DISC FORM 04
Rev. 1 9/14/88
2 Pages

Dietary Intervention Study In Children
Anthropometry Form

ID ___-___ ___ ___ ___-___
NC ___ ___ ___ ___ ___ ___
VN ___ ___ ___ ___

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

2. Anthropometric measurers:

CODE	*SIGNATURE*	*DISC CERTIFICATION NO.*
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. Skinfolds, 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. Skinfolds, 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 SV2, 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 Wyndhurst Avenue
Baltimore, Maryland 21210