

# Body Composition and Anthropometric Form

FORM CODE: BCF  
VERSION D 07/11/2012

ID NUMBER:

LAST NAME:

0

9

CONTACT:

INITIALS:

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| 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

h h

m m

:

including water? TIME

2. If you drink alcohol, have you had any alcoholic beverages

in the last 48 hours? Don’t drink alcohol 1

**[Don't know = 7, Refused = 8, Missing = 9]**

Yes 2

No 3

3. Have you engaged in any moderate or vigorous physical

activity within the past 12 hours? Yes 1

**[Don't know = 7, Refused = 8, Missing = 9]**

No 2

4. **[ASK WOMEN ONLY – 55 YEARS OR YOUNGER:**

**ENTER CODE 4 IF FEMALE 56 YEARS OR >;**

**ENTER CODE 5 IF MALE]**

Have you had a menstrual period within the  
 past two weeks? No longer menstruating 1

**[Don't know = 7, Refused = 8, Missing = 9]**

Yes 2

No 3

Female 56/older 4

Male 5

**B. GIRTH MEASUREMENTS**

.

cm

5. Waist girth (to the nearest tenth of centimeter)

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cm

6. Hip girth (to the nearest tenth of centimeter)

**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**

Complete Section C **ONLY**

7. Was this participant’s height, weight, and BMI

measured by: Balance beam/wall only 1

Complete Section D **ONLY**

Tanita body composition only 2

Both 3

Complete Section C **AND** D

Don’t Know 7

Refused 8

Missing 9

**C. BALANCE BEAM/WALL MEASUREMENT**

.

centimeters

8. Standing height (to nearest tenth of centimeter):

**IF UNABLE TO MEASURE, ENTER 99**

**IF REFUSED, ENTER 88**

.

kilograms

9. Weight (to nearest tenth of kilogram):

**IF UNABLE TO MEASURE, ENTER 999.9**

**IF REFUSED, ENTER 888.8**

**.**

Kg/m2

10. Body mass index (to nearest tenth of a unit)

**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

**D. TANITA MEASUREMENTS**

11. Body Type Standard 1

Athletic 2

**.**

centimeters

12. Height (TANITA)

**IF UNABLE TO MEASURE, ENTER 99**

**IF REFUSED, ENTER 88**

kilograms

**.**

13. Weight (TANITA) (to the nearest tenth of kilogram

**IF UNABLE TO MEASURE, ENTER 999.9**

**IF REFUSED, ENTER 888.8**

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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)

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**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

16. Basal Metabolic Rate 16a.

**IF UNABLE TO MEASURE, ENTER 9999**

**IF REFUSED, ENTER 8888**  16b.

Ω

17. Impedance

**IF UNABLE TO MEASURE, ENTER 999**

**IF REFUSED, ENTER 888**

18. Fat Mass (to the nearest tenth of a percent)

.

%

**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

kg

.

19. Fat Free Mass (to the nearest tenth of a kilogram)

**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

kg

.

20. Total Body Water (to the nearest tenth of a kilogram)

**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

**E. DESIRABLE RANGE**

%

-

21. Desirable Percent Body Fat

**IF UNABLE TO MEASURE, ENTER 99**

**IF REFUSED, ENTER 88**

22. Desirable Fat Mass

kg

.

-

.

(to the nearest tenth of a kilogram)  
 **IF UNABLE TO MEASURE, ENTER 999.9**

**IF REFUSED, ENTER 888.8**

**F. GOAL SETTING**

%

23. Target Percent Body Fat

**IF UNABLE TO MEASURE, ENTER 99**

**IF REFUSED, ENTER 88**

kg

.

24. Predicted Fat Mass

(to the nearest tenth of a kilogram)

**IF UNABLE TO MEASURE, ENTER 99.9**

**IF REFUSED, ENTER 88.8**

kg

.

25. Fat to Lose

(to the nearest tenth of a kilogram)

**IF UNABLE TO MEASURE, ENTER 999.9**

**IF REFUSED, ENTER 888.8**

**G. ADMINISTRATIVE INFORMATION**

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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: