



children was studied (by multi-stage random sampling with proportion to size of school) in 1676 subjects from 21 schools in Bangkok.

Height measurements from the tools were surprisingly accurate. Interpretations from all tools used by teachers had high Kappa values ( $>0.75$ ) of agreement to the research team's. Total errors were 3.6, 4.6, and 13.6 % while intrinsic tool errors were 2.5, 1.3, and 5.1 % for StD, WARC, and LOD, respectively. The high percentage of errors were due to an inaccuracy of the bathroom scale.

Prevalence of malnutrition ( $<P_{10}$  of Thai STD MPH, 1987) for wt./age, wt./ht. and ht./age were 13.3, 14.2 and 10.9 %, respectively. Prevalence of obesity ( $>P_{97}$  of wt./ht.) was 3.4 %. Most subjects defined as thin by wt./ht. were tall. Over half of the subjects with low weight for age were short but well balanced for weight.

For growth monitoring of urban school children, using ht./age together with wt./ht. were suggested. The suitable cut-off was  $P_{10}$  of Thai STD MPH 1987; to increase sensitivity, cut-off at  $P_3$  should be added. For obesity, using wt./ht. with  $P_{97}$  (Thai STD MPH 1987) cut-off, which had agreement with  $+2SD$  of the NCHS reference (Kappa  $>0.75$ ), was suggested.

Teachers, helped by the tools, could bring about practical growth monitoring and surveillance systems in schools.