Case Record Form Final follow-up	ADDITION	Page 1	Serial number  1 6 2 0	0 9
		Do not fill in	fields marked with gre Reserved for codin	
Dutch patient ID				
Date of birth:	ay Month Year			
Today's date:	ay - Month - 20	0		
General health questionnaire complet	red:	○ No		
	If no, w	hy:		
Height:	cm			
Waist:				
Waist is taken 2 times. difference between me 1 and 2 is > 3 cm, measu for a third time.	asurement	· c	m m	
The circumference is measured c	orresponding to midway between costa	l margin and iliac cre	est (see instructions)	
Does the participant	have a pacemaker?	Yes O	No	
Weight: The person must be weighed with	out coat and shoes			
Impedance:	ohm			
Fat percentage	. %			
E <i>CG</i>				
ECG taken?	Yes ○ No If no, w	/hy:		
Comments on Page 1:				



Case Record Form Final follow-up	ADDITION Page 2 1 6 2 0 0 9
	Do not fill in fields marked with grey  Reserved for coding
Bloodpressure	
Arm circumference:	cm
Arm on which BP was to	aken: ORight OLeft
Cuff size:	○ Medium ○ Large
3P is taken 3 times at :	. minute intervals.
have rested for 10 minutes be silent be in a sitting position  BP is measured at the right arm with OMRON M4 with the right size of cuff standard-sized cuff: 12.5 arm measuring > 32 cm in ci	BP 1: Pulse: beat/min.  BP 2: Pulse: beat/min.  BP 3: Pulse: beat/min.  Pulse: beat/min.  Mr (MEDIUM)  Norumference: cuff size 16 cm (LARGE)
Blood and urine tests	O.Var. O.Na
Blood sample taken: Urine sample taken:	○ Yes ○ No ○ Yes ○ No
If blood and urine are (partly or entire), pleas	
Blood and urine sample	s taken by (initials):
Comments on Page 2:	

