

ANTHROPOMETRY FORM

ID NUMBER:

FORM CODE: **ANT**
 VERSION: **1.0 08/27/2024**

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

1) Assessment of ability to stand:

- Can stand erectly on both feet¹
- Can stand on both feet, but posture not erect²
- Cannot stand on both feet³ → **Go to End**

2) Standing height (round to the nearest tenth of a cm):

. cm

3) Body weight:

. kg

4) Body Mass Index (BMI):

. kg/m²

NOTE: This value will be automatically calculated in the DMS.

5) Girth (round to the nearest tenth of a cm)

5a) Waist:

. cm

5b) Hip:

. cm

5c) Neck:

. cm

END OF FORM