

**ARIZONA STATE MUSEUM
HUMAN REMAINS DOCUMENTATION PACKET**

PROVENIENCE

Site Name: _____ Site No.: _____

Designation/ID: _____

Observer(s): _____ Date: _____

BIOLOGICAL PROFILE

MNI: _____

Age: _____

Sex: _____

Ancestry: _____

PRESERVATION

Complete skeleton (>75%)

Partial skeleton (25-75% present)

Fragmentary skeleton (<25% present, includes at least one complete element)

Fragments of bone (small amount of fragmented bone; <<25% is present)

Skull (only cranial remains present and partially preserved)

Teeth (only loose teeth are present)

Cremated bone (burned remains of any quantity; excludes cases of incidental charring of otherwise unburned skeleton)

Soft tissues present

Describe: _____

FORM LIST (indicate forms used)

1 Skeletal Inventory

2a Age and Sex Assessment - Adult

2b Age Assessment - Juvenile

3a Permanent Dental Inventory/Pathology

3b Deciduous Dental Inventory/Pathology

4a Dental Morphology - Permanent

4b Dental Morphology - Deciduous

5a Measurements - Adult

5b Measurements - Juvenile

6 Non-Metric Traits

7 Pathology Checklist

8 Degenerative Joint Disease

9 Spinal Osteophytosis

10 Artificial Cranial Modification

11 Cremated Remains

12 Isolated Remains

Skeletal Visual Recording Forms

Additional Forms, Notes, Sketches, Photo Log, etc.

CONDITION

Yes	No	Unobservable	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracking
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brittle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exfoliation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cut marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gnaw marks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Root or insect damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil adhering

Describe (include severity & elements affected):



Codes:
f = 1-25% present
p = 25-75% present
c = 75-100% present

Provenience: _____

Designation/ID: _____

CRANIAL	left	right
Frontal	<input type="checkbox"/>	<input type="checkbox"/>
Parietal	<input type="checkbox"/>	<input type="checkbox"/>
Occipital	<input type="checkbox"/>	<input type="checkbox"/>
Temporal	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	<input type="checkbox"/>	<input type="checkbox"/>
Mandible	<input type="checkbox"/>	<input type="checkbox"/>
Zygomatic	<input type="checkbox"/>	<input type="checkbox"/>
Maxilla	<input type="checkbox"/>	<input type="checkbox"/>
Nasal	<input type="checkbox"/>	<input type="checkbox"/>
Lacrimal	<input type="checkbox"/>	<input type="checkbox"/>
I. N. C.	<input type="checkbox"/>	<input type="checkbox"/>
Palatine	<input type="checkbox"/>	<input type="checkbox"/>
Sphenoid	<input type="checkbox"/>	<input type="checkbox"/>
Ethmoid	<input type="checkbox"/>	<input type="checkbox"/>
Vomer	<input type="checkbox"/>	<input type="checkbox"/>
Hyoid	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid/Crycoid	<input type="checkbox"/>	<input type="checkbox"/>
Ossicles	<input type="checkbox"/>	<input type="checkbox"/>
Unident. Cranial (#):	<input type="checkbox"/>	<input type="checkbox"/>

teeth	#	cond
Incisors	<input type="checkbox"/>	<input type="checkbox"/>
Canines	<input type="checkbox"/>	<input type="checkbox"/>
Premolars	<input type="checkbox"/>	<input type="checkbox"/>
Molars	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Teeth (#):	<input type="checkbox"/>	<input type="checkbox"/>

Manubrium	<input type="checkbox"/>
Sternal Body	<input type="checkbox"/>
xiphoid	<input type="checkbox"/>
Left Ribs	<input type="checkbox"/>
Right Ribs	<input type="checkbox"/>
Unidentified Axial (#):	<input type="checkbox"/>

AXIAL	#	cond
1 st Cervical	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Cervical	<input type="checkbox"/>	<input type="checkbox"/>
3-6 Cervical	<input type="checkbox"/>	<input type="checkbox"/>
7 th Cervical	<input type="checkbox"/>	<input type="checkbox"/>
1-9 Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
10 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
11 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
12 th Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
1-4 Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
5 th Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>
Coccyx	<input type="checkbox"/>	<input type="checkbox"/>

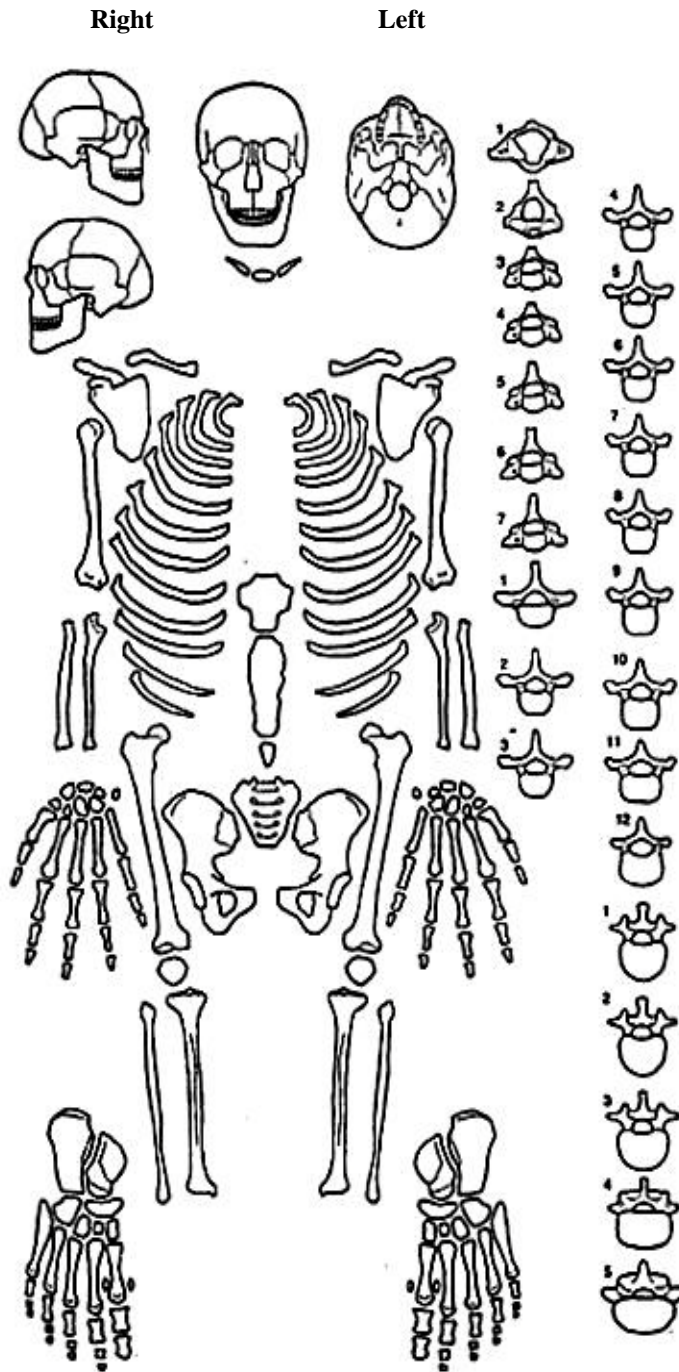
APPEND.	left	right
Scapula	<input type="checkbox"/>	<input type="checkbox"/>
glenoid	<input type="checkbox"/>	<input type="checkbox"/>
Clavicle	<input type="checkbox"/>	<input type="checkbox"/>
med. epi.	<input type="checkbox"/>	<input type="checkbox"/>
Ilium	<input type="checkbox"/>	<input type="checkbox"/>
auricular	<input type="checkbox"/>	<input type="checkbox"/>
Pubis	<input type="checkbox"/>	<input type="checkbox"/>
symphysis	<input type="checkbox"/>	<input type="checkbox"/>
Ischium	<input type="checkbox"/>	<input type="checkbox"/>
acetabulum	<input type="checkbox"/>	<input type="checkbox"/>
Patella	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Append. (#):	<input type="checkbox"/>	<input type="checkbox"/>

APPENDICULAR	left					right				
	epi-p	prox	mid	dist	epi-d	epi-p	prox	mid	dist	epi-d
Humerus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tibia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fibula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidentified Long Bones (#):	<input type="checkbox"/>									

EXTREMITIES	#	cond		#	cond
Scaphoid	<input type="checkbox"/>	<input type="checkbox"/>	Calcaneus	<input type="checkbox"/>	<input type="checkbox"/>
Lunate	<input type="checkbox"/>	<input type="checkbox"/>	Talus	<input type="checkbox"/>	<input type="checkbox"/>
Trapezium	<input type="checkbox"/>	<input type="checkbox"/>	Cuboid	<input type="checkbox"/>	<input type="checkbox"/>
Trapezoid	<input type="checkbox"/>	<input type="checkbox"/>	Navicular	<input type="checkbox"/>	<input type="checkbox"/>
Capitate	<input type="checkbox"/>	<input type="checkbox"/>	Med. Cuneiform	<input type="checkbox"/>	<input type="checkbox"/>
Hamate	<input type="checkbox"/>	<input type="checkbox"/>	Inter. Cuneiform	<input type="checkbox"/>	<input type="checkbox"/>
Triquetral	<input type="checkbox"/>	<input type="checkbox"/>	Lat. Cuneiform	<input type="checkbox"/>	<input type="checkbox"/>
Pisiform	<input type="checkbox"/>	<input type="checkbox"/>	Metatarsals	<input type="checkbox"/>	<input type="checkbox"/>
Metacarpals	<input type="checkbox"/>	<input type="checkbox"/>	Prox. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>
Prox. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Mid. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>
Mid. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Dist. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>
Dist. Phalanges	<input type="checkbox"/>	<input type="checkbox"/>	Sesamoids	<input type="checkbox"/>	<input type="checkbox"/>
Sesamoids	<input type="checkbox"/>	<input type="checkbox"/>	Unident. Extremities (#):	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Fill in skeletal
 elements present and
 record notes along
 side.
 Label "U" if un-sided,
 and "A" to denote
 approximated
 location.



Additional observations:

Age: _____
Sex: _____

Provenience: _____

Designation/ID: _____

AGE

PELVIC: left right
Pubic Symphysis
Todd (1-10) _____
Suchey-Brooks (1-6) _____
Auricular Surface
Lovejoy et al. (1-8) _____

POSTCRANIAL: Epiphyseal Union*
Clavicle Sternal epiphysis _____

Vertebral Annular Epiphyses Cervical superior _____
inferior _____
Thoracic superior _____
inferior _____
Lumbar superior _____
inferior _____

Sacrum S1/S2 fusion _____
Innominate Iliac crest _____

Estimated Age: Subadult (12-20 years) _____
Young Adult (20-35 years) _____
Middle Adult (35-50 years) _____
Old Adult (50+ years) _____

CRANIAL: Suture Closure*
External 1. Midlambdoid _____
Cranial 2. Lambda _____
Vault 3. Obelion _____
4. Anterior Sagittal _____
5. Bregma _____
6. Midcoronal _____
7. Pterion _____
8. Sphenofrontal _____
9. Inf. Sphenotemporal _____
10. Sup. Sphenotemporal _____
Palatine 11. Incisive Suture _____
12. Anterior Median _____
13. Posterior Median _____
14. Transverse Palatine _____
Internal 15. Sagittal _____
Cranial 16. Left Lambdoid _____
Vault 17. Left Coronal _____

* Suture and Epiphysis Codes:
0 = open
1 = minimal
2 = significant
3 = complete

Observations:

SEX

PELVIC: left right
Ventral Arc (1-3) _____
Subpubic Concavity (1-3) _____
Ischiopubic Ramus Ridge (1-3) _____
Greater Sciatic Notch (1-5) _____
Preauricular Sulcus (0-4) _____

Estimated Sex, Pelvis (1-5): _____ = _____

CRANIAL:
Nuchal Crest (1-5) _____
Mastoid Process (1-5) _____
Supraorbital Margin (1-5) _____
Glabella (1-5) _____
Mental Eminence (1-5) _____

Estimated Sex, Skull (1-5): _____ = _____

Observations:



Stage of Union:
0 = open
1 = minimal
2 = complete

Provenience: _____

Designation/ID: _____

Epiphyseal Union				Primary Ossification Centers		
Element	epiphysis	stage of union		Element	area of union	stage of union
		left	right			
Scapula	coracoid	___	___	Innominate	ilium-pubis	___
	acromium	___	___		ischium-pubis	___
Clavicle	sternal	___	___		Sacrum	ischium-ilium
Humerus	head	___	___	1-2		___
	distal	___	___	2-3		___
	med. epicondyle	___	___	3-4		___
Radius	proximal	___	___	4-5	___	
	distal	___	___	Cervical vertebrae	neural arches to each other	___
Ulna	proximal	___	___		neural arches to centrum	___
	distal	___	___	Thoracic vertebrae	neural arches to each other	___
Os Coxa	iliac crest	___	___		neural arches to centrum	___
	Femur	ischial tuberosity	___	___	Lumbar vertebrae	neural arches to each other
head		___	___	neural arches to centrum		___
greater trochanter		___	___	neural arches to each other		___
lesser trochanter		___	___	neural arches to centrum	___	
Tibia	distal	___	___	Cranium	basilar suture	___
	proximal	___	___		Occipital	lateral – squama
Fibula	proximal	___	___	basilar – lateral		___
	distal	___	___	Mandibular Symphysis		
Metacarpals	proximal (1st)	___	___		Metopic Suture	
	distal (2-5)	___	___			
Metatarsals	proximal (1st)	___	___			
	distal (2-5)	___	___			
C. Phalanges	proximal	___	___			
T. Phalanges	proximal	___	___			

Age Assessment

	Age class	Age range in months or years
Fetus	___	lunar months ___
Infant (birth – 2 yr)	___	months/years ___
Child (2 – 12 yr)	___	years ___
Subadult (12-20yr)	___	years ___

Comments (criteria used for age assessment):

Mark a dash if not observable

Provenience: _____

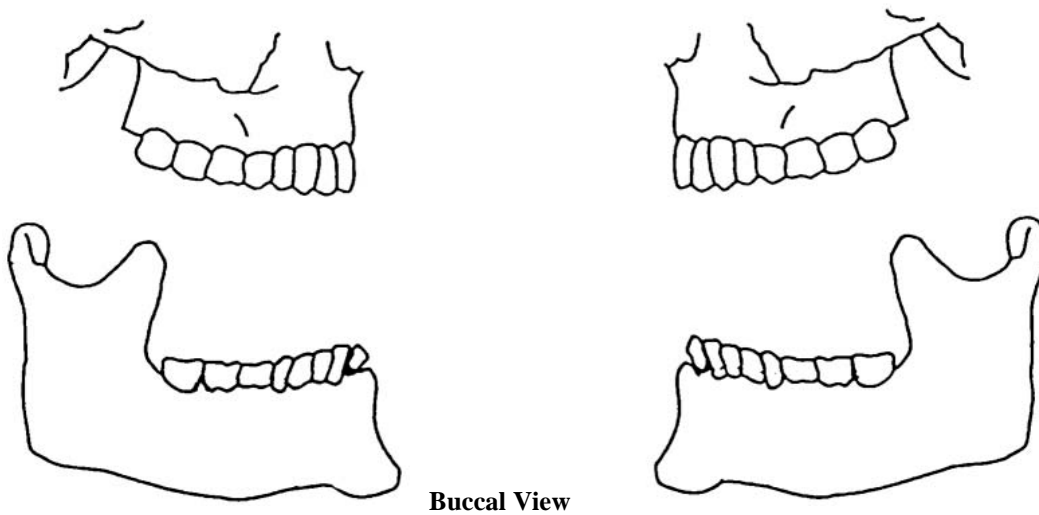
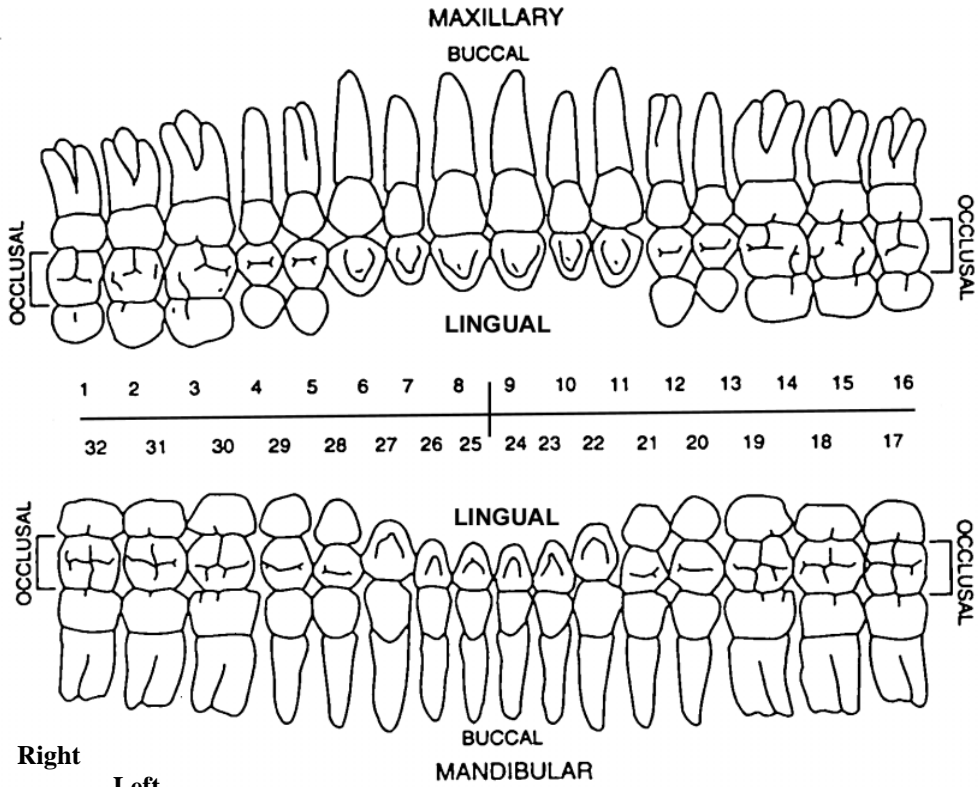
Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abcesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Inventory (1-9)																
Development (1-14)																
Caries (1-7)																
Abcesses (1-2)																
Calculus (1-3)																
Chipping (#)																
Periodontitis (1-2)																
Attrition Score*																
Mesio-Buccal (1-10)				*[Attrition scores: I, C, PM (1-8); M (1-10)]												
Mesio-Lingual (1-10)																
Disto-Lingual (1-10)																
Disto-Buccal (1-10)																
M-D diameter (mm)																
B-L diameter (mm)																
Crown height (mm)																

Enamel Defects																
Tooth																
Defect No. on Tooth																
Defect Type (1-7)																
Distance from CEJ (mm)																
Color (1-4)																



Note pathology locations and severity, wear, and any additional observations.



Additional observations:

Mark a dash for not
observable

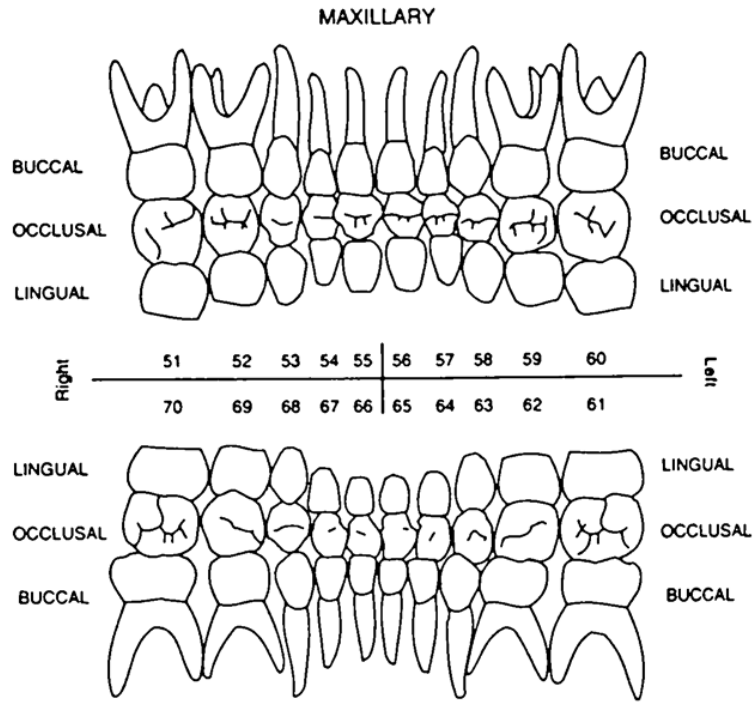
Provenience: _____

Designation/ID: _____

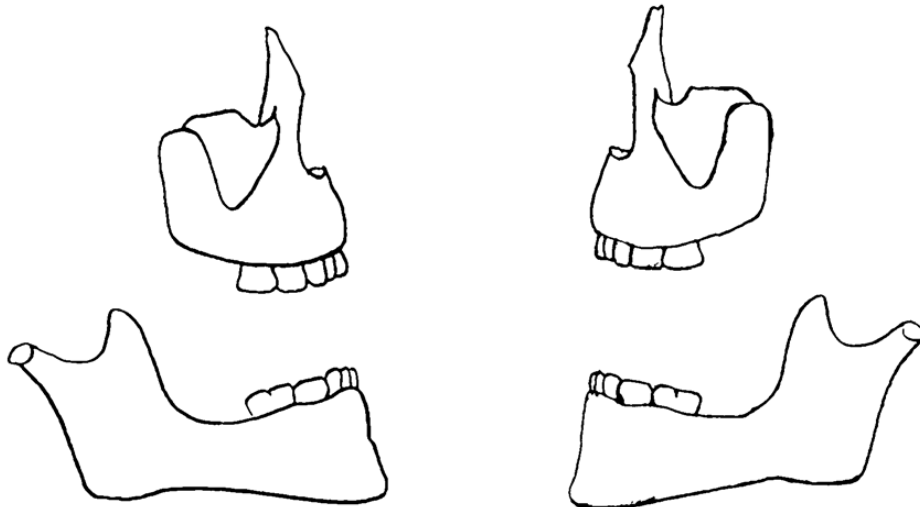
	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abscesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score*										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										
	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Inventory (1-9)										
Development (1-14)										
Caries (1-7)										
Abscesses (1-2)										
Calculus (1-3)										
Chipping (#)										
Attrition Score										
Mesio-Buccal (1-10)										
Mesio-Lingual (1-10)										
Disto-Lingual (1-10)										
Disto-Buccal (1-10)										
M-D diameter (mm)										
B-L diameter (mm)										
Crown height (mm)										

Enamel Defects											
Tooth											
Defect No. on Tooth											
Defect Type (1-7)											
Distance from CEJ (mm)											
Color (1-4)											

Note pathology locations and severity, wear, and any additional observations.



MANDIBULAR



Buccal View

Additional observations:

Mark with a dash if not recordable or unobservable

Provenience: _____

Designation/ID: _____

	Right								Left							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Maxilla	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Winging																
Labial curve																
Shovel																
Double shovel																
Interrupt groove																
Tuberculum dentale				Uto-Aztec PM:									:Uto-Aztec PM			
Access. cusps																
Access. ridges																
Tricusped PM's																
Odontome																
Metacone																
Hypocone																
Cusp 5																
Carabelli																
C2 parastyle																
Enamel ext.																
Root number																
Radical number																
Peg/reduced																
Cong absence																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mandible	M ³	M ²	M ¹	PM ²	PM ¹	C	I ²	I ¹	I ¹	I ²	C	PM ¹	PM ²	M ¹	M ²	M ³
Shovel																
Double shovel																
Distal access. ridge																
Lingual cusps																
Odontome																
Ant. fovea																
Groove pattern																
Cusp number																
Deflecting wrinkle																
Mes. trigonid crest																
Distal trigonid crest																
Protstyloid																
Cusp 5																
Cusp 6																
Cusp 7																
Enamel ext.																
Root number																
Radical number																
Cong absence																

Mark with a dash if not recordable or unobservable

Provenience: _____

Designation/ID: _____

	Right					Left				
	51	52	53	54	55	56	57	58	59	60
Maxilla	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Winging										
Shovel										
Double shovel										
Double teeth										
Labial defect										
Canine form										
DAR										
Metacone										
Hypocone										
Cusp 5										
Carabelli										
C2 parastyle										
Root number										
Root sheath/groove										

	70	69	68	67	66	65	64	63	62	61
Mandible	M ²	M ¹	C	I ²	I ¹	I ¹	I ²	C	M ¹	M ²
Shovel										
Labial defect										
Double teeth										
DAR										
Delta										
Groove pattern										
Cusp number										
Deflecting wrinkle										
Distal trigon crest										
Protostylid										
Cusp 5										
Root number										
Root groove										



*Record all measurements
millimeters.*

Provenience: _____

Designation/ID: _____

CRANIAL

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. GOL Maximum Cranial Length _____ 2. XCB Maximum Cranial Breadth _____ 3. ZYB Bizygomatic Breadth _____ 4. BBH Basion-Bregma Height _____ 5. BNL Basion-Nasion Length _____ 6. BPL Basion-Prosthion Length _____ 7. MAB Maxillo-Alveolar Breadth _____ 8. MAL Maxillo-Alveolar Length _____ 9. AUB Biauricular Breadth _____ 10. NPH Upper Facial Height _____ 11. WFB Minimum Frontal Breadth _____ 12. FMB Upper Facial Breadth _____ 13. NLH Nasal height _____ 14. NLB Nasal Breadth _____ 15. OBB Orbital Breadth _____ 16. OBH Orbital Height _____ 17. EKB Biorbital Breadth _____ | <ul style="list-style-type: none"> 18. DKB Interorbital Breadth _____ 19. FRC Frontal Chord _____ 20. PAC Parietal Chord _____ 21. OCC Occipital Chord _____ 22. FOL Foramen Magnum Length _____ 23. FOB Foramen Magnum Breadth _____ 24. MDH Mastoid Length _____ 25. GNI Chin height _____ 26. HML Mandibular Body Height _____ 27. TML Mandibular Body Breadth _____ 28. GOG Bigonial Width _____ 29. CDL Bicondylar Breadth _____ 30. WRL Minimum Ramus Breadth _____ 31. MRL Maximum Ramus Breadth _____ 32. XRL Maximum Ramus Height _____ 33. MLT Mandibular Length _____ 34. MLX Mandibular Angle _____ |
|--|---|

POSTCRANIAL

- | | left | right | | left | right |
|------------------------------------|-------------|--------------|---------------------------------------|-------------|--------------|
| 35. Clavicle: Max. Length | _____ | _____ | 60. Femur: Max. Length | _____ | _____ |
| 36. A-P Diam. Midshaft | _____ | _____ | 61. Bicondylar Length | _____ | _____ |
| 37. Sup.-Inf. Diam. Midshaft | _____ | _____ | 62. Epicondylar Breadth | _____ | _____ |
| 38. Scapula: Height | _____ | _____ | 63. Max. Diam. Head | _____ | _____ |
| 39. Breadth | _____ | _____ | 64. A-P Subtroch. Diam. | _____ | _____ |
| 40. Humerus: Max. Length | _____ | _____ | 65. M-L Subtroch. Diam. | _____ | _____ |
| 41. Epicondylar Breadth | _____ | _____ | 66. A-P Midshaft Diam. | _____ | _____ |
| 42. Vertical Diam. Head | _____ | _____ | 67. M-L Midshaft Diam. | _____ | _____ |
| 43. Max. Diam. Midshaft | _____ | _____ | 68. Midshaft Circumference | _____ | _____ |
| 44. Min. Diam. Midshaft | _____ | _____ | 69. Tibia: Max. Length | _____ | _____ |
| 45. Radius: Max. Length | _____ | _____ | 70. Max. Prox. Epiph. Breadth | _____ | _____ |
| 46. Ant.-Post. Diam. Midshaft | _____ | _____ | 71. Max. Distal Epiph. Breadth | _____ | _____ |
| 47. Med.-Lat. Diam. Midshaft | _____ | _____ | 72. Max. Diam. Nutrient For. | _____ | _____ |
| 48. Ulna: Max. Length | _____ | _____ | 73. M-L Diam. Nutrient For. | _____ | _____ |
| 49. A-P Diameter | _____ | _____ | 74. Circ. Nutrient Foramen | _____ | _____ |
| 50. M-L Diameter | _____ | _____ | 75. Fibula: Max. Length | _____ | _____ |
| 51. Physiological Length | _____ | _____ | 76. Max. Diameter Midshaft | _____ | _____ |
| 52. Min. Circumference | _____ | _____ | 77. Calcaneus: Max. Length | _____ | _____ |
| 53. Sacrum: Anterior Length | _____ | _____ | 78. Middle Breadth | _____ | _____ |
| 54. Anterior Superior Breadth | _____ | _____ | | | |
| 55. Max. Trans. Diam. Base | _____ | _____ | 79. Sternum: Length Mesostern. | _____ | _____ |
| 56. Pelvis: Height | _____ | _____ | 80. Max. Breadth 1 st | _____ | _____ |
| 57. Iliac Breadth | _____ | _____ | | | |
| 58. Pubis Length | _____ | _____ | | | |
| 59. Ischium Length | _____ | _____ | | | |



Provenience: _____

Designation/ID: _____

CRANIAL

	left	mid	right		left	right
1. Lesser wing sphenoid:	length _____		_____	6. Zygomatic:	length _____	_____
	width _____		_____		width _____	_____
2. Gr. wing sphenoid:	length _____		_____	7. Maxilla:	length _____	_____
	width _____		_____		height _____	_____
3. Body sphenoid:	length _____	_____			width _____	_____
	width _____	_____		8. Mandible:	body length _____	_____
4. Petrous portion:	length _____		_____		width of arc _____	_____
	width _____		_____		(½ mandible) full length _____	_____
5. Basilar part occipital:	length _____					
	width _____	_____				

POSTCRANIAL

	left	right		left	right
9. Clavicle:	length _____	_____	15. Ulna:	length _____	_____
	diameter _____	_____		diameter _____	_____
10. Scapula:	length (ht) _____	_____	16. Radius:	length _____	_____
	width _____	_____		diameter _____	_____
	spine length _____	_____	17. Femur:	length _____	_____
11. Ilium:	length _____	_____		width _____	_____
	width _____	_____		diameter _____	_____
12. Ischium:	length _____	_____	18. Tibia:	length _____	_____
	width _____	_____		diameter _____	_____
13. Pubis:	length _____	_____	19. Fibula:	length _____	_____
14. Humerus:	length _____	_____		diameter _____	_____
	width _____	_____			
	diameter _____	_____			

Additional observations:



Codes:

- 0 = absent
- 1 = present/partial
- 2 = complete/multiple
- 9 = unobservable

Provenience: _____

Designation/ID: _____

	L	M	R		L	M	R
1. Metopic suture:		_____		8. Inca bone:		_____	
				0 = absent			
2. Supraorbital structures:				1 = complete, single bone			
a. Supraorbital notch: _____			_____	2 = bipartite			
0 = absent				3 = tripartite			
1 = present, < 1/2 occluded by spicules				4 = partial			
2 = present, > 1/2 occluded by spicules				9. Condylar canal _____			_____
3 = present, degree of occlusion unknown				0 = not patent			
4 = multiple notches				1 = patent			
b. Supraorbital foramen: _____			_____	10. Divided hypoglossal canal: _____			_____
0 = absent				0 = absent			
1 = present				1 = partial, internal surface			
2 = multiple foramina				2 = partial, within canal			
3. Infraorbital suture: _____			_____	3 = complete, internal surface			
4. Multiple infraorbital foramina: _____			_____	4 = complete, within canal			
0 = absent				11. Flexure of superior sagittal sulcus _____			
1 = internal division only				1 = right			
2 = two distinct foramina				2 = left			
3 = more than two distinct foramina				3 = bifurcate			
5. Zygomatico-facial foramina: _____			_____	12. Foramen ovale incomplete _____			_____
0 = absent				0 = absent			
1 = 1 large				1 = partial formation			
2 = 1 large plus smaller f.				2 = no definition of foramen			
3 = 2 large				13. Foramen spinosum incomplete _____			_____
4 = 2 large plus smaller f.				0 = absent			
5 = 1 small				1 = partial formation			
6 = multiple small				2 = no definition of foramen			
6. Parietal foramen: _____			_____	14. Pterygo-spinous bridge _____			_____
0 = absent				0 = absent			
1 = present, on parietal				1 = trace (spicule only)			
2 = present, sutural				2 = partial bridge			
7. Sutural bones:				3 = complete bridge			
a. epiteric bone _____			_____	15. Pterygo-alar bridge _____			_____
b. coronal ossicle _____			_____	0 = absent			
c. bregmatic bone _____			_____	1 = trace (spicule only)			
d. sagittal ossicle _____			_____	2 = partial bridge			
e. apical bone _____			_____	3 = complete bridge			
f. lambdoid ossicle _____			_____	16. tympanic dehiscence: _____			_____
g. asterionic bone _____			_____	0 = absent			
h. ossicle in occipito-mastoid suture _____			_____	1 = foramen only			
i. parietal notch bone _____			_____	2 = full defect present			

†This form includes information derived from Buikstra and Ubelaker (1994), *Standards for Data Collection from Human Skeletal Remains*, Arkansas Archeological Survey, and is used with permission of the publisher.



	L	M	R		L	M	R
17. Auditory exostosis:	___		___	27. inion hook:			___
0 = absent				30. venous markings (frontal)			___
1 = < 1/3 canal occluded				31. sutures:			___
2 = 1/3-2/3 canal occluded				1 = simple			
3 = > 2/3 canal occluded				2 = medium			
18. Mastoid foramen:	___		___	3 = complex			
a. Location				33. OsJaponicum:			___
0 = absent				36. zygomatic projection			___
1 = temporal				(at nasal aperture):			
2 = sutural				1 = projecting			
3 = occipital				2 = intermediate			
4 = both sutural and temporal				3 = retreating			
5 = both occipital and temporal				37. inferior projection of			___
b. Number:	___		___	zygomatic/maxilla:			
0 = absent				38. zygomatic posterior tubercle:			___
1 = 1				41. nasal aperture:			___
2 = 2				1 = narrow			
3 = more than 2				2 = medium			
19. Mental foramen:	___		___	3 = wide			
0 = absent				42. nasal depression:			___
1 = 1				1 = straight			
2 = 2				2 = depressed			
3 = more than 2				3 = deeply depressed			
20. Mandibular torus:	___		___	45. nasal spine:			___
0 = absent				0 = absent			
1 = trace (can palpate but not see)				1 = small			
2 = moderate: elevation between 2-5 mm.				2 = large			
3 = marked: elevation greater than 5 mm.				47. palatine torus:			___
21. Mylohyoid bridge:				0 = absent			
a. Location	___		___	1 = slight			
0 = absent				2 = marked			
1 = near mandibular foramen				48. palatine suture:			___
2 = center of groove				1 = straight			
3 = both bridges described in 1) and 2) w/hiatus				2 = anterior convexity			
4 = both bridges described in 1) and 2) no hiatus				3 = posterior convexity			
b. Degree	___		___	49. dental arcade:			___
22. Atlas Bridging:				1 = parabolic			
a. Lateral bridging	___		___	2 = elliptic			
b. Posterior bridging	___		___	3 = hyperbolic			
23. Accessory Transverse Foramina				50. chin shape:			___
-- in 7th cervical vertebra	___		___	1 = pointed			
24. Septal aperture:	___		___	2 = blunt			
0 = absent				3 = bilobate			
1 = small foramen (pinhole) only				51. mandible lower border:			___
2 = true perforation				1 = straight			
25. keeling:	___		___	2 = rocker			
26. post bregmatic depression:	___		___	3 = undulating			

Additional observations:



Provenience: _____

Designation/ID: _____

CRANIAL	present	absent	unobs.
Porotic hyperostosis	_____	_____	_____
Cribriform orbitalia	_____	_____	_____
Premature synostosis	_____	_____	_____
Osteomas	_____	_____	_____
Periosteal reactions	_____	_____	_____
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Trauma	_____	_____	_____
Cultural modifications	_____	_____	_____

AXIAL	present	absent	unobs.
Ankylosis	_____	_____	_____
Arch defects	_____	_____	_____
Compression fractures	_____	_____	_____
Schmorl's nodes	_____	_____	_____
Periosteal reactions	_____	_____	_____
Lytic reactions	_____	_____	_____
Osteoporosis	_____	_____	_____
Trauma	_____	_____	_____
Reaction on pleural aspect of ribs	_____	_____	_____
Accessory facets	_____	_____	_____

APPENDICULAR	present	absent	unobs.
Periosteal reaction	_____	_____	_____
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Osteoporosis	_____	_____	_____
Trauma	_____	_____	_____
Cultural modifications	_____	_____	_____
Osteomyelitis	_____	_____	_____
Exostoses	_____	_____	_____
Accessory facets	_____	_____	_____

EXTREMITIES	present	absent	unobs.
Lytic reactions	_____	_____	_____
Proliferative reactions	_____	_____	_____
Periosteal reactions	_____	_____	_____
Trauma	_____	_____	_____
Exostoses	_____	_____	_____
Accessory facets	_____	_____	_____

Observations (describe pathology in detail and use individual element visual recording forms to illustrate morphology and extent):



Provenience: _____

Designation/ID: _____

Stages of DJD from Ubelaker (1999): a = normal articular surface; b= appearance of small deposits of bone on articular margins; c= small pits; d= polishing/eburnation; e= other (describe below)

CRANIUM left right

TMJ _____ _____
Mand. condyles _____ _____
Occip. Condyles _____ _____

SHOULDER left right

Scapula
 glenoid _____ _____
 acromium _____ _____
Clavicle
 medial _____ _____
 lateral _____ _____
Prox. Humerus _____ _____

HIP left right

Acetabulum _____ _____
Femoral head _____ _____
Greater troch. _____ _____
Lesser troch. _____ _____

KNEES left right

Dist. Femur _____ _____
Prox. Tibia _____ _____
Prox. Fibula _____ _____
Patella _____ _____

ELBOW left right

Dist. Humerus _____ _____
Prox. Radius _____ _____
Prox. Ulna _____ _____

WRIST left right

Dist. Radius _____ _____
Dist. Ulna _____ _____
Carpals _____ _____
Metacarpals _____ _____

DIGITS prox. distal

C. proximal _____ _____
C. middle _____ _____
C. distal _____ _____
T. proximal _____ _____
T. middle _____ _____
T. distal _____ _____

ANKLES left right

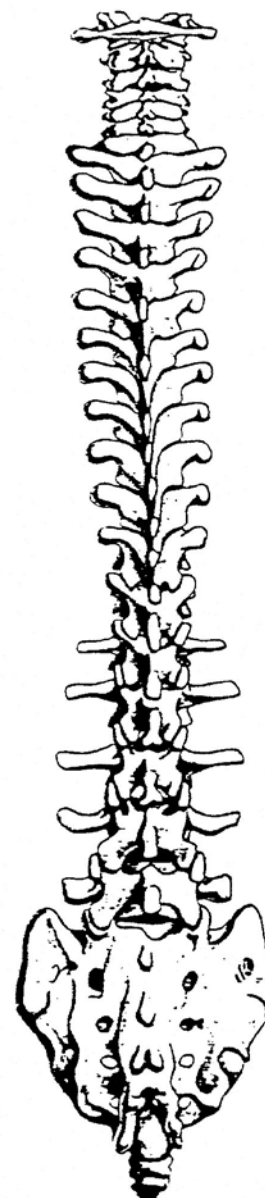
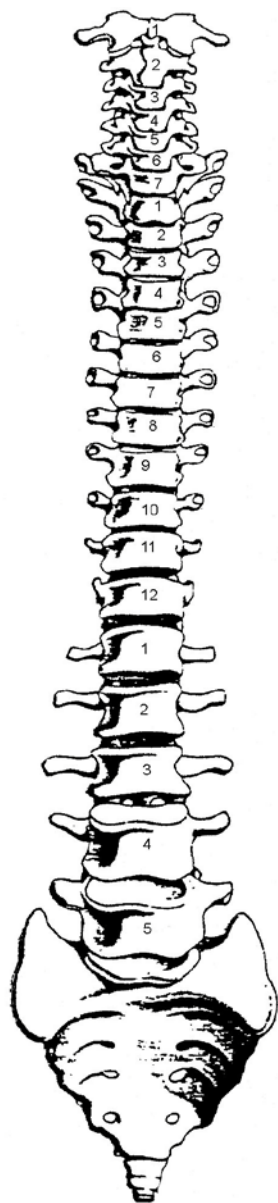
Dist. Tibia _____ _____
Dist. Fibula _____ _____
Calcaneus _____ _____
Other tarsals _____ _____
Metatarsals _____ _____

Observations:



Provenience: _____

Designation/ID: _____



OSTEOPHYTOSIS: stages 0-4 (Ubelaker 1999)

DJD - stages a-d (Ubelaker 1999)

Surface	Superior	Inferior	Superior:	Left	Right	Inferior:	Left	Right
Cervical	___	___	Cervical	___	___	___	___	___
Thoracic	___	___	Thoracic	___	___	___	___	___
Lumbar	___	___	Lumbar	___	___	___	___	___
Sacral	___	___	Sacral	___	___	___	___	___

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Provenience: _____

Designation/ID: _____

ARTIFICIAL CRANIAL MODIFICATION: _____

1. Tabular
2. Circumferential
3. Other (describe)

Description: _____

POSTERIOR ASPECT

Deformation present: _____

1. Yes
2. No

Pressure centered at: _____

1. Lambda
2. Squamous portion of occipital
3. Below inion

Plane of pressure: _____

(relation to transverse plane)

1. Perpendicular (90°)
2. Obtuse (>90°)

Any of the following present? _____

1. Sagittal elevation
2. Lambdic elevation
3. Lambdic depression

Pad impressions: _____

0. No pad impressions
1. One pad
2. Two pads
3. More than two pads

Pad location: _____

1. Midline
2. Symmetrically lateral to midline
3. Asymmetrically left
4. Asymmetrically right

Pad shape: _____

1. Circular or oval
2. Donut-shaped
3. Triangular
4. Irregular form

Impression of bindings visible: _____

1. Yes (describe below)
2. No

ANTERIOR ASPECT

Cranial deformation present: _____

1. Yes
2. No

Pad location: _____

1. High, near coronal suture
2. Low, near or below frontal boss

Symmetrical reshaping? _____

1. Yes
2. No, right side more deformed
3. No, left side more deformed

Bregmatic elevation? _____

1. Yes
2. No

Pad impressions: _____

0. No pad impressions
1. One pad
2. Two pads

Pad location: _____

1. Midline
2. Symmetrically lateral to midline
3. Asymmetrically left
4. Asymmetrically right

Pad shape: _____

1. Circular or oval
2. Donut-shaped
3. Triangular
4. Irregular form

Impression of bindings visible: _____

1. Yes (describe below)
2. No

Post-coronal depression present? _____

1. Yes
2. No

MNI: _____
 Total Bone (N): _____
 Total Weight (g): _____

Provenience: _____

Designation/ID: _____

CRANIAL (describe identifiable elements present, observations, and condition)

Count (n)¹: _____
 Weight (g)²: _____
 Color³: _____
 Texture⁴: _____
 Max. Length⁵: _____

AXIAL (describe)

Count (n)¹: _____
 Weight (g)²: _____
 Color³: _____
 Texture⁴: _____
 Max. Length⁵: _____

APPENDICULAR (describe; distinguish between upper and lower if possible)

Count (n)¹: _____
 Weight (g)²: _____
 Color³: _____
 Texture⁴: _____
 Max. Length⁵: _____

EXTREMITIES (describe)

Count (n)¹: _____
 Weight (g)²: _____
 Color³: _____
 Texture⁴: _____
 Max. Length⁵: _____

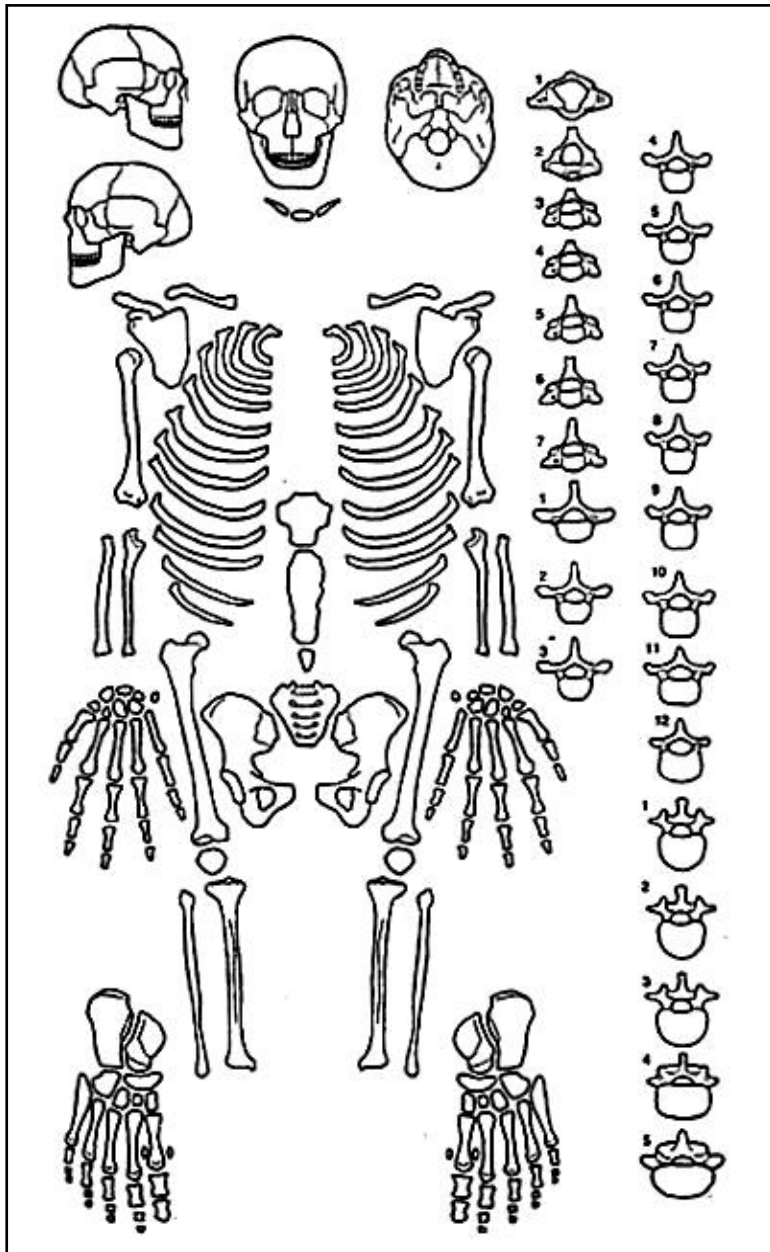
UNIDENTIFIED (describe)

Count (n)¹: _____
 Weight (g)²: _____
 Color³: _____
 Texture⁴: _____
 Max. Length⁵: _____

1. **Count:** Number of fragments for each anatomical region (and unidentified) (exclude fragments smaller than 5mm).
2. **Weight:** Weight in grams (g) for each anatomical region (and unidentified), then calculate the total weight.
3. **Color:** Record the dominant color (reflecting degree of burning) for each anatomical region (and unidentified). If color varies, estimate what percentages are in each category. Note colors as **T** (tan), **B** (black), **W** (white or calcined), **BG** (blue-gray).
4. **Texture:** Record the presence of bone texture: **L** (longitudinally split), **T** (longitudinal and transverse checking), **C** (curved cracks) **W** (warping) for each anatomical region. Note dominance of a particular texture and variations within and across regions.
5. **Max. Length:** Record the maximum length in millimeters (mm) of the largest fragment for each anatomical region.

Fill-in skeletal chart when elements can be identified.
 Label with "U" if unsided, and "A" to denote approximated
 location. Use key below to shade fragments by color:

- Tan (outline fragment)
- Black (fill completely)
- White/Calcined (hatch)
- Blue-Gray (cross-hatch)



Age Class: _____
 Age Estimate: _____
 Criteria:

Sex Estimate: _____
 Criteria:

Pathology:

Notes and Comments:

MNI: _____
 Total Count (n): _____
 Total Weight (g): _____

Provenience: _____

Designation/ID: _____

- List each identifiable element, indicate side and code completeness (C > 75%; P = 25-75%; F < 25%).
- Count and weigh remains by anatomical region and calculate totals.
- Describe the material and their characteristics, such as warping, breakage, burning, etc.

- Remains are burned. Remains are consistent with human.
 Remains are consistent with animal.
 Remains are not able to be determined (animal/human?).

CRANIAL *Count (n):* _____ *Weight (g):* _____

AXIAL *Count (n):* _____ *Weight (g):* _____

APPENDICULAR *Count (n):* _____ *Weight (g):* _____

[Code elements for PE (proximal epiphysis), P 1/3 (proximal third of shaft), M 1/3 (middle third), D 1/3 (distal third), DE (distal epiphysis)]

EXTREMITIES *Count (n):* _____ *Weight (g):* _____

UNIDENTIFIED *Count (n):* _____ *Weight (g):* _____

AGE & SEX ASSESSMENT:

Comments: (note pathologies, taphonomy, etc.)