APPENDIX o

Student Height and Weight Measurement Form

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**OMB Clearance Number:** 0584-XXXX

**Expiration Date:** XX/XX/XXXX

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| Weight and Standing Height Measurement Form |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID Label | | | | | | | Interviewer MPR ID #: | | | | | | | | |  | | | / | | | / 2015  Month Day | |
| 1. ASK STUDENTS TO REMOVE SHOES, HATS, EXTRA CLOTHES | | | | | | | | | | |
| 2. **Weight** | | | | | | | | |
| 2a. 1st measurement | |  |  |  | **.** |  | Pounds  **IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 1 POUND, TAKE 3RD MEASUREMENT.** | |
| 2b. 2nd measurement | |  |  |  | **.** |  | Pounds | |
| 2c. 3rd measurement | |  |  |  | **.** |  | Pounds | |

3. Concerns about weight measurement:

**MARK ALL THAT APPLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | □ | No concerns | | | | | | 5 | □ | | Difficulty obtaining measurement | |
| 1 | □ | Wearing heavy clothing, brace, or cast | | | | | | 6 | □ | | Child or parent report *[Describe reason in Comments]* | |
| 2 | □ | Wearing shoes | | | | | | 7 | □ | | Refusal (no measurement or report) | |
| 3 | □ | Weight exceeded scale limit | | | | | | 8 | □ | | Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 4 | □ | Pregnant | | | | | |  |  | |  | |
| 4. **Standing Height** | | | | | | | | | | | | |
| 4a. 1st measurement | | | |  |  | **.** |  |  | | | Inches  **IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 1 INCH, TAKE 3RD MEASUREMENT.** | |
| 4b. 2nd measurement | | | |  |  | **.** |  |  | | | Inches | |
| 4c. 3rd measurement | | | |  |  | **.** |  |  | | | Inches | |

5. Concerns about height measurement:

**MARK ALL THAT APPLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | □ | No concerns | 3 | □ | Difficulty obtaining measurement | |
| 1 | □ | Wearing shoes or boots | 4 | □ | Child or parent report *[Describe reason in Comments*] | |
| 2 | □ | Hair, hair piece, or hat interfered | 5 | □ | Refusal (no measurement or report) | |
|  |  |  | 6 | □ | Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |



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