

Staple heel density  
in the back.



***Qanuippitali? How about us, how are we?***  
**Inuit Health Survey 2007**  
*Clinical Measurements- Children 3-5 years*

STUDY NO. 

N	U	C			
---	---	---	--	--	--

<b>Clinical measures</b>			<b>INT. NO.</b>
1. Visual Test	<b>BOTH</b>	Distance: _____m      Visual Acuity: _____ Letter Size: _____M      (Real Visual Acuity: _____) If NO, give reason: _____	
	<b>RIGHT</b>	Distance: _____m      Visual Acuity: _____ Letter Size: _____M      (Real Visual Acuity: _____) If NO, give reason: _____	
	<b>LEFT</b>	Distance: _____m      Visual Acuity: _____ Letter Size: _____M      (Real Visual Acuity: _____) If NO, give reason: _____	
2. Heel ultrasound (Staple printout on this sheet)	BMD: _____g/cm <sup>2</sup> SOS: _____m/s T Score: _____      BUA: _____dB/MHz If NO, give reason: _____		
3. Blood collection (venous or finger prick)	Yes <input type="checkbox"/> No <input type="checkbox"/> → If NO, give reason: _____ Was the sampling done from venous puncture <input type="checkbox"/> or finger prick <input type="checkbox"/>		
4. Hemoglobin	Hb: _____g/L    If NO, give reason: _____		
5. Saliva sample	Yes <input type="checkbox"/> No <input type="checkbox"/> → If NO, give reason: _____		
6. Hair sample	Yes <input type="checkbox"/> No <input type="checkbox"/> → If NO, give reason: _____		
<b>Anthropometric measures</b>			
7. Height	_____cm    If NO, give reason: _____		
8. Weight	_____kg    If NO, give reason: _____		
<b>Comments</b>	_____ _____		

Completion Date: \_\_\_\_/\_\_\_\_/2007  
    m    d    y

Time: \_\_\_\_/\_\_\_\_  
    h    m