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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

APPENDIX F1
72-month H/W measurement card - English



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 433 ROCKVILLE MD

POSTAGE PAID BY ADDRESSEE

Westat[®]
1600 Research Boulevard
Rockville, Maryland 20850-9973



Fold along the dotted line. Pull off adhesive strip to seal.



Measurement Card



Privacy Act Statement

Authority: Per §246.26 (i)(C), USDA Food and Nutrition Service is authorized to collect information to enhance the health, education, or well-being of those who use WIC services. Code of Federal Regulations. §215.11 requires WIC State and local agency directors to cooperate in the conduct of studies and evaluations. Per §246.2 of the WIC regulations, "local agencies" include public or private non-profit health or human service agencies, Indian Health Service units, and health clinics of ITOs and intertribal councils or groups.

Purpose: Information is collected primarily for use by the Food and Nutrition Service in the administration and evaluation of Special Supplemental Program for Women, Infants and Children.

Routine Use: FNS published a system of record notice (SORN) titled FNS-8 USDA/FNS Studies and Reports in the Federal Register on April 25, 1991, volume 56, pages 19078-19080, that discusses the terms of protections that will be provided to respondents.

Disclosure: Your participation in the collection of measurement data is voluntary.



Measurement Card Instructions

This child is taking part in the WIC Feeding My Baby Study sponsored by the United States Department of Agriculture (USDA), Food and Nutrition Service. The purpose of this study is to understand health, growth, and feeding practices of children between birth and 6 years of age. To study growth, we are obtaining the height and weight measurements for these children during this critical development period. For any questions, please call 855-328-1282 (toll free).

Please complete and return this postage-paid card to Westat by mail. The parent/ caregiver will receive an incentive for bringing the child in for measurements when the card is received by Westat.

Child's First and Last Name	Child's Birthdate
Parent/Caregiver's First and Last Name	

To be completed by WIC/Health Care Provider staff only

Provider Type (check box) <input type="checkbox"/> WIC Program <input type="checkbox"/> Healthcare Provider/Clinic <input type="checkbox"/> Other _____	
Provider Address Stamp OR <div style="text-align: right;"> WIC/Health Care Provider Name Address Phone Number </div>	
Measurements	
Height	_____ in OR _____ cm
Weight	_____ lb _____ oz OR _____ kg
I _____ (PRINT NAME) certify that the measurements were completed in the office on _____ (DATE)	
Signature of staff completing measurements _____ Title _____	

