,Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_

**My Measurements**



|  |  |  |
| --- | --- | --- |
| **Measurement** | **Length or Circumference (mm)** | **Length or Circumference (cm)** |
| Around the base of my thumb |  |  |
| Around my wrist |  |  |
| Around my neck |  |  |
| Around my waist |  |  |
| Top of my head to the base of my skull |  |  |
| Width of my head |  |  |
| Width of my shoulders |  |  |
| Length of my upper arm, elbow to shoulder |  |  |
| Length of my forearm, elbow to wrist |  |  |
| Length of my head to my navel (belly -button) |  |  |
| Top of head to tip of fingers, arms at sides |  |  |
| Pupil of eye to outside corner of mouth |  |  |
| Upper lip to bottom of chin |  |  |
| Width of nose |  |  |
| Distance between eye and eyebrow |  |  |
| Width of eye |  |  |
| Distance between nostrils |  |  |
| Width of right hand |  |  |
| Width of left hand |  |  |
| Length of my shoe |  |  |
| Width of my shoe |  |  |
| Top of knee to bottom of heel |  |  |
| Your choice: |  |  |
| Your choice: |  |  |
| Your choice: |  |  |