



START # 167

Plate #066

Visit #012

Participant ID

Centre #

Participant #

Subject Initials

F M L

Date of birth: 20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Date of collection: 20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

A. GENERAL QUESTIONS

1. Age: [ ] [ ] days

2. Physical Measures

a. Length i. [ ] [ ] . [ ] cm ii. [ ] [ ] . [ ] cm iii. [ ] [ ] . [ ] cm

b. Birth weight: [ ] [ ] [ ] [ ] . [ ] gm Birth weight recorded on chart: [ ] [ ] [ ] [ ] . [ ] gm

c. Head Circumference i. [ ] [ ] . [ ] cm ii. [ ] [ ] . [ ] cm iii. [ ] [ ] . [ ] cm

d. Waist Circumference i. [ ] [ ] [ ] . [ ] cm ii. [ ] [ ] [ ] . [ ] cm iii. [ ] [ ] [ ] . [ ] cm

e. Hip Circumference i. [ ] [ ] [ ] . [ ] cm ii. [ ] [ ] [ ] . [ ] cm iii. [ ] [ ] [ ] . [ ] cm

f. Mid upper arm Circumference i. [ ] [ ] [ ] . [ ] cm ii. [ ] [ ] [ ] . [ ] cm iii. [ ] [ ] [ ] . [ ] cm

g. Skinfold Thickness:

Right Subscapular i. [ ] [ ] . [ ] mm ii. [ ] [ ] . [ ] mm iii. [ ] [ ] . [ ] mm

Right Tricep i. [ ] [ ] . [ ] mm ii. [ ] [ ] . [ ] mm iii. [ ] [ ] . [ ] mm

Right Bicep i. [ ] [ ] . [ ] mm ii. [ ] [ ] . [ ] mm iii. [ ] [ ] . [ ] mm

Suprailiac i. [ ] [ ] . [ ] mm ii. [ ] [ ] . [ ] mm iii. [ ] [ ] . [ ] mm

h. Blood Pressure: Was the baby crying while the measurements were taken? [ ] Yes [ ] No

i. [ ] [ ] [ ] systolic mmHg [ ] [ ] [ ] diastolic mmHg

ii. [ ] [ ] [ ] systolic mmHg [ ] [ ] [ ] diastolic mmHg

i. Glucose Level: Please record the first available measure in the chart. If a measure is not available, mark "not recorded".

i. [ ] Heel Prick [ ] [ ] . [ ] ii. [ ] Serum [ ] [ ] . [ ] iii. [ ] Not recorded

Form completed by: (please print) Last Name

First Initial

Date of completion: 20 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]