Missing 9

3. Have you engaged in any moderate or vigorous physical activity within the past 12 hours?

- Yes 1
- No 2
- Don't Know 7
- Refused 8
- Missing 9

4. **[ASK WOMEN ONLY – 55 YEARS OR YOUNGER:
ENTER CODE 4 IF FEMALE 55 YEARS OR >;
ENTER CODE 5 IF MALE]**

Have you had a menstrual period within the past two weeks?

- No longer menstruating 1
- Yes 2
- No 3
- Female 55/older 4
- Male 5
- Don't Know 7
- Refused 8
- Missing 9

B. GIRTH MEASUREMENTS

5. Waist girth (to the nearest inch)..... in/8

6. Hip girth (to the nearest inch) in/8

IF INCLUDED IN THE HEIGHT/WEIGHT/BMI COMPARABILITY STUDY, RECORD MEASUREMENTS USING BOTH THE BALANCE BEAM SCALE/WALL MEASURE OF STANDING HEIGHT AND THE TANITA BODY COMPOSITION SCALE AND HEIGHT ROD. FOR BALANCE BEAM MEASURES, BMI IS CALCULATED AUTOMATICALLY. ENTER THE BMI MEASUREMENT FROM THE TANITA OUTPUT

7. Was this participant's height, weight, and BMI measured by:

Complete Section C ONLY

- Balance beam/wall only 1
- Complete Section D ONLY

—Tanita body composition only 2
- Complete Section C AND D

—Both 3
- Don't Know 7
- Refused 8
- Missing 9

C. BALANCE BEAM/WALL MEASUREMENT

8. Standing height (to nearest inch):
IF UNABLE TO MEASURE, ENTER 999
IF REFUSED, ENTER 888

8a
feet

8b
inches

9. Weight (to nearest tenth of pound): Pounds
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

10. Body mass index (to nearest tenth of percent) Kg/m²
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

D. TANITA MEASUREMENTS

11. Body Type..... Standard 1
Athletic 2

12. Height (TANITA)..... 12a Feet 12b Inches
IF UNABLE TO MEASURE, ENTER 99
IF REFUSED, ENTER 88

13. Weight (TANITA) (to the nearest tenth of pound)..... Pounds
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

14. Body Mass Index (TANITA).....
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

15. Percent Body Fat (to the nearest tenth of a percent)
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

16. Basal Metabolic Rate 16a.
IF UNABLE TO MEASURE, ENTER 99999
IF REFUSED, ENTER 88888 16b.

17. Impedance Ω
IF UNABLE TO MEASURE, ENTER 9999
IF REFUSED, ENTER 8888

18. Fat Mass (to the nearest tenth of a percent)..... %
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

19. Fat Free Mass (to the nearest tenth of a pound)..... Pounds
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

20. Total Body Water (to the nearest tenth of a pound)..... Pounds
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

E. DESIRABLE RANGE

21. Desirable Percent Body Fat - %
IF UNABLE TO MEASURE, ENTER 99
IF REFUSED, ENTER 88

22. Desirable Fat Mass
(to the nearest tenth of a percent)
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

F. GOAL SETTING

23. Target Percent Body Fat %
IF UNABLE TO MEASURE, ENTER 99
IF REFUSED, ENTER 88

24. Predicted Fat Mass Pounds
(to the nearest tenth of a pound)
IF UNABLE TO MEASURE, ENTER 99.9
IF REFUSED, ENTER 88.8

25. Fat to Lose..... Pounds
(to the nearest tenth of a pound)
IF UNABLE TO MEASURE, ENTER 999.9
IF REFUSED, ENTER 888.8

G. ADMINISTRATIVE INFORMATION

26. Date of data collection:..... / /

m m d d y y y y

27. Method of data collection: Computer 1
Paper form 2

28. Data collected: In Clinic 1
Off site 2

29. Code number of person completing this form:

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