SWS Serial Number

6 MONTH INFANCY QUESTIONNAIRE

Version 2005

Mother's forename only: _____

Infant's forename only: _____

[Nurse to refer to salmon card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone number, for tracing purposes if family move]

Infant's date of birth d d m m y y

Sex M=Male F=Female

Date of interview d d m m y y

Interviewer

I would firstly like to ask you about your baby's feeding. I'll start with questions about the type of milk or formula he/she has had.

1 MILK OR FORMULA FEEDING

1.1 Did you ever put your baby to the breast, even for a single feed?

0. No
1. Yes *go to 1.3* ☐

1.2 *Was this? :

1. Personal choice
2. Because you were unwell
3. Because the baby was too small or unwell
8. Any other reason (e.g. advised not to; problems with previous baby)

☐

Then go to 1.10

1.3 Did you ever require antibiotic injections, tablets or surgery for mastitis or a breast abscess?

0. No
1. Yes ☐

1.4 Are you still breast feeding?

0. No
1. Yes *go to 1.6* ☐

1.5 How old was your baby when he/she last had a breast feed?

☐ mths ☐ wks ☐ days

or

On what date did he/she last have a breast feed? d d m m y y ☐☐ ☐☐ ☐☐

Go to 1.8

1.6 *What is the **main** reason for continuing to breast feed?

1. Enjoyment
2. Best for baby / prevention of allergies
3. Cheaper
4. Baby prefers it or refuses other feeds
5. Convenience
8. Any other / multiple reasons, e.g. help lose weight, so sleeps through night

☐

1.7 Except for breast milk, has he/she ever had any other milk or formula in a bottle or cup or for mixing with solid foods, eg rusks?

0. No *go to section 2*
1. Yes ☐

1.8 How old was your baby when he/she started regularly having other milk or formula feeds from a bottle or cup or for mixing with solid foods?

☐ mths ☐ wks ☐ days

or

On what date did he/she start regularly having milk or formula feeds?

d d m m y y

☐☐ ☐☐ ☐☐

1.9 *What was the **main** reason for starting other milk or formula feeds? ☐☐

1. Return to work
2. Breastfeeding took too long or was too tiring
3. Convenience or to allow others in the family to feed
4. To try and get him/her to sleep through the night
5. The right time/age to change
6. Insufficient milk to satisfy the baby
7. Baby wouldn't suck because unwell or low birth weight
8. Baby wouldn't suck or not interested – no apparent reason
9. Baby irritable or colicky, or not gaining weight
10. Painful breasts / sore nipples / mastitis / breast abscess
11. Milk dried up
12. To mix with cereals/dried foods

88. Any other reason / multiple reasons
    e.g. mother unwell, inverted nipples, not enjoying it, bitten by baby

1.10 *Please tell me which types of milk or formula you have used and what age your baby was when it was started and stopped or on what date it was started and stopped.

Use 88's if still using

Name of formula	**Formula code**	**Age started**			**Age stopped (month/day)**			**Date started**	**Date stopped**
		Mths	**wks**	**days**	**mths**	**wks**	**days**		

2 FOOD FREQUENCY QUESTIONNAIRE

I am now going to ask you about the milk or formula your baby has had in the **past week**.

If no breast feeding in the past 7 days go to 2.5

2.1 Not including expressed breast milk, can you tell me how many days out of the past 7 days he/she was breast fed? On average, how many feeds per day did he/she receive on these days? How long on average was he/she actively sucking **per day** on these days?

Number of days in the past 7 days	Number of feeds per day	Average time actively sucking per day
		☐ hrs ☐☐ mins

2.2 In the **past 7 days** did he/she have any expressed breast milk?

0. No *go to 2.4*
1. Yes

☐

2.3 How many days out of the past 7 days did he/she have expressed breast milk? On average, how many times per day did he/she have expressed breast milk on these days? What was the average amount of milk **per day** on these days?

How many days out of the past 7	How many times per day	Volume per day								
		oz					mls			
				.						

2.4 In the past week did he/she have any other milk or formula except breast milk? Include any milk used for mixing with food.

0. No *go to 2.6*
1. Yes

☐

2.5 *Can you tell me the types of milk or formula he/she has had in the past 7 days? How many days out of the past 7 days was *type of milk* given? How many times per day was *type of milk* given? What was the average amount of *type of milk* **per day** on these days?
Repeat for any other types of milk used.

Name of formula	**Formula code**	**How many days out of the past 7**	**How many times per day**	**Volume per day**								
				oz					**mls**			
						.						
						.						
						.						
						.						

Have you included any milk used for mixing with food? *If no, adjust table above.*

2.6 Now I am going to ask you about the **foods** your baby has eaten in the **past week**. I will ask you how many times he/she has eaten certain foods and also the amount of food eaten. You should only include food actually eaten, do not include food that was left over or spilled. I have a list of foods, many of which may not have been eaten in the past week or ever. You may also find that foods your baby has eaten in the past week are missing and these will be added on at the end.

*

Food code	**Food**	**No. of times in past wk**	**Brand codes**	**No. of times/ brand**	**Average amount on each occasion**				
1	Pure baby rice, not including fruit flavoured rice				No. of tablespn dried		.		
							.		
							.		
2	Other dried baby cereals				No. of tablespn dried		.		
							.		
							.		
3	Rusks				No. of rusks		.		
							.		
							.		
	Were they 1. Original 3. Savoury 2. Reduced sugar 4. Gluten free								

2.7 *Did your baby eat any other dried baby foods in the past week? 0. No *go to 2.9* ☐
1. Yes

2.8

Food code	Food	No. of times in past wk	Brand codes	No. of times/ brand	Average no. of tablespoons dried on each occasion
4	Dried meat or fish based meals				.
					.
					.
5	Dried vegetable, pasta or rice based meals				.
					.
					.
6	Dried desserts				.
					.
					.

2.9 *Did your baby eat any jars, tins or pots of baby foods in the past week?

0. No *go to 2.11*
1. Yes ☐

2.10

Food code	Food	No. of times in past wk	Brand code	No. of times/ brand	Size of jar/tinA	Average number of jars on each occasion
7	Breakfast meals such as porridge					.
						.
						.
8	Meat or fish based meals					.
						.
						.
9	Vegetable, pasta or rice based savoury meals					.
						.
						.
10	Milk or cereal based desserts					.
						.
						.
11	Fruit based desserts, not including pure fruit puree					.
						.
						.
12	Pure fruit puree					.
						.
						.

A 1 = Small jars (100-150 g) Usually from 4 months
2 = Medium jars (160-200 g) Usually from 7 months
3 = Large jars (220-250 g) Usually from 12 months (toddlers)

2.11 *Did your baby eat anything else apart from these ready made baby foods in the past week?

0. No *go to 2.13*
1. Yes ☐

2.12

Food code	Food	No. of times in past wk	Average amount on each occasion
13	Weetabix or other wheat bisks		No. of biscuits ☐.☐☐
14	Other cereals, not including Weetabix or baby cereals		No. of tbsp ☐.☐☐

Food code	Food	No. of times in past wk	Average number of tablespoons on each occasion
15	Potatoes		.
16	Rice		.
17	Pasta including tinned spaghetti		.
18	Meat		.
19	Fish		.
20	Beans and pulses, including baked beans, kidney beans, chick peas and lentils		.
21	Other vegetables		.

Food code	Food	No. of times in past wk	Average amount on each occasion
22	Yogurt and fromage frais		Weight (grams) small pot approx 50g avge pot approx 100g ☐☐☐
	1) Ordinary wholemilk 2) Low fat 3) Danone baby fromage frais with follow on milk 4) Onky Blok fromage frais with Added vitamins 5) Tescos fromage frais with added vitamins ☐☐ 88) Other (specify) …… *for multiple types use 77*		
23	Cooked fruit		No. of tbsp ☐.☐☐
24	Banana		No. of bananas ☐.☐☐
25	Other fresh fruit:(*1 serving = 1 apple/peach/pear 2 apricot/plum, 10 strawberry, 25 cherry/ grape)*		No. of servings ☐.☐☐
26	Bread or toast		No. of slices ☐.☐☐
27	Crackers or breadsticks *(Ritz size = 1 Cream cracker size = 2)* *(Baby breadstick = 0.3 Adult b'stick = 2)*		No. of crackers or breadsticks ☐.☐☐
28	Biscuits		No. of biscuits ☐.☐☐

2.13 *Did your baby have anything else to **drink** apart from milk or formula in the past week?

0. No *go to 2.15*
1. Yes ☐

2.14

Food code	Food	No. of times in past wk	Brand code	No. of times/ brand	Volume (oz) on each occasion
29	Baby fruit juice *(for concentrate, use vol. After standard dilution))*				.
30	Baby herbal drinks				.
31	Squash, not including diet drinks labelled low calorie or low sugar				.
	Was it 1. Ribena or hi juice blackcurrant 8. Other				☐
32	Diet squash labelled low calorie or low sugar				.
	Was it ~~1. Low sugar Ribena~~ 2. Really Light Ribena 8. Other				☐
33	Tea *Volume of tea not including milk*				.
34	Water *Not including water used to mix with food or drink which must have water added, such as squash and dried baby food*				.

2.15 *Is there anything else he/she has had to eat or drink in the past week that we have not already included? Here is a list to help remind you about foods which he/she may have had but if there are any others which are not on the list please let me know what these are.

0. No *go to section 3*
1. Yes ☐

2.16

Brand/Description	No. of times in past wk	Portion size	Code	Weight

3 24 HOUR RECALL

I would now like to get more detailed information about all the feeds and everything else that he/she had to eat or drink yesterday.

Starting from midnight *on previous night* could you tell me whether he/she woke during the night?

What did he/she have to eat or drink at this time?

Did he/she wake again during the night?

What was the first food or drink he/she had when he/she woke up in the morning?
What else did he/she have at this time?
Was there any other food or drink at this time?

What time did he/she next eat or drink?
[Repeat the last 3 questions as appropriate until all items have been included]
3.1

Time 24 hr clock	Food/drink	FFQ code	Brand	Brand or formula code	Amount

Time 24 hr clock	Food/drink	Food code	Brand	Brand code	Amount

3.2 Was yesterday typical of the way he/she has generally eaten recently?

0. No
1. Yes
2. Reasonably

☐

4 INTRODUCTION OF FOODS AND SUPPLEMENT USE

Now I'd like to ask you about when various foods were first introduced to your baby.

4.1 How old was he/she when solids were first regularly introduced?

☐ mths ☐ wks ☐ days

or

On what date were solids first regularly introduced? ☐☐ ☐☐ ☐☐

d d m m y y

4.2 What was the first solid food he/she regularly ate? ☐☐

Use the FFQ list to prompt and code this
Use 88 for multiple foods

4.3 During the past 3 months have you given him/her any vitamins or mineral drops, including iron and fluoride drops? ☐

0. No *go to 4.5*
1. Yes

4.4 *If yes,* please state which:

Supplement Name	**Code**	**How many days in the last 90?**	**No. of drops per day**	**Did he/she start this:** 1: Less than 1 mth ago 2: 1-2 months ago 3: More than 2 mths ago

4.5 During the past three months have **you** taken any pills, tonics or tablets to supplement your diet? (e.g. vitamins, minerals, iron tablets, folic acid, fish oils etc.) ☐

0. No *go to section 5*
1. Yes

4.6 *If yes,* please state which:

Supplement Name	**Code**	**How many days in the last 90**	**Number per day**	**Did you start this:** 1: Less than 1 mth ago 2: 1-2 months ago 3: More than 2 mths ago

5 DUMMY AND BOTTLE USE

5.1 *Has your baby ever been given a dummy (pacifier)?

0. No
1. Once or just a few times
2. Yes, but not any longer
3. Uses it occasionally
4. Uses it regularly

☐

If breast fed only go to section 6

5.2 *Does he/she have the following drinks from a bottle, cup or both?

Drink	Bottle	Cup	Both	Never has it
Milk or formula				
Fruit juice or squash				
Water				

Cup only go to section 6

5.3 *Do you ever add anything extra to the milk in a bottle?

0	No	*go to 6*	5	Tea	*go to 6*	☐
1	Extra water	*go to 6*	6	Rusk	*go to 6*	☐
2	Extra milk powder	*go to 6*	7	Rice or other cereal	*go to 6*	☐
3	Sugar	*go to 6*	8	Something else	*go to 5.4.1*	
4	Honey	*go to 6*				

Allow up to 3 answers

5.4 What do you add? _____ ☐☐

6 BABY'S ILLNESSES

I would just like to ask a few questions about any illnesses the baby might have had **at any stage since he/she was born**. *(Prolonged period with <1 week break between bouts - enter 88)*

6.1 Has he/she had any episodes of chestiness associated with wheezing or whistling in his/her chest? (includes wheezy bronchitis, asthma)

No 0. *go to 6.3*
Yes - number of times ☐☐

6.2 How old was he/she at the start of the first episode ? ☐ mths ☐ wks ☐ days

6.3 Other than during the first week of a cold has he/she ever woken at night with coughing for 3 or more nights in a row?

0. No
1. Yes ☐

6.4 *Over the last 3 months, (90 days) on roughly how many **days** has he/she had a cough, cold or runny nose ?

0. None
1. 1-15 days ☐
2. 16-30 days
3. 31-45 days
4. 45 days or more (more than half the time)

6.5 Has he/she ever been diagnosed by a doctor as having had pneumonia or bronchiolitis? *(don't include bronchitis or "chest infection")*

No 0.
Yes – number of times ☐☐

6.6 Has he/she ever been diagnosed by a doctor as having had a chest infection or bronchitis ? (includes wheezy bronchitis)

No 0.
Yes – number of times ☐☐

6.7 Has he/she had any episodes of croup or a croupy cough ?
(i.e. a barking cough worse at night)

No 0.
Yes – number of episodes ☐☐

6.8 Has he/she had any bouts of vomiting lasting 2 days or longer ?
(do not include possetting or regurgitation)

No 0.
Yes – number of bouts ☐☐

6.9 Has he/she had any bouts of diarrhoea lasting 2 days or longer ?
(probe; diarrhoea=frequent unformed stools)

No 0.
Yes – number of bouts ☐☐

6.10 Has he/she ever been diagnosed by a doctor as having an ear infection ?

No 0.

Yes – number of times ☐☐

6.11 Has he/she had an itchy skin condition **at any time since birth** - by itchy we mean scratching or rubbing the skin a lot ? (exclude chicken pox)

0. No *go to 6.14*
1. Yes ☐

6.12 Has this skin condition ever affected **the cheeks**, **the outer arms or legs**, or the **skin creases** in the past - by skin creases we mean the folds of the elbows, behind the knees, the fronts of the ankles, or around the eyes ?

0. No
1. Yes ☐

6.13 How old was he/she when the rash **first** appeared ? ☐ mths ☐ wks ☐ days

6.14 Has he/she suffered from a generally dry skin ?
(do not include a dry skin in the immediate postnatal period)

0. No
1. Yes ☐
8. To a minor degree

6.15 *Has he/she had a **scaly**, **or red and weeping** skin rash affecting any of the following areas **at any time** since birth:

A) the scalp or behind the ears (including "cradle cap")
0. No
1. Yes ☐

B) around the neck
0. No
1. Yes ☐

C) the cheeks or forehead
0. No
1. Yes ☐

D) either the folds of the elbows or behind the knees
0. No
1. Yes ☐

E) the forearms, wrists, shins or ankles
0. No
1. Yes ☐

F) the shoulders, chest, tummy or back
0. No
1. Yes ☐

G) in the armpits
0. No
1. Yes ☐

H) the nappy area (including nappy rash)
0. No
1. Yes ☐

If **yes to (C), (D), (E), (F) or (G)**,
have you ever been able to clearly link a rash on his/her face, trunk or limbs with teething
0. No
1. Yes ☐

or with specific foods
0. No *go to 6.17* ☐
1. Yes

6.16 If yes, which foods?_____

6.17 Was he/she <u>born</u> with any health problems or abnormalities?
0. No *go to section 7*
1. Yes ☐

6.18 What is the problem? _____ ☐☐

_____ ☐☐

_____ ☐☐

7 ALLERGIES

One of the things we are trying to determine is why some children become allergic to cats & dogs whereas many others don't.

7.1 I would first like to ask whether you have **kept a cat** at home at any time since your baby was born

0. No *go to 7.3*
1. Yes ☐

7.2 If yes, and offered, is the cat kept: *if yes & not offered, go to 7.5*

1. Only in a separate room *go to 7.5*
2. Only outside the house *go to 7.5* ☐

7.3 *How often has he/she **visited homes that keep a cat or cats** over the last 6 months.

0. Never
1. Infrequently (once a month or less)
2. Fairly frequently (several times a month)
3. Frequently (several times a week)
4. Every day or almost every day ☐

7.4 If yes, and offered, is the cat kept:

1. Only in a separate room
2. Only outside the house ☐

7.5 And similarly, have you **kept a dog** at home at any time since your baby was born?

0. No *go to 7.7*
1. Yes ☐

7.6 If yes, and offered, is the dog kept: *if yes & not offered, go to section 8*

1. Only in a separate room *go to section 8*
2. Only outside the house *go to section 8* ☐

7.7 *How often has he/she **visited homes that keep a dog or dogs** over the last 6 months.

0. Never
1. Infrequently (once a month or less)
2. Fairly frequently (several times month)
3. Frequently (several times a week)
4. Every day or almost every day ☐

7.8 If yes, and offered, is the dog kept:

1. Only in a separate room
2. Only outside the house ☐

8 HOUSEHOLD HEATING

8.1 *How is your flat/house principally heated? ☐☐

1. Gas central heating
2. Ducted central heating
3. Under floor heating
4. Night storage heaters
5. Coal/wood open fires
6. Coal/wood burners
7. Gas fires
8. Electric fires/heaters
9. Paraffin/kerosene heaters
10. Oil central heating
11. Other, *specify* _____

8.2 Is the room where your child usually sleeps heated in this way? ☐

0. No
1. Yes *go to section 9*

8.3 *****How is the room heated where your child usually sleeps? ☐☐

1. Gas central heating
2. Ducted central heating
3. Under floor heating
4. Night storage heaters
5. Coal/wood open fires
6. Coal/wood burners
7. Gas fires
8. Electric fires/heaters
9. Paraffin/kerosene heaters
10. Oil central heating
11. Other, *specify* _____

9 SLEEPING ARRANGEMENTS

9.1 *Does he/she sleep mainly ☐

1. in the same bedroom as brothers or sisters
2. in the same bedroom as parents
3. in his/her own bedroom
8. other, *specify* _____

9.2 How many times **per night** (between midnight and 6am) does he/she generally wake for feeding or any other reason? Please answer this in relation to the last 2 weeks? ☐.☐ per night

10 MOTHER'S SMOKING

10.1 Are you currently smoking ?
0. No *go to 10.5*
1. Yes

10.2 If yes, and offered, is it:
1. Only in a separate room
2. Only outside the house

10.3 How many per day? ☐☐

10.4 What is your current brand ? _____

10.5 Does anyone else smoke in the flat/house, or is he/she ever looked after more than once a week by anyone who smokes ?
0. No
1. Yes

10.6 If yes, and offered, is it:
1. Only in a separate room
2. Only outside the house

[Nurse to ask mother if she would complete the EPDS now]

11 MOTHER'S HEALTH

11.1 *****In the last 6 months, have there been any episodes when you have experienced any of the following:-
0 = No
1 = Yes

1. Feeling sad, depressed or gloomy for most of the day? ☐
2. Being unable to find pleasure in things you normally enjoy? ☐
3. Lost interest in things you normally enjoy? ☐
4. Feeling very tired or worn out even when not doing much? ☐
5. Had less energy than usual? ☐

If the answer is "No" to every question, go to 11.10

11.2 Did the episode last more than 2 weeks?
0. No
1. Yes ☐

If the answer is "No", go to 11.10

11.3 *****At the same time as you had those problems, did you also experience any of the following?

0 = No
1 = Yes

1. Loss of self confidence or self esteem? ☐
2. Feelings of guilt or shame? ☐
3. Inability to concentrate? ☐
4. Inability to make decisions or think clearly? ☐
5. Feeling very tense, wound up or fidgety? ☐
6. Feeling very slowed down in your movements? ☐
7. Feeling that life was not worth living? ☐
8. Thoughts of death? ☐
9. A marked change in your appetite? ☐
10. A marked change in your sleeping pattern? ☐
11. Loss or gain of at least half a stone (3kgs) in weight? ☐

If the answer is "No" to all of these, go to 11.10

11.4 When did the episode start? (*Time from child birth in weeks)* ☐☐

11.5 **Roughly** how long did it last? ☐ mths ☐ wks *(enter 8s if ongoing)*

11.6 *Did you receive any treatment for it ? *(enter highest number stated)*

0. None
1. Talked with GP, health visitor or midwife
2. Counselling
3. Antidepressant tablets from GP
4. Antidepressant treatment from hospital doctor
8. Other (vitamin/iron/hormone treatment)

☐

11.7 Roughly how old was the baby when it was at **its worst**? ☐ mths ☐ wks ☐ days

or when was it at its worst ? d d m m y y ☐☐ ☐☐ ☐☐

11.8 Do you **still** feel unusually low in your spirits?

0. No
1. Yes

☐

11.9 Life events associated with low spirits: ☐☐
Record only if information is volunteered

11.10 At any time in your life **before** the baby was born did you ever receive tablet or injection treatment from a hospital psychiatrist ?

0. No
1. Yes

☐

12 INFANT EXAMINATION

12.1 Measurement Date d d m m y y

12.2 Time (24 hr clock)

12.3 Measurer

12.5 Helpers (Parent 90)

12.5 Occipito-frontal circumference ___.___ cm

___.___ cm

___.___ cm

Crying
0. No
1. Yes

12.6 Left mid-upper arm circumference (arm straight) ___.___ cm

___.___ cm

___.___ cm

Crying
0. No
1. Yes

12.7 Chest circumference ___.___ cm

___.___ cm

___.___ cm

Crying
0. No
1. Yes

12.8 Abdominal circumference ___.___ cm

___.___ cm

___.___ cm

Crying
0. No
1. Yes

Skinfold thicknesses

12.9 Triceps skinfold ___.___ mm

___.___ mm

___.___ mm

Crying
0. No
1. Yes

12.10 Subscapular skinfold

|_|_|.|_| mm

|_|_|.|_| mm

|_|_|.|_| mm

Crying
0. No
1. Yes |_|

12.11 Skinfold calipers used |_|_|_|_|

12.12 Crown-rump length

|_|_|.|_| cm

|_|_|.|_| cm

|_|_|.|_| cm

Crying
0. No
1. Yes |_|

12.13 Crown-heel length (left leg)

|_|_|.|_| cm

|_|_|.|_| cm

|_|_|.|_| cm

Crying
0. No
1. Yes |_|

12.14 Minimum carriage reading |_|_|_| mm

12.15 Anthropometer used |_|

12.16 Baby weight (preferably nude) |_|.|_|_| kg

12.17 Weight of any clothes / nappy |_|.|_|_| kg

13 SKIN EXAMINATION

*Eczema = poorly defined redness with scaling, crusting, vesicles or accentuated skin markings (lichenification)

	Eczema*	Number of moles (**not** cafe au lait)	Birthmarks *see codes below*
13(a) Is/are there any? 0. No / 1. Yes	☐	☐	☐
13.1 Scalp / Behind ears	☐	☐☐	☐☐
13.2 Face – cheeks & forehead	☐	☐☐	☐☐
13.3 Face – around the mouth	☐		
13.4 Neck	☐	☐☐	☐☐
13.5 Arms – palms of the hands	☐	☐☐	☐☐
13.6 Arms – antecubital fossae	☐	☐☐	☐☐
13.7 Arms – remainder (backs of hands, forearms, upper arms)	☐		
13.8 Arms – axillae	☐		
13.9 Trunk – back	☐	☐☐	☐☐
13.10 Trunk – front (chest & abdomen)	☐	☐☐	☐☐
13.11 Legs – soles of feet	☐	☐☐	☐☐
13.12 Legs – popliteal fossae (behind knees)	☐	☐☐	☐☐
13.13 Legs – remainder of (ie. thighs, lower leg, dorsa feet)	☐		
13.14 Nappy area (incl. nappy rash)	☐	☐☐	☐☐

Birthmarks:

01 Strawberry Naevus
02 Port Wine Stain
03 Stork Mark
04 Café au lait
05 Mongolian blue spot
06 Nevus sebaceous
07 Nevus spilus
08 Other birthmark, unclassified

14 MOTHER'S MEASUREMENTS

14.1 Pulse (30 sec) ☐☐☐
Double the value to give pulse for 1 minute

14.2 Which hand do you write with? ☐
1. Right
2. Left
3. Completely ambidextrous

14.3 Weight ☐☐☐.☐ kg

14.4 Waist circumference ☐☐☐.☐ cm

14.5 Hip circumference ☐☐☐.☐ cm

14.6 Mid-upper arm circumference ☐☐.☐ cm

Skinfold thicknesses

14.7 Triceps skinfold ☐☐.☐ mm
☐☐.☐ mm
☐☐.☐ mm

14.8 Subscapular skinfold ☐☐.☐ mm
☐☐.☐ mm
☐☐.☐ mm

14.9 Skinfold calipers used ☐☐☐☐

14.10 Time (24 hr clock) ☐☐☐☐

14.11 Room temperature ☐☐.☐ °C

14.12 Scales used ☐☐☐☐