

Please measure as accurately as possible and fill out the fields below that you can. If for some reason you cannot, please write "NA." Measure both left and right if possible, if not then fill out one side for all measurements. (L/R) indicates to measure both left and right sides. Please also fill out the quality of the measurements (Q) and the time it took (M) on the back page.

Person: _____

Data Collector: _____

Units: _____

Eye Color: _____

Dominant Hand: _____

Dominant Eye: _____

Dominant Swinging Arm: _____

Ethnicity: _____

Gender: _____

Age: _____

Height: _____

Head Circumference: _____

Head Height: _____

Hand Length (L/R): _____/_____

Hand to Elbow (L/R): _____/_____

Hand Width (L/R): _____/_____

Elbow to Armpit (L/R): _____/_____

Foot Length (L/R): _____/_____

Arm Reach(L/R): _____/_____

Arm Span: _____

Floor to Knee Pit (L/R): _____/_____

Floor to Armpit (L/R): _____/_____

Floor to Hip (L/R): _____/_____

Floor to Navel : _____