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# Height - self-reported

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**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: 000363                      Version number: 2  
Metadata type: DATA ELEMENT  
Registration Authority: NHIMG                      Admin status: SUPERSEDED  
   Effective date: 01-MAR-05  
Definition: A person's self-reported height.  
Context: Public health and health care:  
Stature is a major indicator of general body size and of bone length and of nutritional and health status of the individual and the community at large. It is important in screening for disease or malnutrition, and in the interpretation of weight (Lohman et al. 1988). Shortness is known to be a predictor of all-cause mortality and coronary heart disease mortality in middle-aged men (Marmot et al. 1984) and of less favourable gestational outcomes in women (Kramer 1988).  
  
Self-reported or parentally reported height for children and adolescents should be used cautiously if at all.  
  
It enables the calculation of body mass index which requires the measurement of height and weight (body mass) for adults.

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## *Relational and Representational Attributes*

Datatype: Numeric  
Representational form: QUANTITATIVE VALUE  
Representation layout: NNN  
Minimum Size: 2  
Maximum Size: 3  
Data Domain: 888                      Unknown  
   999                      Not stated/inadequately described  
   NOVAL                      Measurement in centimetres to the nearest centimetre

Guide For Use: .

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 height is. For example, the Australian Bureau of Statistics National Health Survey 1995 included the question 'How tall are you without shoes?'. The data collection form should allow for both metric (to the nearest 1 cm) and imperial (to the nearest 0.5 inch) units to be recorded.

If practical, it is preferable to enter the raw data into the database before conversion of measures in imperial units to metric. However if this is not possible, height reported in imperial units can be converted to metric prior to data entry using a conversion factor of 2.54 cm to the inch.

Rounding to the nearest 1 cm 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 cm. The following rounding conventions are desirable to reduce systematic over-reporting (Armitage & Berry 1994):  
nnn.x where  $x < 5$  - round down, e.g. 172.2 cm would be rounded to 172 cm.  
nnn.x where  $x > 5$  - round up, e.g. 172.7 cm would be rounded to 173 cm.  
nnn.x where  $x = 5$  - round to the nearest even number, e.g. 172.5 cm would be rounded to 172 cm, while 173.5 cm would be rounded to 174 cm.

Related metadata: supersedes previous data element Adult height - self-reported version 1  
is used in the calculation of Body mass index version 2

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### *Administrative Attributes*

Source Document:

Source Organisation:

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

It is recommended that in population surveys, sociodemographic data including ethnicity should be collected, as well as other risk

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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, Indigenous status and smoking. Data elements are being developed for physical activity.

Presentation of data:

Means, 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 height data in categories. It is recommended that 5 cm groupings are used for this purpose. Height data should not be rounded before categorisation. The following categories may be appropriate for describing the heights of Australian men and women, although the range will depend on the population. The World Health Organization's range for height is 140-190 cm.

Ht <140 cm  
140 cm = Ht < 145 cm  
145 cm = Ht < 150 cm  
... in 5 cm categories  
185 cm = Ht < 190 cm  
Ht => 190 cm

On average, height tends to be overestimated when self-reported by respondents. Data for Australian men and women aged 20-69 years in 1989 indicated that men overestimated by an average of 1.1 cm (sem of 0.04 cm) and women by an average of 0.5 cm (sem of 0.05 cm) (Waters 1993). The extent of overestimation varied with age.

## [Data Element Links](#)

*Information Model Entities linked to this Data Element*

NHIM

Physical characteristic

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*Data Agreements which include this Data Element*

DSS - Acute coronary syndrome (clinical)      From 04-Jun-04 to

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