

**TRIALS OF HYPERTENSION PREVENTION
 Anthropometric Measurements Form**

1. *Skinfold measurements*

- | | | |
|----------------------|------------------------------------|-----------------------------------|
| a. Triceps | Right <input type="checkbox"/> (1) | Left <input type="checkbox"/> (2) |
| | 1) _____ mm | |
| | 2) _____ mm | |
| IF NEEDED: | 3) _____ mm | 4) _____ mm |
| b. Biceps | Right <input type="checkbox"/> (1) | Left <input type="checkbox"/> (2) |
| | 1) _____ mm | |
| | 2) _____ mm | |
| IF NEEDED: | 3) _____ mm | 4) _____ mm |
| c. Subscapular | Right <input type="checkbox"/> (1) | Left <input type="checkbox"/> (2) |
| | 1) _____ mm | |
| | 2) _____ mm | |
| IF NEEDED: | 3) _____ mm | 4) _____ mm |
| d. Supra-iliac | Right <input type="checkbox"/> (1) | Left <input type="checkbox"/> (2) |
| | 1) _____ mm | |
| | 2) _____ mm | |
| IF NEEDED: | 3) _____ mm | 4) _____ mm |

2. *Circumference measurements (to nearest 1/2 cm)*

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| a. Upper arm circumference | Right <input type="checkbox"/> (1) | Left <input type="checkbox"/> (2) |
| | 1) _____ • _____ cm | |
| | 2) _____ • _____ cm | |
| b. Waist (abdominal) girth | 1) _____ • _____ cm | |
| | 2) _____ • _____ cm | |
| c. Hip girth | 1) _____ • _____ cm | |
| | 2) _____ • _____ cm | |

3. TOHP identification number of the person responsible for completing this form
4. TOHP identification number of person responsible for editing this form