**E.2b Standing and Holding Weight Form**

**Study of Nutrition and Activity in Child Care Settings (SNACS)**

**OMB Control No: 0584**-XXXX

**OMB Approval Expiration Date:** XX/XX/XXXX

LOGO

**Standing and Holding Weight Form**

**For use with children ages 1 to 2 years or children unable to stand unassisted**

Child ID Label

|  |  |
| --- | --- |
|  | Interviewer ID #: | | | | | | | | || | | / | | | / 2016 Month Day |

**REMOVE SHOES, HATS, HEAVY CLOTHING, AND REMOVABLE HAIR PIECES AND EMPTY POCKETS.**

**ENSURE THAT THE CHILD IS NOT HOLDING ANYTHING DURING THE MEASUREMENT.**

**If child is unable to stand on scale unassisted, use the following procedure:**

1. **Have adult care-giver step on scale.**
2. **Zero (tare) the scale so that it now reads 0 kg.**
3. **Place child into the arms of the care giver.**
4. **Obtain reading**

|  |
| --- |
| 1. **Weight**  |
|  1st measurement  |  |  |  | **.** |  | Kilograms**IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 0.1 KG, TAKE 3RD MEASUREMENT.** |
|  2nd measurement |  |  |  | **.** |  | Kilograms |
|  3rd measurement |  |  |  | **.** |  | Kilograms |

2. Check all concerns you have regarding the measurement below. If none, check “no concerns”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | □ | No concerns | 4 | □ | Difficulty obtaining measurement *(Describe in Comments)* |
| 1 | □ | Wearing heavy clothing | 5 | □ | Refusal (no measurement or report) |
| 2 | □ | Wearing shoes | 6 | □ | Other *(Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | □ | Wearing cast or brace |  |  |  |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 5 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.

Adapted from the Student Height and Weight Measurement Form from the School Nutrition and Meal Cost Study and the Height and Weight Measurement Form from the Evaluation off the School Breakfast Pilot Project.