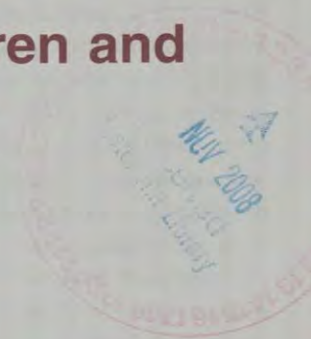


# National Health Statistics Reports

Number 10 ■ October 22, 2008

## Anthropometric Reference Data for Children and Adults: United States, 2003–2006

by Margaret A. McDowell, Ph.D., M.P.H., R.D.; Cheryl D. Fryar, M.S.P.H.;  
Cynthia L. Ogden, Ph.D.; and Katherine M. Flegal, Ph.D.



### Abstract

**Objective**—This report presents national anthropometric reference data for all ages of the U.S. population in 2003–2006, adding to results published previously from 1960–2002.

**Methods**—Data are from the National Health and Nutrition Examination Survey (NHANES), a complex, stratified, and multistage probability sample of the civilian, noninstitutionalized U.S. population. Anthropometry measurements were obtained from 19,593 survey participants. The anthropometric measures included weight, height, recumbent length, circumferences, limb lengths, and skinfold thickness measurements.

**Results**—The tables in this report include weighted population means, standard errors of the means, and selected percentiles of body measurement values. Because measurements varied by sex and age (as well as race and ethnicity in adults), results are reported by these subgroups.

**Conclusions**—These latest NHANES data add to the knowledge about trends in child growth and development and trends in the distribution of body measurements, such as weight and height, in the U.S. population.

**Keywords:** anthropometry • body measures • nutrition surveys • National Health and Nutrition Examination Survey (NHANES)

### Methods

National Health and Nutrition Examination Surveys (NHANES) are conducted by the the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). NHANES data are the primary source of body measurement and related health and nutrition data for the civilian, noninstitutionalized U.S. population. Surveys were conducted on a periodic basis from 1960 to 1994. NHANES became a continuous survey in 1999. Each of the continuous NHANES annual survey samples is nationally representative; 2 or more years of data are required for subgroup analyses (2). NHANES 1999–2006 data were released publicly in four data sets, each one spanning 2 years (1999–2000, 2001–2002, 2003–2004, and 2005–2006) (3–5). A combined 4-year dataset based on 2003–2004 and 2005–2006 data was used for this report to improve the stability and reliability of the statistical estimates (4–5). Additional 2-year data sets will be released in the future as more data become available.

Household interviews and health examinations are used to collect NHANES data. All health examinations

### Introduction

The field of anthropometry encompasses a variety of human body measurements, such as weight, height, and size, including skinfold thicknesses, circumferences, lengths, and breadths. Anthropometry is a key component of nutritional status assessment in children and adults (1). Anthropometric data for

children reflect general health status, dietary adequacy, and growth and development over time. In adults, body measurement data are used to evaluate health and dietary status, disease risk, and body composition changes that occur over the adult lifespan. This report provides anthropometric reference data for U.S. children and adults of all ages.



are conducted in mobile examination centers. The examination centers are staffed by full-time personnel, including health technicians who obtain body measurements from survey participants. All of the NHANES health technicians completed a comprehensive body measurement training program that utilized videotape, demonstration, and practice exercises with an expert examiner. Health technician performance was monitored by means of direct observation, data review, and expert examiner evaluations.

Although portions of the health examination component have varied during the surveys' history, much of the anthropometry component methodology has remained consistent over time. The NHANES anthropometry examinations are completed in a room that is equipped with a digital scale, a wall-mounted stadiometer, a bench, a wall mirror, an infantometer, and a computer workstation. A health technician performs the anthropometry exam and is assisted by a recorder. NHANES subjects wear socks and disposable examination gowns during the examination. The use of consistent data collection methods in representative population samples makes possible the examination of trends in body measurements over time in the U.S. population.

## Sample description

NHANES is a complex, multistage probability sample of the civilian noninstitutionalized U.S. population. The NHANES 2003–2006 sample included participants of all ages. Adolescents 12–19 years of age, persons 60 years of age and older, Mexican Americans, black persons, and low-income persons were oversampled to improve the precision of the statistical estimates for these groups. Additional information pertaining to the NHANES 2003–2006 survey design, survey methodology, and public-use data is available on the NHANES website (4, 5).

females were excluded from the tabulations of weight, body mass index (BMI), circumference measurements, and skinfold thickness data.

## Anthropometry examination component

The *NHANES 2005–2006 Anthropometry Training and Procedures Manual* describes the protocol, equipment, quality control, and measurement procedures that were used during the NHANES anthropometry examination (6). An anthropometry methodology videotape that was produced during NHANES III (1988–1994) illustrates the NHANES anthropometry methodology that was used to collect the 2003–2006 data (7).

Weight was measured to the nearest 0.1 kilogram. Stature, length, and circumference measurements were made to the nearest millimeter. Skinfold thickness measures were made to the nearest 0.1 millimeter. Weight was measured using a digital floor scale, and an infantometer was used to measure recumbent length on infants and young children. Standing height was measured with a wall-mounted stadiometer. Head circumference measurements were made using a plastic head circumference measurement tape. Upper arm length was measured with a tape measure from the posterior border of the acromion process to the tip of the olecranon process; during the measurement the upper arm length midpoint was marked. The mid-arm circumference was measured with a tape measure. Triceps and subscapular skinfolds were measured with a skinfold caliper. Waist circumference was measured with a tape measure at the uppermost lateral border of the hip crest (ilium). Weight, recumbent length, and standing height values were recorded automatically. The other body measurement data were recorded using computer-assisted data entry, and all results were based on a single body measurement examination.

In addition to the measurements above, three additional measurements

participants; the distance from the inguinal crease to the distal end of the femur was measured. Maximal calf circumference was also measured in a seated position; a measurement tape was positioned around the calf at the point of maximum circumference. Mid-thigh circumference was measured on standing participants with the measurement tape placed around the mid-thigh, perpendicular to the long axis of the femur bone.

## Statistical analysis

Population means, standard errors of the means, and percentiles were weighted using the NHANES examination sample weights to produce national estimates. The NHANES examination sample weights incorporate the differential probabilities of selection and include adjustments for oversampling of selected populations, noncoverage, and nonresponse. Standard errors were estimated using SUDAAN by Taylor series linearization because of the complex sample design (8).

The reliability of the estimates produced for this report was evaluated. The relative standard error (RSE), calculated as the standard error divided by the estimate, and minimum sample size criterion were used. NCHS recommends that an estimate with an RSE greater than 30 percent be considered unreliable (2). The recommended minimum sample sizes were based on a combination of the average design effects and specified proportions (or percentiles) (9). The average design effects reflect the impact of the complex sample design on variance estimates. They were calculated as the ratio of the variance of a statistic (accounting for the complex sample design) to the variance of the same statistic based on a hypothetical simple random sample of the same size. Average design effects were calculated for each anthropometry variable over sex for children and adolescents and over sex and race-ethnicity for adults aged 20 years and older. For



estimates that did not meet the standards for either RSE or minimum sample size were replaced with asterisks (Tables 1–41).

The age categories used for adults aged 20 years and older were based on the survey sample domains that were recommended in the NHANES Analytic Guidelines (2). The results for participants who were under 20 years of age are by single years or, in the case of infants under 1 year of age, single months of age.

### Results

The anthropometric measurements that were performed in the survey are listed in Table A. Results for children

are reported by sex and age group, and the results for adults aged 20 years and older are also presented by sex, race-ethnicity group, and age. Results from previous surveys for most measurements have been reported for the National Health Examination Survey and NHANES conducted from 1960–2002 (10–30).

### References

1. Simko MD, Cowell C, Gilbride JA. Nutrition assessment: A comprehensive guide for planning intervention. 2nd ed. Gaithersburg, MD: Aspen Publishers. 1995.
2. Centers for Disease Control and Prevention. Analytic guidelines.

Hyattsville, MD: National Center for Health Statistics. Available from: [http://www.cdc.gov/nchs/data/nhanes/nhanes\\_03\\_04/nhanes\\_analytic\\_guidelines\\_dec\\_2005.pdf](http://www.cdc.gov/nchs/data/nhanes/nhanes_03_04/nhanes_analytic_guidelines_dec_2005.pdf). September 2006.

3. National Center for Health Statistics. National Health and Nutrition Examination Surveys 1999–2006. <http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm>.
4. National Center for Health Statistics. National Health and Nutrition Examination Survey, 2003–2004 examination files. Available from: [http://www.cdc.gov/nchs/about/major/nhanes/nhanes2003-2004/exam03\\_04.htm](http://www.cdc.gov/nchs/about/major/nhanes/nhanes2003-2004/exam03_04.htm). 2005.
5. National Center for Health Statistics. National Health and Nutrition

**Table A. Anthropometric measurements performed in the National Health and Nutrition Examination Survey, 2003–2006**

Table number	Measurement (unit of measure)	Age group and sex
1	Weight (kilograms)	Birth–19 years of age
2	Weight (pounds)	Birth–19 years of age
3	Weight (kilograms)	Females 20 years and older
4	Weight (pounds)	Females 20 years and older
5	Weight (kilograms)	Males 20 years and older
6	Weight (pounds)	Males 20 years and older
7	Standing height (centimeters)	Males and females 2–19 years
8	Standing height (inches)	Males and females 2–19 years
9	Standing height (centimeters)	Females 20 years and older
10	Standing height (inches)	Females 20 years and older
11	Standing height (centimeters)	Males 20 years and older
12	Standing height (inches)	Males 20 years and older
13	Body mass index (BMI value)	Males and females 2–19 years
14	Body mass index (BMI value)	Females 20 years and older
15	Body mass index (BMI value)	Males 20 years and older
16	Head circumference (centimeters)	Birth–6 months
17	Recumbent length (centimeters)	Birth–47 months
18	Waist circumference (centimeters)	Males and females 2–19 years
19	Waist circumference (centimeters)	Females 20 years and older
20	Waist circumference (centimeters)	Males 20 years and older
21	Mid-arm circumference (centimeters)	Males and females 2 months–19 years
22	Mid-arm circumference (centimeters)	Females 20 years and older
23	Mid-arm circumference (centimeters)	Males 20 years and older
24	Upper arm length (centimeters)	Males and females 2 months–19 years
25	Upper arm length (centimeters)	Females 20 years and older
26	Upper arm length (centimeters)	Males 20 years and older
27	Subscapular skinfold (millimeters)	Males and females 2 months–19 years
28	Subscapular skinfold (millimeters)	Females 20 years and older
29	Subscapular skinfold (millimeters)	Males 20 years and older
30	Triceps skinfold (millimeters)	Males and females 2 months–19 years
31	Triceps skinfold (millimeters)	Females 20 years and older
32	Triceps skinfold (millimeters)	Males 20 years and older
33	Maximal calf circumference (centimeters)	Males and females 8–19 years
34	Maximal calf circumference (centimeters)	Females 20 years and older
35	Maximal calf circumference (centimeters)	Males 20 years and older
36	Upper leg length (centimeters)	Males and females 8–19 years
37	Upper leg length (centimeters)	Females 20 years and older
38	Upper leg length (centimeters)	Males 20 years and older



- Examination Survey, 2005–2006 examination files. Available from: [http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/exam05\\_06.htm](http://www.cdc.gov/nchs/about/major/nhanes/nhanes2005-2006/exam05_06.htm). 2007.
6. Centers for Disease Control and Prevention. NHANES anthropometry and physical activity monitor procedures manual. Available from: [http://www.cdc.gov/nchs/data/nhanes/nhanes\\_05\\_06/BM.pdf](http://www.cdc.gov/nchs/data/nhanes/nhanes_05_06/BM.pdf). January 2005.
  7. Centers for Disease Control and Prevention. NHANES III anthropometric procedures video. Washington, DC: U.S. Government Printing Office. GPO stock no: 017-022-01335-5. Available from: <http://www.cdc.gov/nchs/about/major/nhanes/avideo.htm>.
  8. Wolter KM. Introduction to variance estimation. New York, NY: Springer-Verlag. 1990.
  9. National Center for Health Statistics. Analytic and reporting guidelines: The Third National Health and Nutrition Examination Survey, NHANES III (1988–94), appendix B. Available from: <http://www.cdc.gov/nchs/data/nhanes/nhanes3/nh3gui.pdf>. October 1996.
  10. Stoudt HW, Damon A, McFarland R, Roberts J. Skinfolds, body girths, biacromial diameter, and selected anthropometric indices of adults, United States, 1960–1962. National Center for Health Statistics. Vital Health Stat 11(35). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_035acc.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_035acc.pdf). 1970.
  11. Stoudt HW, Damon A, McFarland R, Roberts J. Weight, height, and selected body dimensions of adults: United States, 1960–1962. National Center for Health Statistics. Vital Health Stat 11(8). 1965.
  12. Roberts J. Weight by height and age of adults: United States, 1960–1962. National Center for Health Statistics. Vital Health Stat 11(14). 1966.
  13. Malina RM, Hamill PVV, Johnston 11(123). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_123acc.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_123acc.pdf). 1973.
  14. Hamill PV, Johnston FE, Lemeshow S. Height and weight of youths 12–17 years, United States. National Center for Health Statistics. Vital Health Stat 11(124). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_124.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_124.pdf). 1973.
  15. Abraham S, Johnson CL, Najjar MF. Weight and height of adults 18–74 years of age: United States, 1971–74. National Center for Health Statistics. Vital Health Stat 11(211). 1979.
  16. Johnson CL, Fulwood R, Abraham S, Bryner JD. Basic data on anthropometric measurements and angular measurements of the hip and knee joints for selected age groups 1–74 years of age: United States, 1971–1975. National Center for Health Statistics. Vital Health Stat 11(219). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_219.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_219.pdf). 1981.
  17. Najjar MF, Rowland M. Anthropometric reference data and prevalence of overweight: United States, 1976–80. National Center for Health Statistics. Vital Health Stat 11(238). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_238.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_238.pdf). 1987.
  18. Najjar MF, Kuczumski RJ. Anthropometric data and prevalence of overweight for Hispanics: 1982–84. Vital Health Stat 11(239). Available from: [http://www.cdc.gov/nchs/data/series/sr\\_11/sr11\\_239.pdf](http://www.cdc.gov/nchs/data/series/sr_11/sr11_239.pdf). 1989.
  19. National Center for Health Statistics. Anthropometric Reference Data, United States, 1988–1994. Available from: [http://www.cdc.gov/nchs/about/major/nhanes/anthropometric\\_measures.htm](http://www.cdc.gov/nchs/about/major/nhanes/anthropometric_measures.htm).
  20. Ogden CL, Fryar CD, Carroll MD, Flegal KM. Mean body weight, height, and body mass index. United States, 1999–2002. Advance data for children and adults: U.S. population, 1999–2002. Advance data from vital and health statistics; no 361. Hyattsville, MD: National Center for Health Statistics. 2005.
  21. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999–2004. JAMA 295(13):1549–55. 2006.
  22. Freedman DS, Khan LK, Serdula MK, Ogden CL, Dietz WH. Racial and ethnic differences in secular trends for childhood BMI, weight, and height. Obesity (Silver Spring) 14(2):301–8. 2006.
  23. Flegal KM, Ogden CL, Carroll MD. Prevalence and trends in overweight in Mexican-American adults and children. Nutr Rev 62(7 Pt 2):S144–8. 2004.
  24. Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Flegal KM. Prevalence of overweight and obesity among U.S. children, adolescents, and adults, 1999–2002. JAMA 291(23):2847–50. 2004.
  25. Ogden CL, Carroll MD, Flegal KM. Epidemiologic trends in overweight and obesity. Endocrinol Metab Clin North Am 32(4):741–60, vii. 2003.
  26. Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. JAMA 288(14):1728–32. 2002.
  27. Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among U.S. adults, 1999–2000. JAMA 288(14):1723–7. 2002.
  28. Ogden CL, Troiano RP, Briefel RR, Kuczumski RJ, Flegal KM, Johnson CL. Prevalence of overweight among preschool children in the United States, 1971 through 1994. Pediatrics 99(4):E1. 1997.
  29. Kuczumski RJ, Flegal KM, Campbell SM, Johnson CL. Increasing prevalence of overweight



**Table 1. Weight in kilograms for children and adolescents from birth through 19 years of age by sex and age, by mean, standard error of the mean, and selected percentiles: United States, 2003–2006**

Sex and age <sup>1</sup>	Number examined	Mean	Standard error	Percentile								
				5th	10th	15th	25th	50th	75th	85th	90th	95th
Male												
Kilograms												
Birth to 2 months . . . . .	101	5.2	0.12	*	*	4.2	4.6	5.2	5.9	6.3	*	*
3–5 months . . . . .	139	7.3	0.08	*	6.2	6.4	6.7	7.2	7.8	8.0	8.2	*
6–8 months . . . . .	130	8.4	0.13	*	6.8	7.2	7.6	8.4	9.1	9.5	9.9	*
9–11 months . . . . .	124	9.7	0.15	*	*	8.6	8.9	9.7	10.4	10.6	*	*
1 year . . . . .	360	11.6	0.12	8.9	9.2	9.8	10.5	11.5	12.6	13.3	13.8	14.4
2 years . . . . .	292	14.1	0.14	11.3	12.0	12.3	12.8	13.9	15.1	15.8	16.4	16.9
3 years . . . . .	210	15.8	0.16	*	13.4	13.6	14.2	15.3	17.1	18.1	18.7	*
4 years . . . . .	208	18.6	0.31	*	15.2	15.5	16.2	18.1	20.0	21.3	22.7	*
5 years . . . . .	202	22.1	0.49	*	17.4	18.1	18.9	21.0	23.5	25.2	26.9	*
6 years . . . . .	176	24.2	0.33	*	19.5	20.0	20.9	23.7	26.2	27.6	29.5	*
7 years . . . . .	181	26.6	0.58	*	19.6	21.0	22.4	25.6	29.6	32.3	33.9	*
8 years . . . . .	151	31.4	0.90	*	23.4	24.2	25.3	29.0	34.3	38.3	41.9	*
9 years . . . . .	176	34.6	0.71	*	25.8	26.6	28.2	32.3	39.4	42.5	44.1	*
10 years . . . . .	172	40.1	0.86	*	28.4	29.7	31.7	37.3	45.1	53.6	56.8	*
11 years . . . . .	158	46.8	1.62	*	33.2	34.1	35.5	44.2	54.0	63.3	67.0	*
12 years . . . . .	275	50.8	1.23	32.0	35.9	37.0	39.5	46.9	57.3	65.1	72.8	82.9
13 years . . . . .	284	57.8	1.37	35.9	39.4	41.9	43.9	55.6	64.4	73.5	81.0	90.9
14 years . . . . .	260	63.1	1.73	42.5	43.9	47.2	51.4	59.8	70.7	76.5	84.3	99.1
15 years . . . . .	270	70.2	1.36	48.5	52.4	55.0	58.2	66.3	76.9	84.7	89.9	100.4
16 years . . . . .	308	76.1	1.50	53.4	55.3	57.9	61.5	70.7	88.5	96.3	101.9	116.1
17 years . . . . .	279	75.0	1.30	54.1	56.7	58.6	60.9	70.6	84.2	92.0	101.3	111.0
18 years . . . . .	283	77.2	1.67	53.7	57.2	59.4	64.0	72.7	83.7	97.8	105.8	110.4
19 years . . . . .	271	80.2	1.60	54.3	58.1	61.2	64.7	76.5	92.9	99.6	107.3	117.3
Female												
Birth to 2 months . . . . .	81	4.9	0.10	*	*	*	4.4	4.9	5.4	*	*	*
3–5 months . . . . .	94	6.8	0.10	*	*	*	6.2	6.6	7.3	*	*	*
6–8 months . . . . .	122	8.1	0.13	*	*	7.1	7.3	8.0	8.8	9.2	*	*
9–11 months . . . . .	126	9.2	0.11	*	*	8.0	8.2	9.0	10.0	10.3	*	*
1 year . . . . .	328	10.9	0.11	8.4	8.8	9.1	9.9	10.9	11.9	12.5	13.0	13.4
2 years . . . . .	335	13.4	0.13	10.2	10.7	11.2	12.1	13.1	14.4	15.4	16.1	16.8
3 years . . . . .	191	15.8	0.20	*	12.8	13.4	14.1	15.5	16.8	17.8	18.5	*
4 years . . . . .	226	17.9	0.21	*	14.8	15.2	16.1	17.5	19.4	20.2	20.8	*
5 years . . . . .	199	20.5	0.37	*	15.9	16.9	17.6	19.6	22.1	24.4	25.5	*
6 years . . . . .	193	23.4	0.49	*	18.4	19.1	19.9	22.1	25.3	27.4	29.7	*
7 years . . . . .	157	27.3	0.62	*	21.1	21.7	23.9	25.7	29.7	33.6	35.5	*
8 years . . . . .	184	30.7	0.94	*	22.3	23.5	25.0	28.2	33.9	39.1	42.1	*
9 years . . . . .	185	36.7	0.99	*	26.2	27.8	29.6	34.0	42.0	46.7	50.7	*
10 years . . . . .	189	42.4	1.07	*	29.1	30.7	32.5	40.5	49.0	55.5	58.5	*
11 years . . . . .	175	49.2	1.31	*	33.3	34.8	38.0	47.3	56.7	62.4	68.2	*
12 years . . . . .	249	52.9	1.31	*	36.4	40.4	43.6	49.5	59.7	67.4	76.2	*
13 years . . . . .	292	57.4	0.98	36.8	41.2	43.0	47.1	54.4	63.4	72.6	76.0	88.5
14 years . . . . .	269	58.8	1.75	*	44.0	45.8	48.5	54.4	64.8	75.8	81.0	*
15 years . . . . .	248	60.9	0.76	*	46.5	47.6	50.7	57.6	67.6	76.7	81.0	*
16 years . . . . .	253	61.5	0.95	*	47.2	49.5	53.2	58.8	67.0	71.5	79.6	*
17 years . . . . .	252	66.0	1.66	*	49.1	51.4	54.1	60.6	71.9	79.7	87.3	*
18 years . . . . .	272	67.6	2.15	*	47.8	49.7	54.6	63.0	76.2	86.2	92.1	*
19 years . . . . .	239	67.4	1.79	*	50.9	52.8	55.3	63.0	73.6	84.3	92.7	*

# Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

## Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

## Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

## Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

## API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

## LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

## FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

## E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.