
Adult weight - self-reported

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at <http://meteor.aihw.gov.au>

Identifying and Definitional Attributes

Data Dictionary: NHDD
Knowledgebase ID: 000366 Version number: 1
Metadata type: DATA ELEMENT
Registration Authority: NHIMG Admin status: SUPERSEDED
Effective date: 01-JAN-03
Definition: A person's self-reported weight (body mass) without any clothing or in light indoor clothes.
Context: Public health and health care.

Weight is an overall measure of body size that does not distinguish between fat and muscle. Weight is an indicator of nutrition status and health status. Low pre-pregnancy weight is an indicator of poorer gestational outcome in women (Kramer 1988). Low weight is also associated with osteoporosis. In general, change in weight is of interest in adults because it is an indicator of changing health status.

It is used to enable the calculation of body mass index which requires the measurement of height and weight.

Relational and Representational Attributes

Datatype: Numeric
Representational form: QUANTITATIVE VALUE
Representation layout: NNN
Minimum Size: 2
Maximum Size: 3
Guide For Use: If self-reported body mass (weight) is unknown, code 888
If self-reported body mass (weight) is not responded to, code 999
Collection Methods: The method of data collection, e.g. face to face interview, telephone interview or self-completion questionnaire, can affect survey estimates and should be reported.

The data collection form should include a question asking the

respondent what their weight is. For example, the ABS National Health Survey 1989-90 included the question 'How much do you weigh without clothes and shoes?'. The data collection form should allow for both metric (to the nearest 1 kg) and imperial (to the nearest 1 lb) units to be recorded.

If practical, it is preferable to enter the raw data into the data base before conversion of measures in imperial units to metric. However, if this is not possible, weight reported in imperial units can be converted to metric prior to data entry using a conversion factor of 0.454 kg to the lb.

Rounding to the nearest 1 kg will be required for measures converted to metric prior to data entry, and may be required for data reported in metric units to a greater level of precision than the nearest 1 kg. The following rounding conventions are desirable to reduce systematic over reporting (Armitage and Berry 1994):

nnn.x where $x < 5$ - round down, e.g. 72.2 kg would be rounded to 72 kg.

nnn.x where $x > 5$ - round up, e.g. 72.7 kg would be rounded to 73 kg.

nnn.x where $x = 5$ - round to the nearest even number, e.g. 72.5 kg would be rounded to 72 kg, while 73.5 kg would be rounded to 74 kg.

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk factors including physiological status (e.g. pregnancy), physical activity, smoking and alcohol consumption. Summary statistics may need to be adjusted for these variables.

National health data elements currently exist for sex, date of birth, country of birth and Indigenous Status. Data elements are being developed for physical activity and smoking.

Related metadata: is used in the calculation of Adult body mass index version 1 has been superseded by Weight - self-reported version 2

Administrative Attributes

Source Document:

Source Organisation: Responsible organisations: National Health Data Committee (NHDC) / National Centre for Monitoring Cardiovascular Disease, Australian Institute of Health and Welfare. (See also Comments)

Comments: Submitting organisation: The Expert Working Group on Data Standards for Indicators of Body Fatness in Australian Adults through the National Centre for Monitoring Cardiovascular Disease, Australian Institute of Health and Welfare. Date of submission: October 1997

This data element applies to persons aged 18 years or older. It is recommended for use in population surveys when it is not possible to measure weight.

Presentation of data:

Means and 95% confidence intervals, medians and centiles should be reported to one decimal place. Where the sample permits, population estimates should be presented by sex and 5-year age groups. Estimates based on sample surveys may need to take into account sampling weights.

For consistency with conventional practice, and for current comparability with international data sets, recommended centiles are 5, 10, 15, 25, 50, 75, 85, 90 and 95. To estimate the 5th and 95th centiles a sample size of at least 200 is recommended for each group for which the centiles are being specified.

For some reporting purposes, it may be desirable to present weight data in categories. It is recommended that 5 kg groupings are used for this purpose. Weight data should not be rounded before categorisation. The following categories may be appropriate for describing the weights of Australian men and women, although the range will depend on the population. The World Health Organization's range for weight is 30-140 kg.

Wt < 30 kg
30 kg = Wt < 35 kg
35 kg = Wt < 40 kg
... in 5 kg categories
135 kg = Wt < 140 kg
Wt = 140 kg

On average, body mass (weight) tends to be underestimated when self-reported by respondents. Data for men and women aged 20-69 years in 1989 indicated that men underestimated by an average of 0.2 kg (sem of 0.05 kg) and women by an average of 0.4 kg (sem of 0.04 kg) (Waters 1993). The extent of underestimation varied with age.

[Data Element Links](#)

