

SWS Label or:  
SWS ID number:



# **6 Year QUESTIONNAIRE HOME VISIT**

## **Part 2**

## 7 CHILD EXAMINATION – ANTHROPOMETRY (and mother's height and weight)

7.1 Measurement Date

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.2 Time (24 hr clock)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7.3 Measurer

<input type="text"/>	<input type="text"/>
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7.4 Helpers (Parent = 90)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7.5 Which hand does the child write with?

1. Right
2. Left
3. Ambidextrous
- Don't know

<input type="text"/>
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*Mark up and measure the non-dominant arm and side of body. If ambidextrous or not known measure the left side*

7.6 Occipito-frontal circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling (0 No, 1 Yes)

<input type="text"/>
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7.7 Left mid-upper arm circumference (arm straight)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling (0 No, 1 Yes)

<input type="text"/>
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7.8 Chest circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling (0 No, 1 Yes)

<input type="text"/>
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7.9 Waist circumference (standing)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling (0 No, 1 Yes)

<input type="text"/>
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7.10 Hip circumference (standing)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
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Wriggling (0 No, 1 Yes)

<input type="text"/>
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**7.11** Height (barefoot)

			.	
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cm

			.	
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cm

			.	
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cm

Wriggling (0 No, 1 Yes)

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**7.12** Sitting height (pants only)

		.	
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cm

		.	
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cm

		.	
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cm

Wriggling (0 No, 1 Yes)

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**7.13** Stadiometer used

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**7.14** Child's weight (preferably in underwear only)

		.	
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kg

**7.15** Approx weight of any clothes (except underwear)

	.	
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kg

**7.16** Scales used

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Skinfold thicknesses

**7.17** Triceps skinfold

		.	
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mm

		.	
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mm

		.	
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mm

		.	
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mm

		.	
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mm

Wriggling (0 No 1 Yes)

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**7.18** Subscapular skinfold

		.	
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mm

		.	
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mm

		.	
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mm

		.	
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mm

		.	
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mm

Wriggling (0 No 1 Yes)

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**7.19** Skinfold calipers used

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## MOTHER'S HEIGHT AND WEIGHT

**7.20** Mother's height

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cm

**7.21** Mother's weight

			.	
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kg

## 8 SKIN PRICK TESTING *(performed on the child's arm)*

*(If the child has a food allergy or moderate/ severe asthma, do not perform the skin prick testing at home)*

8.1 Has your child had any antihistamine syrup in the last 7 days?

0. No  
1. Yes

☐

8.2

Skin Prick Test (av diameter)	mm
Cat	
Dog	
Egg	
Negative control	
Grass pollen mix	
House dust mite	
Milk	
Tree pollen mix	
Positive control	

*(If there is no reaction please enter 0)*

8.3 Skin prick tester

☐☐

## 9 MOUTH SWAB

*If the mother/carer has consented to the cheek swab for genetic analysis, and the child agrees, obtain the sample now.*

## 10 CLINIC VISIT

*Discuss the clinic visit with the mother and child. Leave the information booklet for the mother and the leaflet for the child.*