

H15. Child Height and Weight Form

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

Standing Height and Weight Form – Ages 2 and Up

Child ID #: |_|_|_|

Field Interviewer ID #: |_|_|_|_|_|_|_|_|_|

|_|_| / |_|_| / 2023
 Month Day

ASK CHILD TO REMOVE SHOES, HATS, HEAVY CLOTHING, REMOVABLE HAIR PIECES AND EMPTY POCKETS. ENSURE THAT THE CHILD IS NOT HOLDING ANYTHING DURING THE MEASUREMENT.

1. Standing Height

1 st measurement	_	_	_	.	_	Centimeters
2 nd measurement	_	_	_	.	_	Centimeters
3 rd measurement	_	_	_	.	_	Centimeters

IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 0.5 CM, TAKE 3RD MEASUREMENT.

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> No concerns | 3 | <input type="checkbox"/> Difficulty obtaining measurement (<i>Describe in Comments</i>) | |
| <input type="checkbox"/> Wearing shoes or boots | 4 | <input type="checkbox"/> Refusal (no measurement or report) | |
| <input type="checkbox"/> Hair, hair piece, or hat interfered | 5 | <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

3. Weight

1 st measurement	_	_	_	.	_	Lbs
2 nd measurement	_	_	_	.	_	Lbs
3 rd measurement	_	_	_	.	_	Lbs

IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 0.2 lbs, TAKE 3RD MEASUREMENT.

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

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> No concerns | 4 | <input type="checkbox"/> Difficulty obtaining measurement (<i>Describe in Comments</i>) | |
| <input type="checkbox"/> Wearing heavy clothing | 5 | <input type="checkbox"/> Refusal (no measurement or report) | |
| <input type="checkbox"/> Wearing shoes or boots | 6 | <input type="checkbox"/> Other (<i>Specify</i>) _____ | |
| <input type="checkbox"/> Wearing cast or brace | | | |

Comments: _____

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0.0835 hours (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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

**Standing and Holding Weight Form – Ages 12 to 23
Months and Older Children Unable to Stand Unassisted**

Child ID #: |_|_|_|_|

Field Interviewer ID #: |_|_|_|_|_|_|_|_|_|_|

|_|_|/|_|_|/2023
Month Day

**REMOVE SHOES, HATS, HEAVY CLOTHING, AND REMOVE 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 caregiver step on scale.
2. Zero (tare) the scale so that it now reads 0 lbs.
3. Have the caregiver pick up the child and step back onto the scale.
4. Obtain reading.

1. Weight

1 st measurement				.		Lbs
2 nd measurement				.		Lbs
3 rd measurement				.		Lbs

IF DIFFERENCE BETWEEN 1ST & 2ND MEASUREMENT IS GREATER THAN 0.2 lbs, TAKE 3RD MEASUREMENT.

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

- | | |
|---|---|
| 0 <input type="checkbox"/> No concerns | 4 <input type="checkbox"/> Difficulty obtaining measurement (<i>Describe in Comments</i>) |
| 1 <input type="checkbox"/> Wearing heavy clothing | 5 <input type="checkbox"/> Refusal (no measurement or report) |
| 2 <input type="checkbox"/> Wearing shoes or boots | 6 <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| 3 <input type="checkbox"/> Wearing cast or brace | |

Comments: _____

