



**Dietary Intervention Study In Children
Anthropometry Form**

ID	_____
NC	_____
VN	_____

1. Date of examination: _____ - _____ - _____
Month Day Year

2. Anthropometric measurers:

<i>CODE</i>	<i>SIGNATURE</i>	<i>DISC CERTIFICATION NO.</i>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____

Please use the letter code to identify the person who made each anthropometric measurement in Items 4 through 12 below. If the entire set of 1st, 2nd, or 3rd measurements was made by the same person, enter that person's code letter in Item 3 and leave the "code" column blank for Items 4 through 12.

Third measurement necessary if second measurement differs from the first measurement by more than the following:

1. Both measurements made by the same observer.
 - a. Height, 0.5 cm.
 - b. Weight, 0.2 kg.
 - c. Skinfolts, 1 mm.
 - d. Arm circumference, 0.5 cm.
 - e. Waist and the two hip circumferences, 1.0 cm.

2. The two measurements made by different observers.
 - a. Height, 1.5 cm.
 - b. Weight, 0.2 kg.
 - c. Skinfolts, 2 mm.
 - d. Arm circumference, 1.0 cm.
 - e. Waist and the two hip circumferences, 2.5 cm.

The following measurements are to be made with the child in a hospital gown. Do all of the measurements (height through maximum below waist circumference) once before doing the second measurements.

	(X) First Measurement	Code	(Y) Second Measurement	Code	(Z) Third Measurement	Code
3. Code letter of measurer (enter only if ENTIRE set of 1st, 2nd, or 3rd measurements was made by the same person)	_____	_____	_____	_____	_____	_____
4. Height, cm	_____	_____	_____	_____	_____	_____
5. Weight, kg	_____	_____	_____	_____	_____	_____

If SV/2, 12 or 36 months, proceed. If 6, 24, or 42 months, skip to Item 13.

6. Arm circumference (right), mm	_____	_____	_____	_____	_____	_____
7. Triceps skinfold (right), mm	_____	_____	_____	_____	_____	_____
8. Subscapular skinfold (right), mm	_____	_____	_____	_____	_____	_____
9. Suprailiac skinfold (right), mm	_____	_____	_____	_____	_____	_____
10. Waist circumference, cm	_____	_____	_____	_____	_____	_____
11. Hip (bitrochanter) circumference, cm	_____	_____	_____	_____	_____	_____
12. Maximum below waist circumference, cm	_____	_____	_____	_____	_____	_____

13. Checked for completeness and accuracy:

A. Signature: _____

B. DISC certification number:

14. Date form completed: Month Day Year

Retain a copy of this form for your files. Mail the original to the DISC Coordinating Center:

DISC Coordinating Center
 Maryland Medical Research Institute
 600 Wynthurst Avenue
 Baltimore, Maryland 21210