

Modification of Diet in Renal Disease Study

Instructions for Completing Form 67

ANTHROPOMETRY MONITORING FORM

PURPOSE: To monitor reliability of measures between examiners.

COMPLETED BY: Measures are taken by two examiners (dietitians) on one patient each month.

Following are instructions for completing Form 67.

Measures are taken on one patient monthly. The choice of patient is random and may be determined by such guidelines as patient consent and convenience of scheduling. It is suggested that the same patient not be used for this exercise more than once, if possible.

All measures are taken once by both examiners. Each examiner should take all the measures once while the other acts as a recorder; they should then switch roles. If the measure taken by one examiner differs from the measure taken by the second examiner by more than the acceptable limits listed below, the measure is repeated by both examiners. Measures that must be repeated at the same body site should be taken at least 30-60 seconds apart. Examiner #1 records the first measure in blank (a) and the repeat measure, if necessary, in blank (b) of each item; examiner #2 records in blanks (c) and (d).

Acceptable limits for differences between measures taken by two examiners are:

<u>Weight:</u>	Within 200 grams
<u>Stature:</u>	Within 1.0 cm
<u>Elbow breadth:</u>	Within 2.0 mm
<u>Arm circumference:</u>	Within 4.0 mm
<u>Skinfolds:</u>	Within 4.0 mm

If necessary, the code for "tight skin" (60.0) should be entered in the appropriate space for skinfold measurements. If the measure exceeds the limits of the calipers, the code 70.0 should be entered in the appropriate space.

For DCC use only
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ANTHROPOMETRY MONITORING FORM

PURPOSE: To monitor reliability of measures between examiners.

COMPLETED BY: Two examiners (dietitians) each month.

Form #.....67
1. Patient Identification Number.....
2. Patient Name Code.....
3. Clinical Center.....
4. a. Date of Visit.....
b. Visit Type.....F
c. Visit Number.....

Measures

5. Weight (kg).....(Examiner #1) a.
b.
(Examiner #2) c.
d.
6. Stature (cm).....(Examiner #1) a.
b.
(Examiner #2) c.
d.
7. Elbow breadth (cm).....(Examiner #1) a.
b.
(Examiner #2) c.
d.
8. Upper arm circumference (cm).....(Examiner #1) a.
b.
(Examiner #2) c.
d.

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Patient ID Number _____

Skinfolds: Code for tight skin = 60.0
Code for measure exceeding caliper limits = 70.0

9. Triceps skinfold (mm).....(Examiner #1) a. ___ . ___
b. ___ . ___
(Examiner #2) c. ___ . ___
d. ___ . ___
10. Biceps skinfold (mm).....(Examiner #1) a. ___ . ___
b. ___ . ___
(Examiner #2) c. ___ . ___
d. ___ . ___
11. Subscapular skinfold (mm).....(Examiner #1) a. ___ . ___
b. ___ . ___
(Examiner #2) c. ___ . ___
d. ___ . ___
101. Date this form completed....._ / _ / _
102. Certification number of dietitians completing form:
a) Examiner #1....._ _ _ _
b) Examiner #2....._ _ _ _
103. Date form entered....._ / _ / _
104. Certification number of data entry person....._ _ _ _

Please use MDRD Study mailing labels

WHITE COPY--Send original to MDRD Data Coord. Ctr., Cleveland
PINK COPY --Retain in patient file

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