

Patient Name: _____ Patient Age: |__| |__| . |__| Years
Patient Sex: Male Female Months

FORM HIPE1 – HEIGHT AND WEIGHT MEASUREMENTS

Date: |__||__| / |__||__| / |__||__||__||__| or Not Done _____
Day Month Year

Interviewer ID: |__| |__| |__|

1) Height |__| |__| |__| Centimeters (cm)

Method of height measurement: 1 Subject standing
2 Subject lying down
3 Height not measured

2) Weight |__| |__| |__| . |__| Kilograms (kg)

Method of weight measurement: 1 Subject standing on scale
2 Subject held on scale
3 Weight not measured

Hospital ID
(stick label here)

Transcribed by: _____
Checked by: _____
Initials/Date

Subject ID
(stick label here)