Form 114: Body Composition Measurments

Purpose: To report measurements of bioelectrical impedance characteristics, hip and waist circumferences, and height and weight for use in estimating body composition.

Collection Schedule: Reported in a window of calendar time beginning in March 1992.

Data Set Name: F114CMB3

Structure: One record per patient per evaluation.

Size: 1799 observations of 69 variables.

Known Anomalies: Because of delays in obtaining the necessary equipment and supplies and finalizing the protocol for bioelectrical impedance analysis, a subset of patients had hip and waist circumferences and bioimpedance characteristics measured at two different visits. Most of these were participants in an ancillary study of lipoprotein fractions, the protocol for which required that hip and waist measurements be taken at the same visit at which the lipoprotein samples were obtained. Some of these patients provided a second set of hip and weight data when the impedance studies were performed, while others did not.

Bioimpedance data showing more than a 25% discrepancy between the maximum and minimum of the site-specific resistance or reactance measurements are considered unreliable, and were not used in analysis for publication. Clinics were asked to remeasure these subjects, but not all the remeasurements were completed.

Version 3 of the Form 114 collected additional data on medications that could have influenced the bioelectric impedance measurements.

DIABETES CONTROL AND COMPLICATIONS TRIAL
Body Composition Measurements

A. IDENTIFYING INFORMATION

1. Clinic Number: CLINIC ___
2. Patient ID Number: PATIENT _____
3. Patient's Initials: INITIALS ___
4. Date Form Completed: FORMDATE / FSASDATE __/__/__ (Month/Day/Year)
5. Visit number (nearest quarterly visit): ___

KDVSITNO

B. MEASUREMENTS:

Measurements are taken twice and recorded. If the two measures are not within 0.5 cm (5.0 mm) of each other, two additional measurements are taken and all four measures are recorded.

1. Waist Circumference (cm) -- Natural

	NO	YES
Is lipohypertropy present? KDHYWSTN	(1)	(2)
Is lipoatrophy present? KDATWSTN	(1)	(2)

a. First measurement: KDWSTNA ___.___
b. Second measurement: KDWSTNB ___.___

Record (c) and (d) only if first 2 measurements are not within 0.5 cm.

c. Third measurement: KDWSTNC ___.___
d. Fourth measurement: KDWSTND ___.___

2. Iliac Waist Circumference (cm)

	NO	YES
Is lipohypertropy present? KDHYWST1	(1)	(2)
Is lipoatrophy present? KDATWST1	(1)	(2)

a. First measurement: KDWST1A ___.___
b. Second measurement: KDWST1B ___.___

Record (c) and (d) only if first 2 measurements are not within 0.5 cm.

c. Third measurement: KDWST1C ___.___
d. Fourth measurement: KDWST1D ___.___

3. Hip Circumference (cm)

	NO	YES
Is lipohypertropy present? KDHYHIP	(1)	(2)
Is lipoatrophy present? KDATHIP	(1)	(2)

a. First measurement: KDHIPA ___.___
b. Second measurement: KDHIPB ___.___

Record (c) and (d) only if first 2 measurements are not within 0.5 cm.

c. Third measurement: KDHIPC ___.___
d. Fourth measurement: KDHIPD ___.___

C. STATURE

1. Weight (kg)

a. First measurement: KDWTA ___.___
b. Second measurement: KDWTB ___.___

Record (c) and (d) only if first 2 measurements are not within 0.2 kilograms (200 gm).

c. Third measurement: KDWTC ___.___
d. Fourth measurement: KDWTD ___.___

2. Height (cm)

a. First measurement: KDHTA ___ ___ ___.___

b. Second measurement: KDHTB ___ ___ ___.___

Record (c) and (d) only if first 2 measurements are not within 1.0 cm (10.0 mm)

c. Third measurement: KDHTC ___ ___ ___.___

d. Fourth measurement: KDHTD ___ ___ ___.___

D. BIOELECTRIC IMPEDANCE ANALYSIS

Determine resistance and reactance, in ohms, at one electrode placement then move the electrodes attachments to another placement until ipsilateral and contralateral measurements are completed.

Record (c) and (d) if the first two resistance measurements are not within 2 ohms or the reactance measurements are not within 1 ohm.

	Resistance	Reactance
1. Right Arm to Right Leg		
a) first measurement	KDRARLA1	KDRARLA2
b) second measurement	KDRARLB1	KDRARLB2
If necessary,		
c) third measurement	KDRARLC1	KDRARLC2
d) fourth measurement	KDRARLD1	KDRARLD2
	Resistance	Reactance
2. Right Arm to Left Leg		
a) first measurement	KDRALLA1	KDRALLA2
b) second measurement	KDRALLB1	KDRALLB2
If necessary,		
c) third measurement	KDRALLC1	KDRALLC2
d) fourth measurement	KDRALLD1	KDRALLD2
3. Left Arm to Left Leg		
a) first measurement	KDLALLA1	KDLALLA2
b) second measurement	KDLALLB1	KDLALLB2
If necessary,		
c) third measurement	KDLALLC1	KDLALLC2
d) fourth measurement	KDLALLD1	KDLALLD2
4. Left Arm to Right Leg		
a) first measurement	KDLARLA1	KDLARLA2
b) second measurement	KDLARLB1	KDLARLB2
If necessary,		
c) third measurement	KDLARLC1	KDLARLC2
d) fourth measurement	KDLARLD1	KDLARLD2

5. Medications

	NO	YES
Is the patient currently using medications other than insulin? KDMEDS	(1)	(2)

If yes, please list:

Generic Name (e.g. HCTZ)	Drug Class (e.g. Diuretic)
KDMED1N	KDMED1C
KDMED2N	KDMED2C
KDMED3N	KDMED3C

Name of person completing this form: _____

Certification No. CERTIF ___ ___ - ___ ___