Case Record Form	ADDITIO	V Page 1	Serial number			
		Do not fill in fi	ields marked with grey Reserved for coding			
Cambridge ID:						
Participant name: _						
Date of birth:	Day - Month - 1	9				
Today's date:	Day - Month - Z	0 0				
General health questionnaire comple	ted:	es O No				
	If r	o, why:		Ш		
— - — - —	cm					
The person must be measured w	rithout shoes					
Waist:						
Waist is taken 2 times. If the 1: cm						
difference between measurement 1 and 2 is > 3 cm, measure waist 2: cm						
for a third time.						
3: CM The circumference is measured corresponding to midway between costal margin and iliac crest (see instructions)						
Does the participant	have a pacemaker?	○ Yes ○ N	Jo			
Weight: The person must be weighed with	hout coat and shoes kg					
Impedance:	ohm					
Fat percentage	. %					

ECG taken? • Yes • No If no, why:

Comments on Page 1:

ECG



Case Record Form Final follow-up	ADDITION	Page 2	Serial number		
		Do not fill i	n fields marked with grey Reserved for coding		
Bloodpressure					
Arm circumference:	cm				
Arm on which BP was take - Right arm is default	n: ORight (○ Left			
Cuff size:	○ Medium	○ Large			
BP is taken 3 times at 1 minute intervals.					
The person must	Systolic	Diastolic			
have rested for 10 minutesbe silentbe in a sitting position	BP 1:		Pulse: beat/min.		
BP is measured	BP 2:		Pulse: beat/min.		
 at the right arm with OMRON M4 with the right size of cuff standard-sized cuff: 12.5 cm (Marm measuring >32 cm in circumf 	•	GE)	Pulse: beat/min.		
Clinical measurements taken by (initials):					
Blood and urine tests					
Blood sample taken:	○ Yes	○ No			
Urine sample taken:	○ Yes	○ No			
If blood and urine are not (partly or entire), please s					

Blood and urine samples taken by (initials):

Comments on Page 2:

