ANTHROPOMETRY FORM

ID NUMBER: ____________ CONTACT YEAR: 07 FORM CODE: ANT VERSION: C 07/31/92

LAST NAME: ____________ INITIALS: ____________

Public reporting burden for this collection of information is estimated to average 3 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 7218 Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS:
This form should be completed during the participant's visit. ID Number and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry.

ANTHROPOMETRY (ANTC screen 1 of 1)

A. HEIGHT AND WEIGHT
1. Standing height (to the nearest cm, rounding down): ........ cm
2. Weight (to the nearest lb, rounding down): ........ lb

B. BODY SIZE
3. Girths (to the nearest cm, rounding down)
   a. Waist: ...................... cm
   b. Hips: ...................... cm

C. ADMINISTRATIVE INFORMATION
4. Date of data collection: ........... month/day/year
6. Code number of person completing this form: ...........