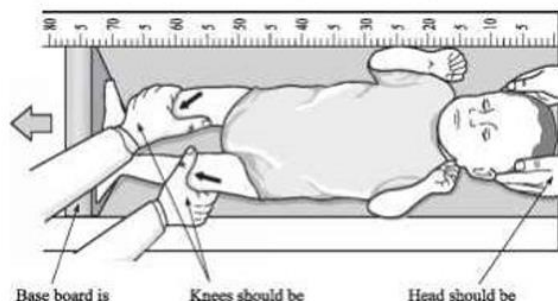
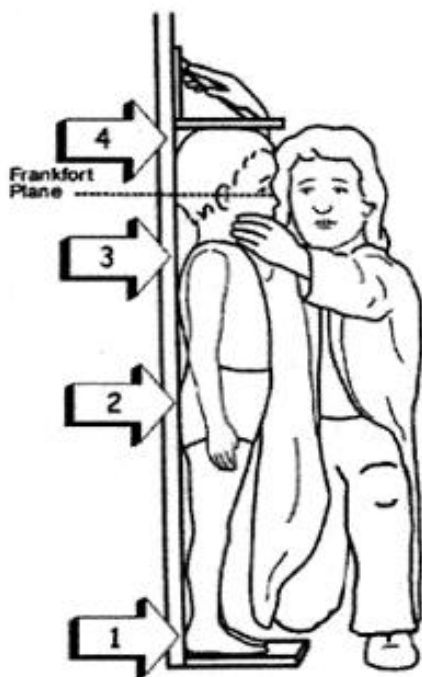


Taking Anthropometric Measurements Cheat Sheet

*This document is not meant to replace policy or procedure. It is meant to summarize the key pieces of anthropometric measurements.

- ✓ At a minimum, height or length and weight measurements shall be performed and/or documented in the applicant's file at the time of every certification.
- ✓ If obtaining weight and height (or length) data from another source (i.e. doctor's office, Head Start or Child Health), it must have been taken within the 60 days prior to the WIC appointment.
 - It can be taken verbally from a staff person at that source, but not verbally from the participant/parent
 - Documentation from the source can be mailed, emailed, faxed or brought in by the participant/parent or the participant/parent can present electronic chart data if available.
- ✓ Recumbent length must be used for all infants and children under 2 years of age and for all children less than 31 ½ inches tall regardless of age.
 - If the child is 2 years old or older and is less than 31 ½ inches tall, you must mark the check box for recumbent measurement in the anthro panel of the data system.
- ✓ Height must be repeated for women until they have turned 21 years old.
- ✓ Have the participant or the child's parent/guardian remove their shoes, hat, coats, excess layers of clothing, assure diaper is clean and dry if applicable and if possible remove any hair decorations or braids on top of the head.
- ✓ For height and length, check to assure the participant is positioned like pictured below.



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- ✓ Read and record height and length measurements to the nearest 1/8 of an inch.
- ✓ If a child is uncooperative or cannot stand up, weigh the child's caregiver holding the child, and then weigh the caregiver alone. Subtract the second value from the first to determine the child's weight. If your scale has a tare capability, you can also weigh the child's caregiver and tare out their weight before weighing them again holding the child.
- ✓ Unusual measurements (for every participant type) should be repeated to remove any doubt of error.
 - Record in nutrition care plan that measurement has been repeated for future reference.
 - Record any contributing observations in the nutrition care plan (e.g., recent illness, tall parents, family disruptions such as divorce, description by parents as a "poor eater," medications that may affect appetite or water balance).
- ✓ There are times when it is difficult to obtain an accurate measurement. Examples include non-compliant children, ornate hair ornaments, casts, missing limbs, inability to stand, contractures, frequent movement, and faulty equipment. When any of these situations exist:
 - Obtain a measurement using the best technique possible under the circumstances.
 - Record the reason for potentially inaccurate measurements in the data system. This information will help with future interpretation of measurements and growth patterns.