



Data Collection Form

Last Name, First Name, Initial		DOB	Gender	Clinician
Anthropometrics/Biometrics				
Height	Weight	Waist	Hip	Somatotype
Trunk Length	Leg Length	Upper Leg Length	Lower Leg Length	Upper Leg Space
Tendon Visibility	Wrist Encirclement	Handedness		
Intracellular Water %	Extracellular Water %	Body Fat %	Lean Muscle Mass %	Phase angle
Carabelli Cusp	Incisor Shoveling	Cranial Width	Cranial Length	Gonial Angle
Serology/ Genetics/ Labs				
ABO Group	Rhesus	PROP	Secretor/ Lewis	A1/A2
Caffeine Sensitive	Lactose Intolerant	Ethnicity	mTDNA	y-chromosome
mtDNA	y-chromosome	SNP/1	SNP/2	SNP/3
Urine Free Radical	UA/1	UA/2	UA/3	UA/4
Breath H2 Baseline	Breath 1 st Blow	Breath 2 nd Blow	Breath H2 3 rd Blow	Breath H2 4 th Blow
Dermatoglyphics/ Digit Ratios/ Ridge Counts				
L. Index (D2) Length	L. Ring (D4) Length	L. White Lines	L. ATD	
R. Index (D2) Length	R. Index (D4) Length	R. White Lines	R. ATD	
L. Thumb Pattern UL RL W A TA C	L. Index Pattern UL RL W A TA C	L. Middle Pattern UL RL W A TA C	L. Ring Pattern UL RL W A TA C	L. Pinkie Pattern UL RL W A TA C
R. Thumb Pattern UL RL W A TA C	R. Index Pattern UL RL W A TA C	R. Middle Pattern UL RL W A TA C	R. Ring Pattern UL RL W A TA C	R. Pinkie Pattern UL RL W A TA C

Work Area

Chair height : _____

Trunk length=Total Sitting Height- Chair Height Total Leg Length= Total height-Trunk Length

Clinician _____ Date _____ Shift Supervisor _____