



# Anthropometry Form

FORM CODE: ANT  
VERSION B 6-12-2001

ID NUMBER:

CONTACT YEAR:

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 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 letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

## A. HEIGHT AND WEIGHT

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

2. Weight (to the nearest tenth of a kilogram): .....  .  kg

## B. BODY SIZE

3. Girths (to the nearest cm)

3a. Waist: .....  cm

3b. Neck: .....  cm

## C. ADMINISTRATIVE INFORMATION

4. Date of data collection: .....  /  /   
m m d d y y y y

5. Method of data collection: ..... Computer C  
Paper form P

6. Code number of person completing this form: .....