

Participant ID #:					Acrostic:						
Technician ID:			Da	ite:	Month /	' [Day]/	Ye	ar	

\ /	Technician ID:
1. Height (to the nearest 0.1 cm)	
a cm	
b. Was there a modification in protocol?	O Yes O No
2. Weight (to the nearest 0.5 pound)	
a. Ibs	
b. Was there a modification in protocol?	O Yes O No
3. Girths (to the nearest 0.1 cm)	
a. Waist: cm	
b. Hip: cm	
c. Was there a modification in protocol?	O Yes O No
4. Neck circumference (to the nearest 0.1 cm)	
a cm	
b. cm	
c cm	
Average of 3 neck measurements	
d. cm	

5. Com	ments ,	/ mc	dification to the protocol?
0	Yes	0	No

Please specify: