

Adult—body mass index (measured), ratio NN[N].N[N]

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Adult—body mass index (measured), ratio NN[N].N[N]

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Body mass index—adult (measured)
METEOR identifier:	270084
Registration status:	Health! , Standard 01/03/2005
Definition:	A measure of an adult's weight (body mass) relative to height used to assess the extent of weight deficit or excess where height and weight have been measured.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Adult—body mass index
METEOR identifier:	269556
Registration status:	Health! , Standard 01/03/2005 National Health Performance Authority (retired) , Retired 01/07/2016
Definition:	Weight (body mass) relative to height used to assess the extent of weight deficit or excess in adults.
Context:	Public health and health care:

Body Mass Index (BMI) is used as an indicator of underweight, normal or healthy weight and overweight and obesity in adults and overweight and obesity in children and adolescents. On a population basis there is a strong association between BMI and health risk such as coronary heart disease, non-insulin dependant diabetes mellitus and high [blood pressure](#) in adults.

In population based surveys, BMI may be used:

- to indicate the prevalence of thinness and overweight and their sociodemographic distribution (problem identification)
- to evaluate health promotion and disease prevention programs (assessment of interventions)
- to monitor progress towards National public health policy
- to ascertain determinants and consequences of thinness and overweight
- in nutrition and physical activity surveillance and long-term planning.

Object class:	Adult
Property:	Body mass index

Value domain attributes

Identifying and definitional attributes

Value domain:	Ratio NN[N].N[N]
METEOR identifier:	270681
Registration status:	Health! , Standard 01/03/2005 National Health Performance Authority (retired) , Retired 01/07/2016
Definition:	A relative measure.

Representational attributes

Representation class:	Ratio
Data type:	Number
Format:	NN[N].N[N]
Maximum character length:	5

	Value	Meaning
Supplementary values:	888.8	Unknown
	999.9	Not reported

Data element attributes

Collection and usage attributes

Guide for use: Formula: BMI = weight (kg) divided by height (m) squared.
Body mass index is a continuous variable.
Code body mass index to one or two decimal places (i.e. 99.99 or 99.9). If any component necessary for its calculation (i.e. weight or height for adults) is unknown or has not been collected, code to 888.8, 999.9.

Collection methods: NN.NN for BMI calculated from measured height and weight.
BMI should be derived after data entry of weight and height. It should be stored on the raw data set as a continuous variable and should not be aggregated or rounded.

Comments: This metadata item applies to persons aged 2 years or older. It is recommended for use in population surveys and health care settings for adults and population surveys only for children and adolescents. It is recommended that calculated BMI for children and adolescents be compared with a suitable growth reference such as the United States Centers for Disease Control 2000 BMI-for-age chart be used for in health care settings such as hospitals, clinics and in general practice. A BMI greater than the 85th percentile would be classified as overweight, while a BMI greater than the 95th percentile would be classified as obese. These percentiles are arbitrary and do not relate to morbidity as the BMI cut-points do in adults.

BMI is relatively easy to determine, and has been validated against more direct measures of adiposity such as Magnetic Resonance Imaging and Dual X-ray Absorptiometry.

BMI is a low cost technique, with low respondent and investigator burden. In addition, it offers low inter-observer and intra-observer error, therefore offering good reliability.

Overweight and obesity, as defined by the World Health Organisation (WHO) for the interpretation of BMI (WHO 2000), are exceedingly common in Australia and their prevalence is increasing.

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 metadata items currently exist for sex, date of birth, country of birth, Indigenous status and smoking. Metadata items 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.

Body mass index can be calculated from measured height and weight, or self-reported height and weight, however for children and adolescents, self-reported or parentally reported data should be used cautiously if at all.

For adults, body mass index tends to be underestimated when based on self-reported, rather than measured, height and weight. This is due to the fact that, on average, height tends to be overestimated and weight tends to be underestimated when self-reported by respondents.

There are many individuals for whom BMI is an inappropriate measure of body fatness. These are individuals whose high body mass is due to excess muscle rather than fat (e.g. body builders or others in whom the level of physical activity promotes an increase in muscle mass); or in those with osteoporosis who will have a lower than usual BMI; or those who have a different body build (e.g. individuals with unusually long or short legs or a different body fat distribution) (WHO Expert Committee 1995).

This is particularly important when assessing individuals but should also be taken into account in interpreting data from populations in which there are sub-groups with genetic or environmental differences in body build, composition, skeletal proportions or body fat distribution. As such, both BMI and a measure of fat distribution (waist circumference or waist: hip ratio) are important in calculating the risk of obesity comorbidities.

Epidemiological research shows that there is a strong association between BMI and health risk. Excess adipose tissue in adults is associated with excess morbidity and mortality from conditions such as hypertension, unfavourable blood lipid concentrations, diabetes mellitus, coronary heart disease, some cancers, gall bladder disease, and osteoarthritis. It may also lead to social and economic disadvantage as well as psychosocial problems. It is a major public health issue in most industrialised societies.

Thinness (low BMI) is also an indicator of health risk, often being associated with general illness, anorexia, cigarette smoking, drug addiction and alcoholism. Low BMI is consistently associated with increased risk of osteoporosis and fractures in the elderly.

Source and reference attributes


Submitting organisation: The Commonwealth Department of Health and Ageing based on the work of the consortium to develop an Australian standard definition of child/adolescent overweight and obesity; based at the Children Hospital at Westmead.

Origin: Obesity: Preventing and Managing the Global Epidemic. Report of a WHO Consultation. 2000. World Health Organization.

Relational attributes

Related metadata references: Is formed using [Person—height \(measured\), total centimetres NN\[N\].N Health!](#), Standard 01/03/2005

Is formed using [Person—weight \(measured\), total kilograms N\[NN\].N Health!](#), Superseded 12/12/2018

Is re-engineered from  [Body mass index, version 2, Derived DE, NHDD, NHMG, Superseded 01/03/2005.pdf](#) (25.7 KB)
No registration status

See also [Person—body mass index \(classification\), code N\[N\] Health!](#), Standard 01/03/2005
[Indigenous](#), Standard 13/03/2015

**Implementation in
Indicators:**

Used as Numerator

[National Healthcare Agreement: PB d-Better health: by 2018, increase by five percentage points the proportion of Australian adults and children at a healthy body weight, over the 2009 baseline, 2014](#)

[Health!](#), Superseded 14/01/2015

[National Healthcare Agreement: PI 03-Prevalence of overweight and obesity, 2014](#)

[Health!](#), Superseded 14/01/2015

[National Healthcare Agreement: PI 03-Prevalence of overweight and obesity, 2014](#)

[Health!](#), Superseded 14/01/2015

[National Indigenous Reform Agreement: P06-Levels of obesity - Body Mass Index, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011

[National Indigenous Reform Agreement: P06-Levels of obesity - Body Mass Index, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2013](#)

[Indigenous](#), Superseded 13/12/2013

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2013](#)

[Indigenous](#), Superseded 13/12/2013

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 06-Levels of obesity - Body Mass Index, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 06-Levels of obesity - Body Mass Index, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 06-Levels of obesity - Body Mass Index, 2012](#)

[Indigenous](#), Superseded 13/06/2013

[National Indigenous Reform Agreement: PI 06-Levels of obesity - Body Mass Index, 2012](#)

[Indigenous](#), Superseded 13/06/2013