

Instructions for HEMO Study Form 29: Anthropometry Form

Items 9-11: Use the following codes to indicate reason skinfold measurement could not be obtained:

<u>Reason</u>	<u>Code</u>
“skin too tight”	60.0
“skin too loose”	70.0
“too large to measure”	80.0

Stature Measurement:

There are four ways in which a patient’s stature may be determined:

- (1) from measurement using an Accustat stadiometer
- (2) from the patient’s chart or from patient’s good recollection (only if other measures unavailable).
- (3) estimated from knee height (if scoliosis or Kyphosis present).
- (4) estimated from buttocks to knee measurement (if patient is a double BKA).

Item 12: Records which method was used for stature determination. If stature is to be estimated from knee height, you may leave item 12 blank.

Item 13: You should complete this item if the height is either from measurement or from patient or chart recall.

You should leave this item blank if the stature needs to be estimated from knee height. The HEMO study database will automatically calculate and fill in the estimated stature from knee height, once the knee height values are entered (item 16).

If stature is to be estimated from buttocks to knee measurement, contact Cameron Chumlea, Ph.D. for calculation.

Item 16a and 16 b: Knee height is required if item 13 is blank or if the Item 12 code is a “3”.
Buttock to knee measurement is required if item 12 code is a “4”.

HEMO Study Form 29. Anthropometry Form

This Form is done in Baseline and every 12 months thereafter. Please perform anthropometry measurements post dialysis. If absolutely necessary, post-dialysis measurements other than the post weight may be done within 10 hours of the end of the patient's dialysis session. The post weight **must** be measured in duplicate immediately post dialysis. Use the non-access side arm and leg for measurements.

1. Patient Identification Number..... _____
2. Patient Name Code _____
3. Visit Date ____/____/____
4. Visit Type _____
5. Week/Month Number _____
6. Arm Measurement Site (1=right, 2=left) _____

Do measurements c and d only if measurements a and b exceed limit.

7. Elbow Breadth (cm) - limit 0.2 cm
 - a. ____
 - b. ____
 - c. ____
 - d. ____
8. Upper Arm Circumference (cm) - limit 0.4 cm
 - a. ____
 - b. ____
 - c. ____
 - d. ____
9. Biceps Skinfold (mm) - limit 4.0 mm
 - a. ____
 - b. ____
 - c. ____
 - d. ____
10. Triceps Skinfold (mm) - limit 4.0 mm
 - a. ____
 - b. ____
 - c. ____
 - d. ____
11. Subscapular Skinfold (mm) - limit 4.0 mm

a. ____.

b. ____.

c. ____.

d. ____.

- 12. Source of stature: (If code is 3, you may leave item 13 blank.) __
1=measurement
2=past chart or good recall
3=estimated from knee height
4=estimated from buttocks to knee

- 13. Stature (cm) - limit 1.0 cm
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 14. Actual Weight (kg) Pre-dialysis - limit 0.2 kg
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 15. Actual Weight (kg) Post-dialysis - limit 0.2 kg
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 16a. Knee height (cm) - limit 0.5 cm
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 16b. Buttocks to knee measurement (cm) - limit 0.5 cm
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 17. Calf Circumference (cm) - limit 0.4 cm
a. _____.__ b. _____.__ c. _____.__ d. _____.__

- 18. Edema (0=no edema, 1=1+, 2=2+, 3=3+, 4=4+).....__

- 19. Most recent usual dry body weight from Form 5 (kg)..... _____.__

- 20. Standard body weight (kg)..... _____.__

- 21. Actual weight as percentage of standard body weight (%)..... _____.__

- 22. Adjusted body weight (if applicable) (kg)..... _____.__

- 23. Body Mass Index (kg/m²)..... _____.__

24. Time from end of dialysis to measurement (hh:mm) __ __ : __ __

201. Date this form completed..... __ __ / __ __ / __ __ __ __

202. Certification number of person completing this form __ __ __ __ __ __

Clinical Center Use Only:	
Data Form Entered __ __ / __ __ / __ __ __ __	Verified? _____
Person Entering This Form _____	