

Minimal core set of variables

Category	Questionnaires (validated or <i>custom questionnaires</i>)	Measures (<i>and related assessment method</i>)	Assays
Medical history of obesity	<ol style="list-style-type: none"> 1) <i>At what age did you begin to gain significant weight?</i> 2) <i>In adulthood (age 18 and older), what has been your lowest body weight?</i> 3) <i>What has been your highest body weight?</i> 4) <i>How much weight have you gained or lost in the past 3 months?</i> 5) <i>How many times have you lost 10 kg or more?</i> 		
Basic background information	<ol style="list-style-type: none"> 1) <i>How many years of formal education have you had?</i> 2) <i>In which country did the majority of your education occur?</i> 		
QoL/handicap	<ul style="list-style-type: none"> • EQ-5D-5L 		
Dietary intake & Emotional eating	<ul style="list-style-type: none"> • Dietary intake: validated FFQ like EPIC-Norfolk FFQ • Diet quality : validated index like Dutch Healthy Diet Index • Dutch Eating Behavior Questionnaire 		

Physical activity & sedentary behavior	<ul style="list-style-type: none"> Paffenbarger Physical Activity Questionnaire 	<ul style="list-style-type: none"> Physical activity and sedentary level (<i>Accelerometry</i>) Cardiorespiratory fitness (<i>6-minute walk test</i>) Muscle strength (<i>Southampton grip-strength measurement</i>) 	
Sleep	<p>1) Do you work in shifts? This includes rotating successive morning/evening or rotating successive morning/evening/night shift or other alternate shifts.</p> <p>2) Does your work involve working at night (i.e. between 0-5am) even irregularly?</p> <p>3) Do you work permanently at night (i.e. between 0-5am)?</p> <p>4) How many days in a week do you work?</p> <p>5) On nights before workdays, what time do you fall asleep at?</p> <p>6) On work days, what time do you normally wake up at?</p> <p>7) On nights before free days, what time do you fall asleep at?</p> <p>8) On free days, what time do you normally wake up at?</p> <ul style="list-style-type: none"> STOP-BANG 		
Perceived stress	<ul style="list-style-type: none"> Perceived stress scale 		

Anthropometry, body composition, and energy expenditure		<ul style="list-style-type: none"> • Weight, Height, Waist circ., Hip circ., Neck circ. • % body fat mass and % body fat free mass (DXA) 	
Cardiovascular risk factor	<p>1) <i>How many cigarettes a day do you smoke, on average?</i></p> <p>2) <i>For how long have you had a habit of smoking?</i></p>	<ul style="list-style-type: none"> • Blood pressure & heart rate (automatic device) • Heart function (1-5 min ECG) • Cardiorespiratory fitness (6-minute walk test) 	<ul style="list-style-type: none"> • Total cholesterol • HDL cholesterol • Triglycerides • hsCRP
Hormonal status & Diabetes	<p>1) <i>Does a parent or anyone in your immediate family have type 2 diabetes?</i></p> <p>2) <i>(For females) Have you ceased menstruation?</i></p> <p>3) <i>Which medications do you currently take?</i></p>		<ul style="list-style-type: none"> • Fasting glycemia • TSH • Hemoglobin A1c • Fasting insulin & insulin-derived insulin sensitivity indices
Liver disease			<ul style="list-style-type: none"> • NFS and FIB-4