



Participant ID:

Participant Initials:

Site:

RC ID:

CRF Date:

ANTHROPOMETRY AND PHYSICAL ASSESSMENT

1. Time at start of assessment:

_____:____ (Military Time)

2. Date of measurement:

____/____/____ (mm/dd/yyyy)

ANTHROPOMETRY:

A. Height and Weight:

3. Standing height:

____.____ cm

☐ Not measured

4. Weight:

____.____ kg

☐ Not measured

B. Self-Report Height and Weight (To be completed only if unable to have height and weight measured during exam):

5. Standing height:

____ ft ____ in OR ____ in

☐ Not measured

____.____ cm

6. Weight:

____.____ lbs

☐ Not measured

____.____ kg

6a. If height and/or weight are self-reported, please select a reason:

☐ Participant disability

☐ Participant refusal

☐ Other (please specify): _____

C. Body Size:

7. Waist Circumference

____.____ cm

☐ Not measured

8. Hip Circumference

____.____ cm

☐ Not measured

9. Time at end of assessment:

_____:____ (Military Time)