

PIMI FORM 20

ABDOMINAL OBESITY
ANCILLARY STUDY FORM

GENERAL INSTRUCTIONS

MAKE MARKS WITH PATIENT IN SUPINE POSITION

- A. iliac crest (right; on iliac crest in **mid-axillary** line)
- B. mid-abdomen (midline between '2 iliac crests)
- C. anterior mid-thigh (right; at mid-point between lateral **inguinal** fold and mid-point of patella).

ITEM INSTRUCTIONS: Items **with** instructions outlined below have the symbol **[*]** preceding the item number on the form.

Refer to Item 3.

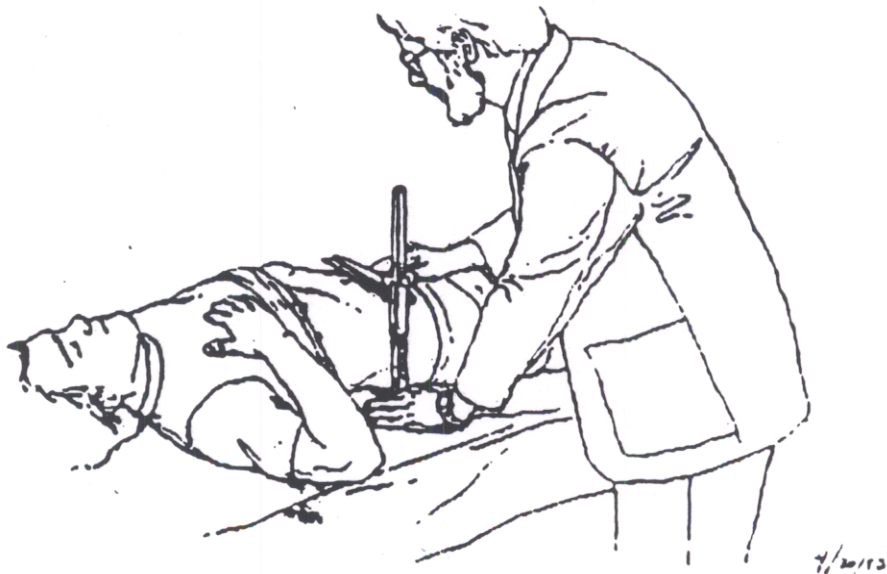
Use **30-cm** calibration stick positioned vertically at the END of the caliper arm. Record caliper reading to nearest 0.1 cm.

Refer to Item 4.

SAGITTAL DIAMETER: Use caliper at mid-abdomen mark. Measure to nearest 0.1 cm. Continue to 4 measurements, if first and second differ by more than 1.0 cm. If measurement exceeds caliper limit, enter 99.7.

Refer to Item 5.

MID-THIGH CIRCUMFERENCE. Use flexible tape at mid-thigh mark. Measure **to** nearest 0.1 cm. Continue to 4 measurements, if first and second differ by more than 1.0 cm.



ABDOMINAL OBESITY
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Clinic No.						
ID No.						
Visit Type					VISIT	

1. Patient's NAME CODE:

2. Visit date: Day - VISITS Month - Year

* 3. caliper calibration: Caliper reading: (estimate to nearest 0.1 cm)

* 4. Sagittal diameter (Use caliper at mid-abdomen mark. Measure to nearest 0.1 cm. Continue to 4 measurements, if first and second differ by more than 1.0 cm. If measurement exceeds caliper limit, enter 99.7.)

- A. ____ . ____ cm
- B. ____ . ____ cm
- C. ____ . ____ cm
- D. ____ . ____ cm

* 5. Mid-thigh circumference (Use flexible tape at mid-thigh mark. Measure to nearest 0.1 cm. Continue to 4 measurements, if first and second differ by more than 1.0 cm).

- A. ____ . ____ cm
- B. ____ . ____ cm
- C. ____ . ____ cm
- D. ____ . ____ cm

6. Research Coordinator:

Signature: _____

PIMI Staff No.:

ID No.			-			
Visit Type						