

Anthropometry in Children
Data Collection Form

Participant Name: _____

Participant ID: _____

Participant Sex: _____

Participant DOB: _____

Today's Date: _____

Field Measurements

Data Collector 1: _____

Measurement	Measure 1	Measure 2	Measure 3
Length/Height (mm) <i>circle</i>			
Ulna Measurement (mm)			
Tibia Measurement (mm)			

Data Collector 2: _____

Measurement	Measure 1	Measure 2	Measure 3
Length/Height (mm) <i>circle</i>			
Ulna Measurement (mm)			
Tibia Measurement (mm)			

DXA Measurements

Measurement	DXA Measurement
Ulna Measurement (mm)	
Tibia Measurement (mm)	

Date & Initials Entered C#1 _____

Date & Initials Entered C#2 _____

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7479, ATTN: PRA (0925-0593*). Do not return the completed form to this address.