

**BIRTH TO TEN:
FOUR YEAR QUESTIONNAIRE
GROWTH DATA COLLECTION FORM**

BIRTH TO TEN ID NUMBER

--	--	--	--	--	--	--	--

NAME AND SURNAME OF MOTHER: _____

--	--	--	--	--	--	--	--

DATE: _____/_____/1994

--	--	--	--	--	--	--	--

MEASUREMENTS:

WEIGHT:

_____ kg

--	--	--

LENGTH:

_____ mm

--	--	--	--

HEAD CIRCUMFERENCE:

_____ mm

--	--	--

RELAXED ARM CIRCUMFERENCE:

_____ mm

--	--	--

TRICEP SKINFOLD:

_____ mm

--	--	--

SUBSCAPULAR SKINFOLD:

_____ mm

--	--	--

MEASUREMENTS TAKEN BY: _____

--	--	--	--