

BIRTH TO TEN: FIVE YEAR QUESTIONNAIRE 1995

BTT ID NUMBER:

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MOTHER'S NAME AND SURNAME:

NAME OF CHILD:

GROWTH DATA : CHILD

MEASUREMENTS:

WEIGHT:

_____ kg

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HEIGHT:

_____ mm

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HEAD CIRCUMFERENCE:

_____ mm

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RELAXED ARM CIRCUMFERENCE:

_____ mm

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TRICEP SKINFOLD:

_____ mm

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SUBSCAPULAR SKINFOLD:

_____ mm

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MEASUREMENT TAKEN BY:

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Date of interview: _____ / _____ / 1995
 day month

dd	mm	yy				
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