

**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.