PhenX Measure: Weight (#021500)
PhenX Protocol: Weight - Self-Reported Weight (#021502)

Date of Interview/Examination (MM/DD/YYYY): _____________________

1. How much {do you/does the participant} weigh without clothes or shoes?
   ____________ kg/lbs

2. [If {you are/she is} currently pregnant, how much did {you/she} weigh before your pregnancy?]
   ____________ kg/lbs