O.M.B. 0925-0821 exp. 10/31/95



ANTHROPOMETRY FORM

ID NUMBER: CONTACT YEAR:	0 7 FORM CODE: A N T 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, 721-B 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	C. ADMINISTRATIVE INFORMATION
1. Standing height (to the nearest cm, rounding down): cm	4. Date of data collection:// //
2. Weight (to the nearest lb, rounding down): lb	month day year
B. BODY SIZE	5. Method of data collection: Computer C
3. Girths (to the nearest cm, rounding down)	Paper form P
a. Waist: cm	6. Code number of person completing this form:
b. Hip: cm	