

**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 .....