

# Tschichold in Colour

June the 24th, 2017 — Vasilis van Gemert



and the other 1000 were used to estimate the model parameters. The 1000 test cases were used to evaluate the model performance. The model performance was evaluated using the mean square error (MSE) and the coefficient of determination ( $R^2$ ).

The MSE is a measure of the average squared difference between the predicted and observed values. The  $R^2$  is a measure of the proportion of the variance in the observed values that is explained by the model.

The model performance was evaluated using the MSE and the  $R^2$  for each of the 1000 test cases. The mean MSE and the mean  $R^2$  were calculated for each of the 1000 test cases. The mean MSE and the mean  $R^2$  were used to compare the performance of the different models.

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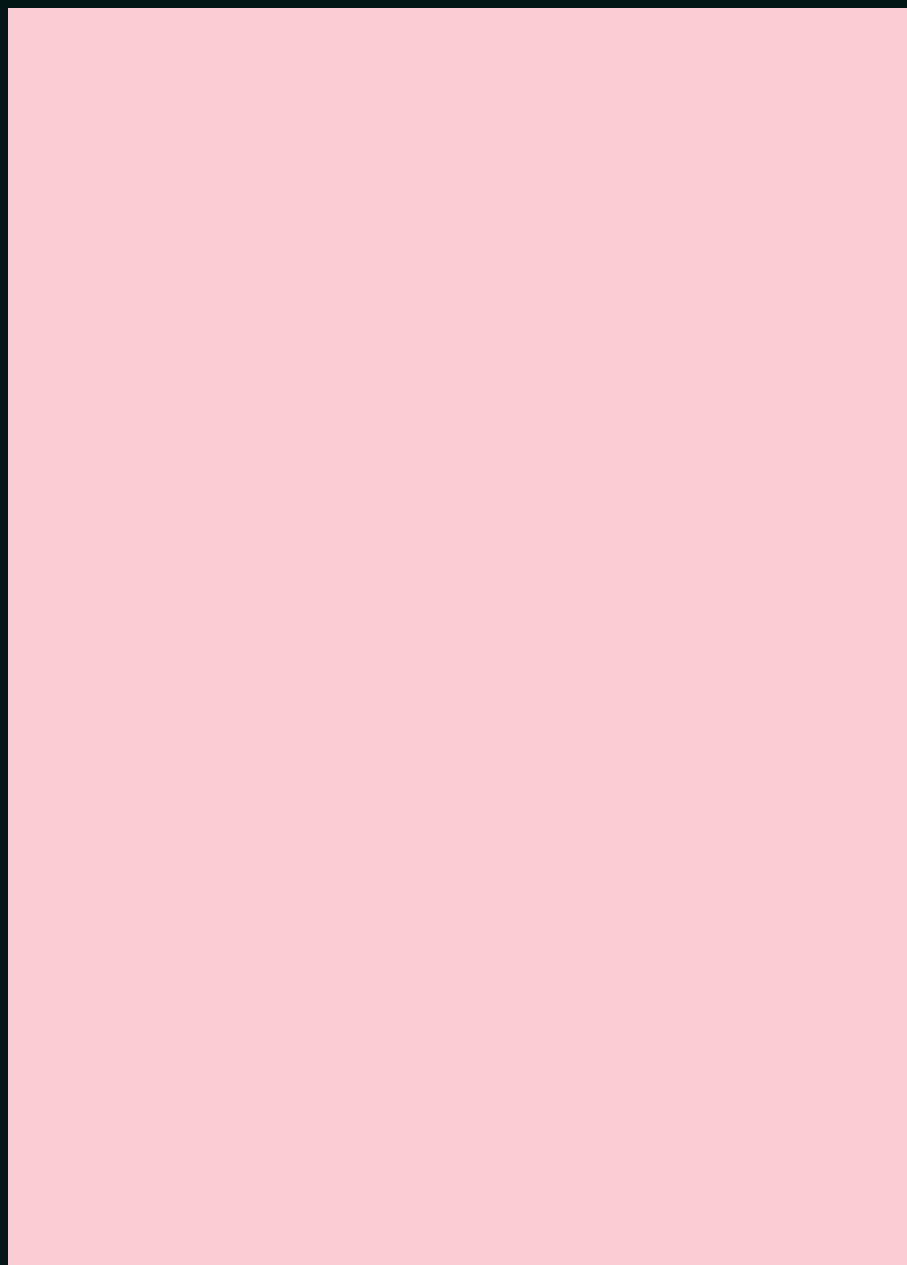
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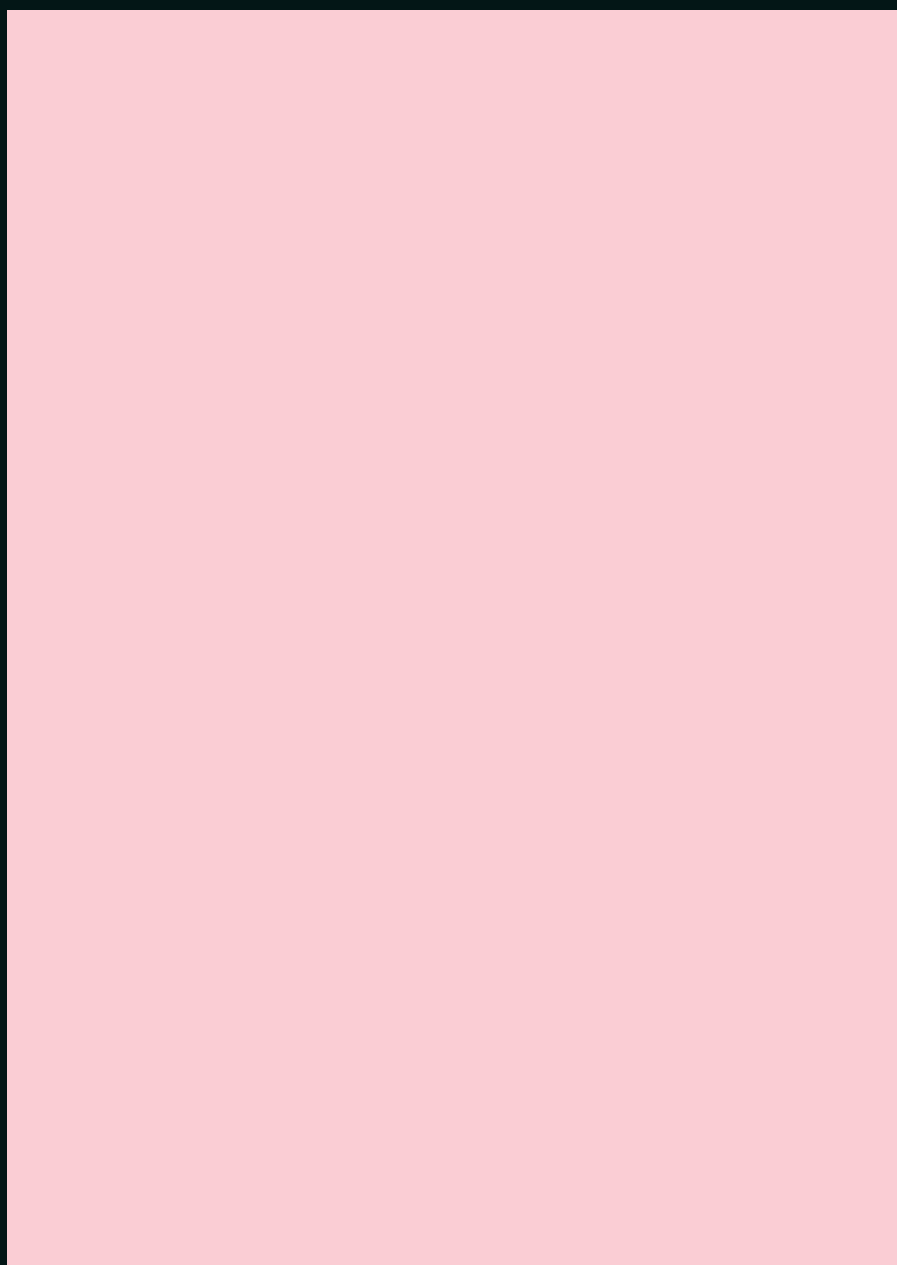
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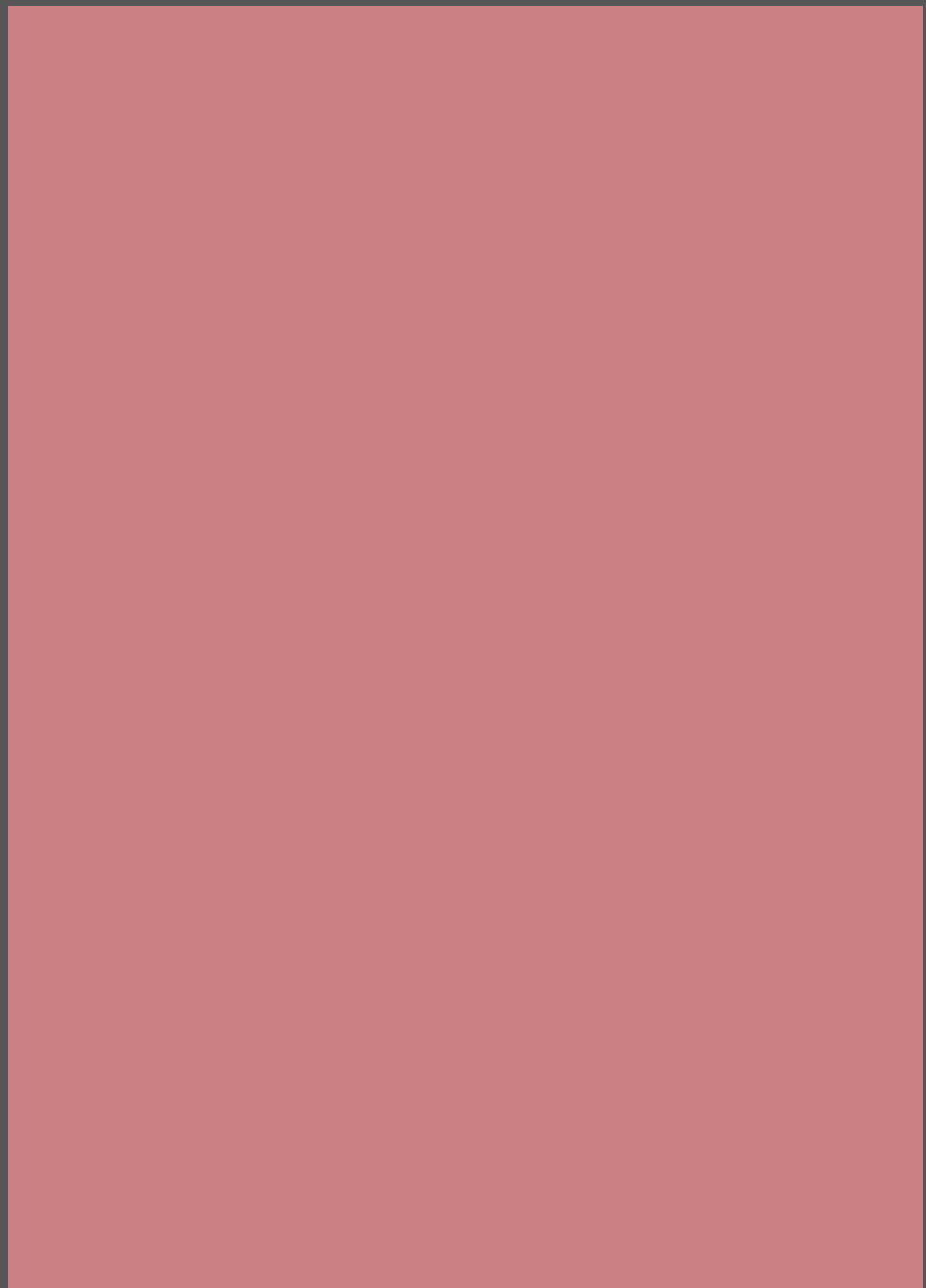
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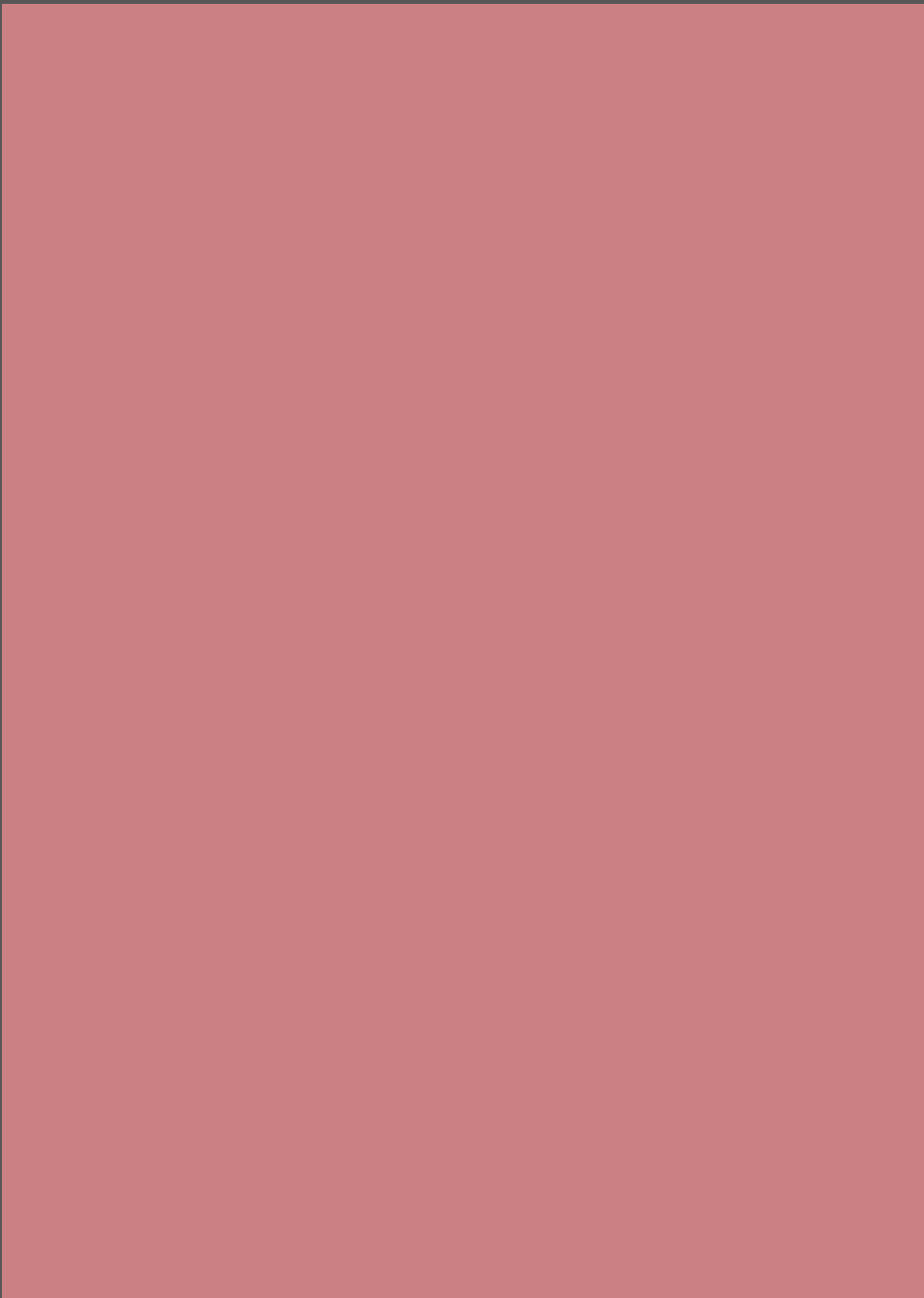
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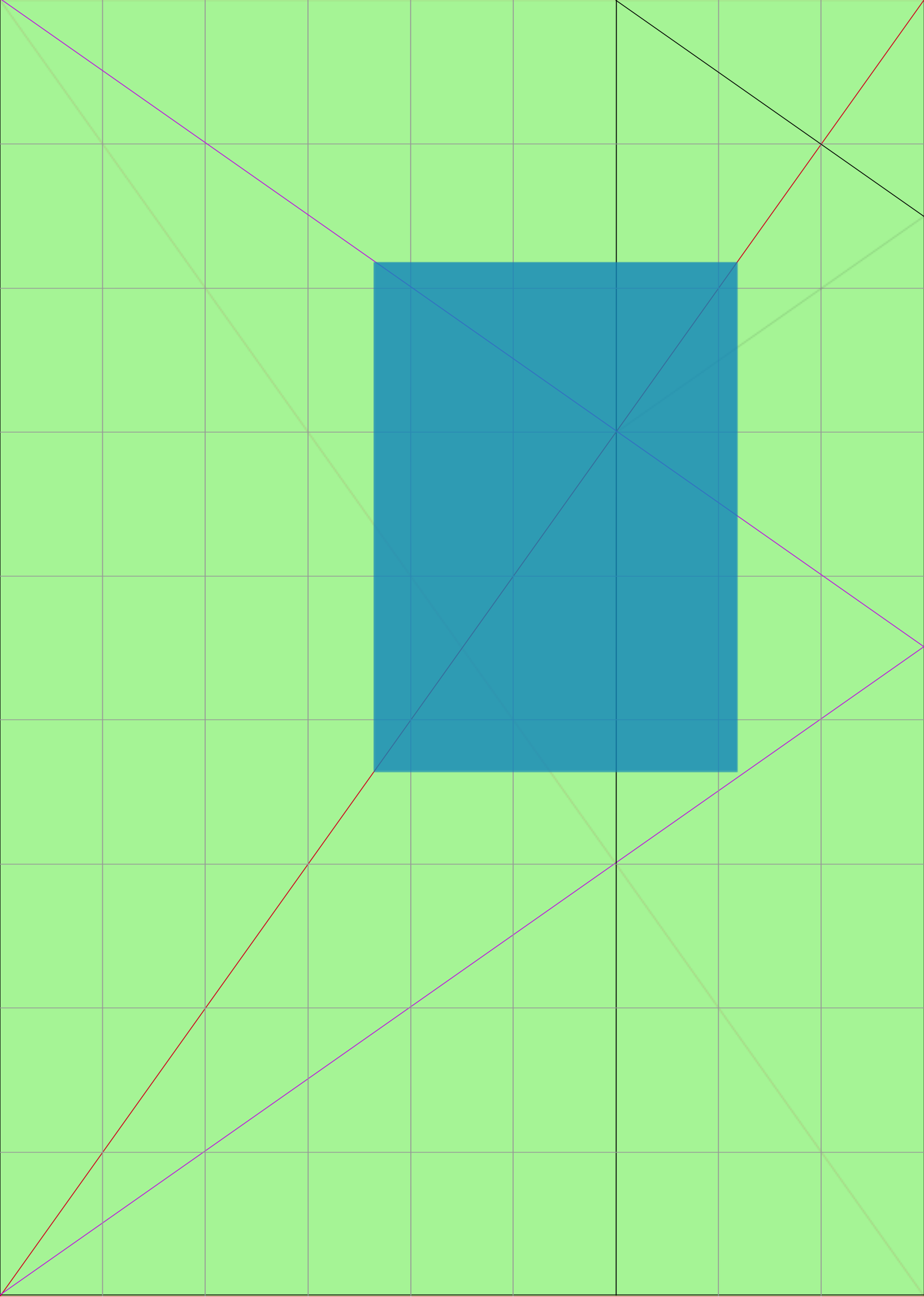


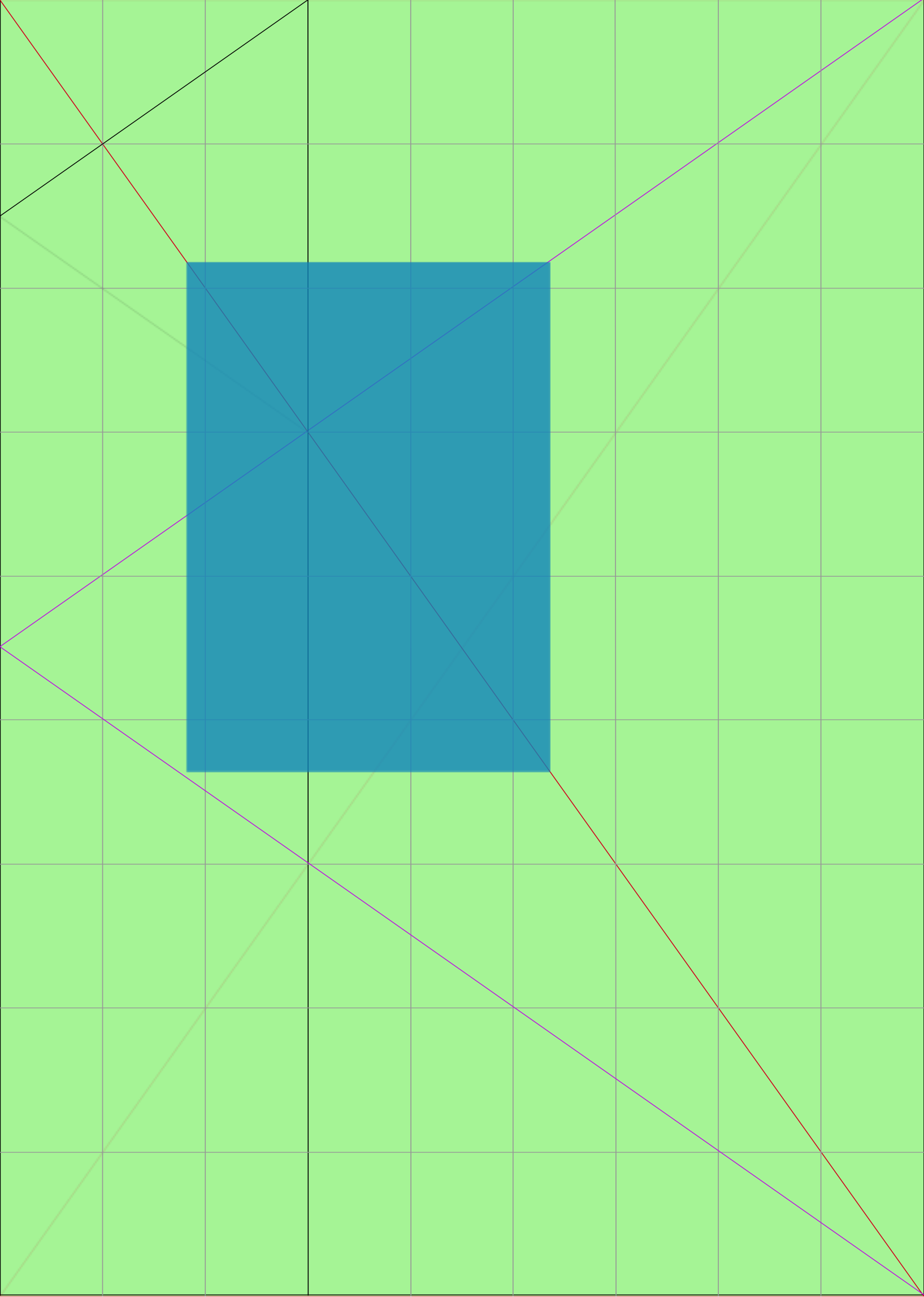






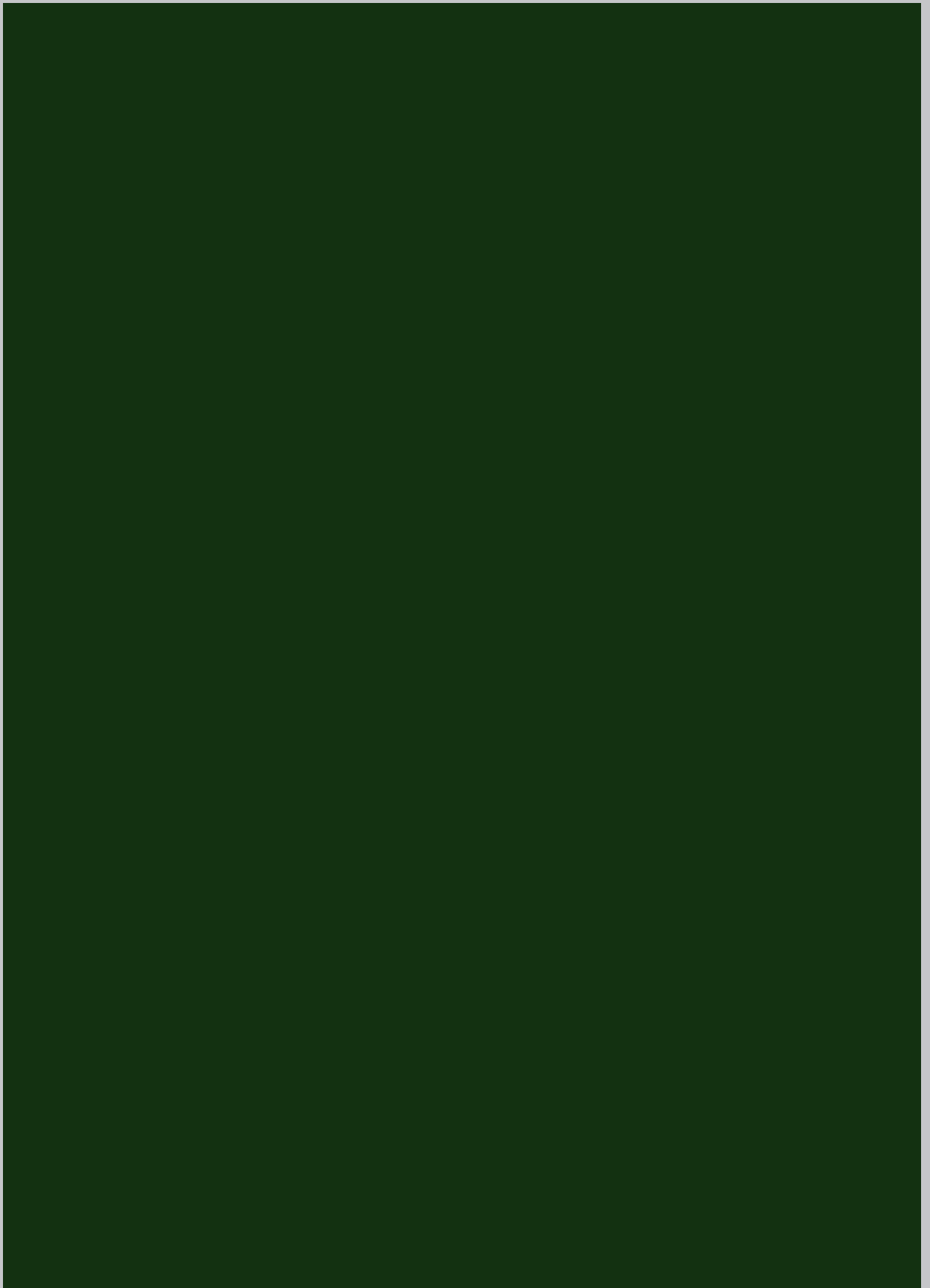




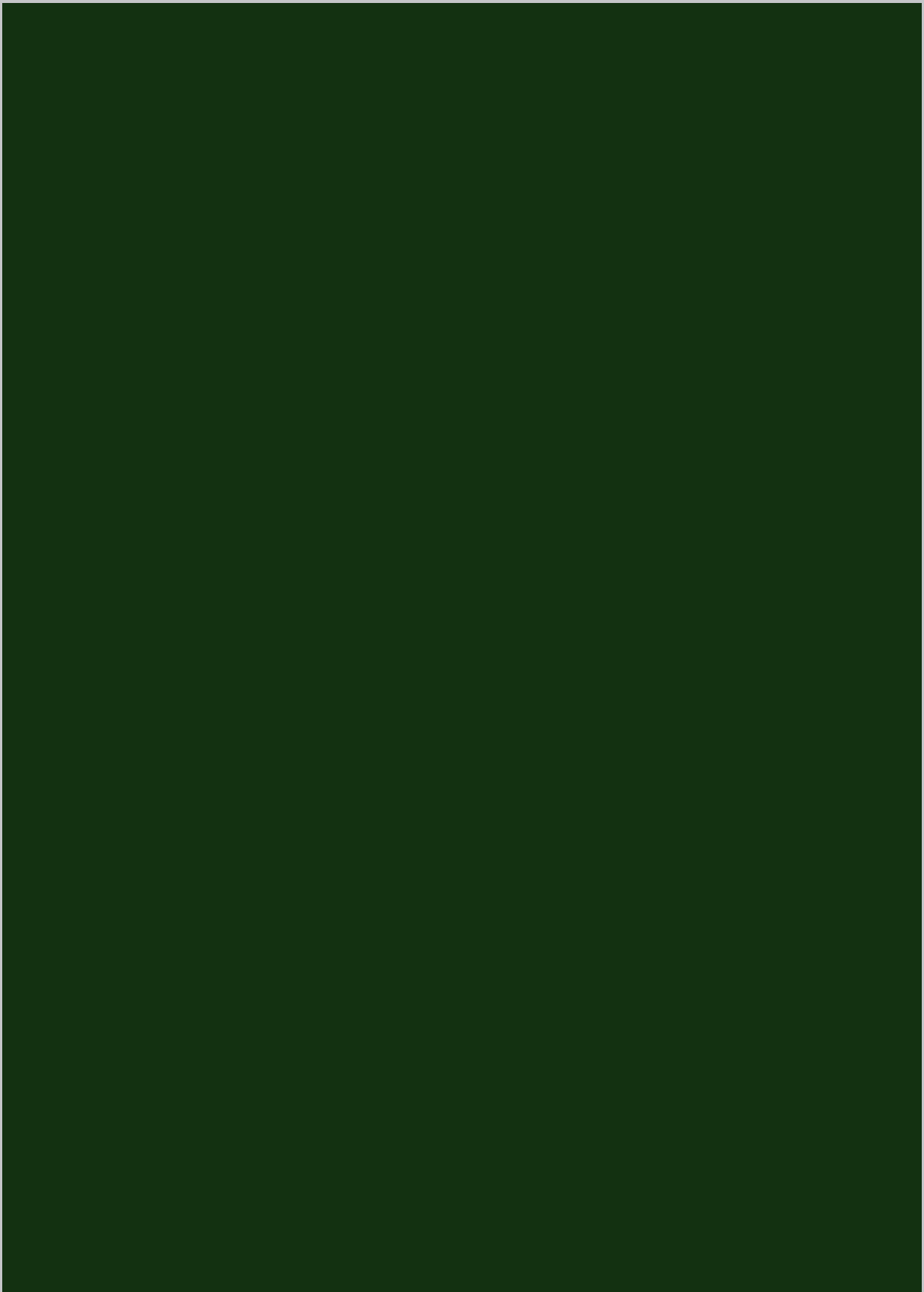














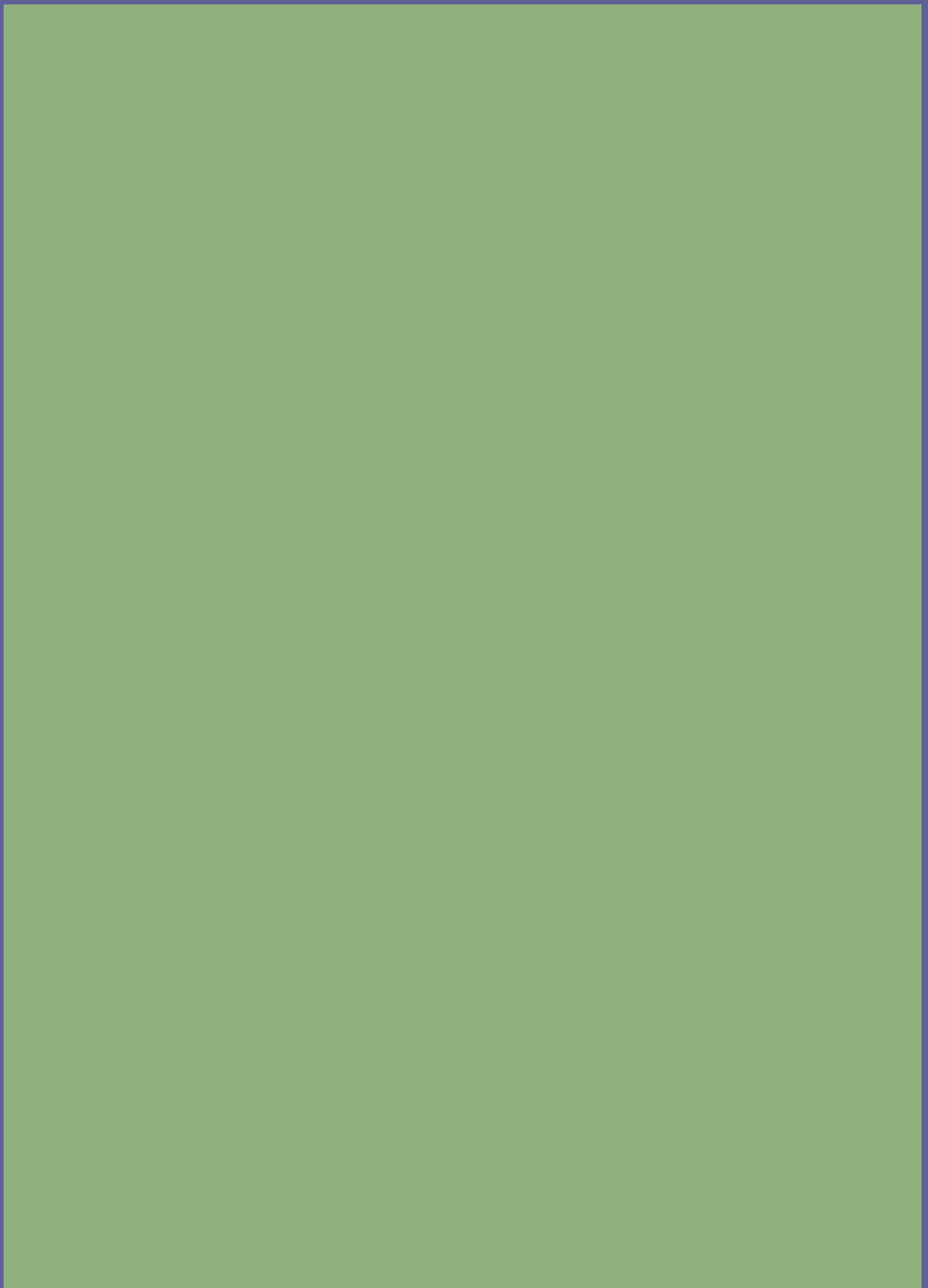






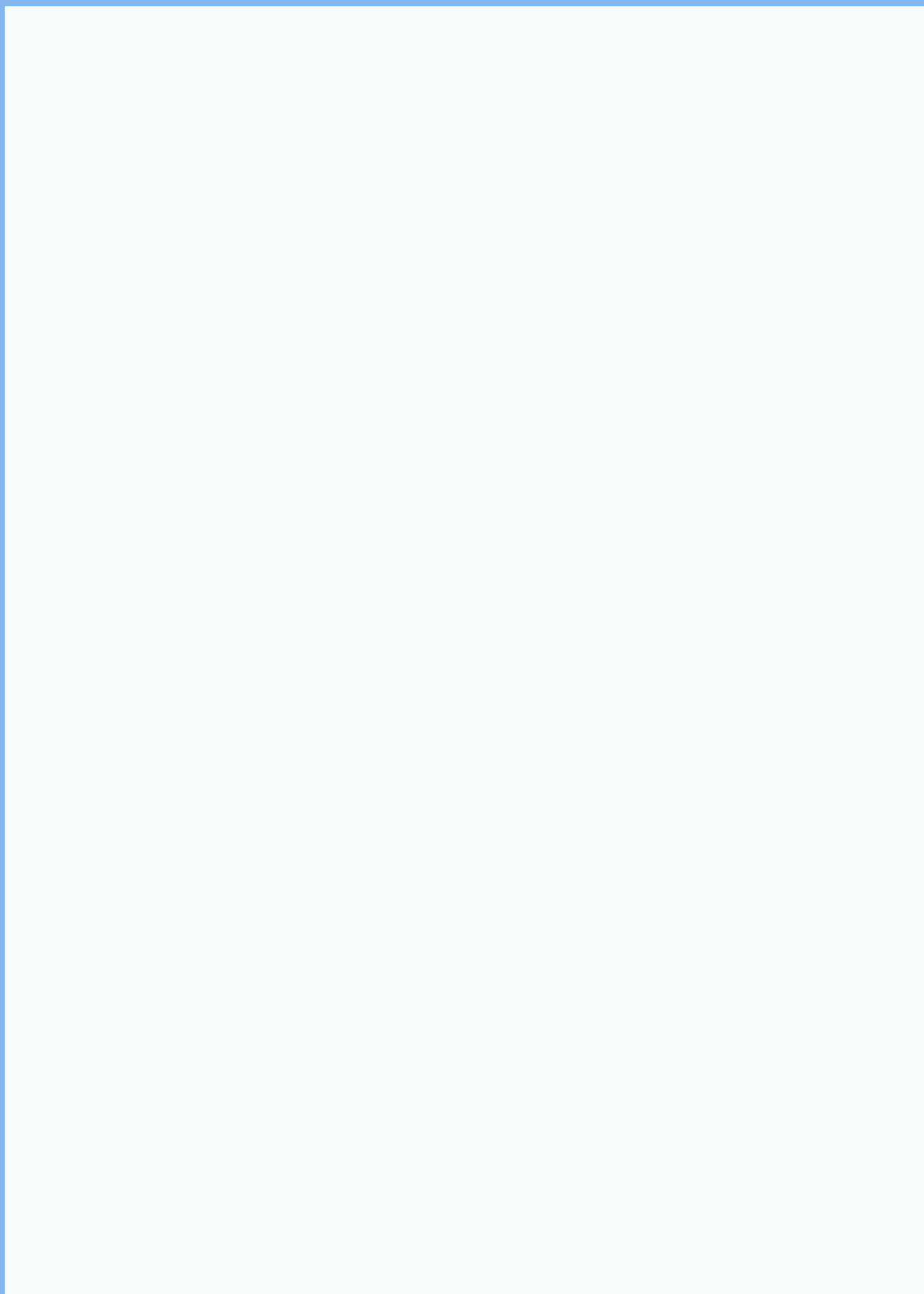




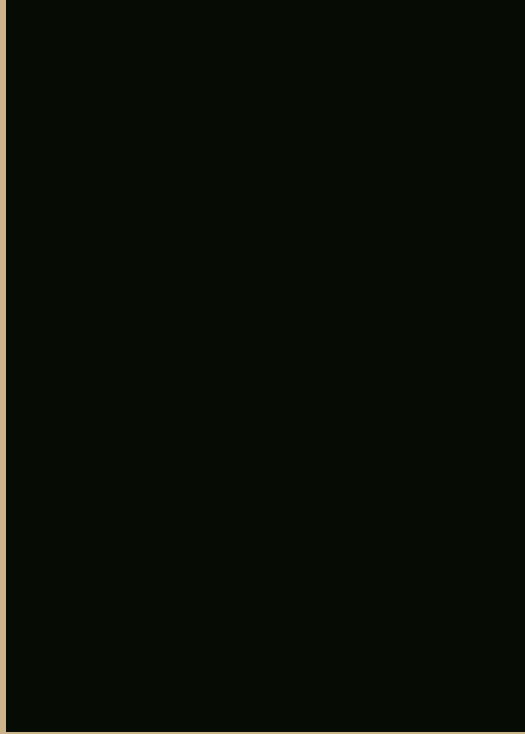


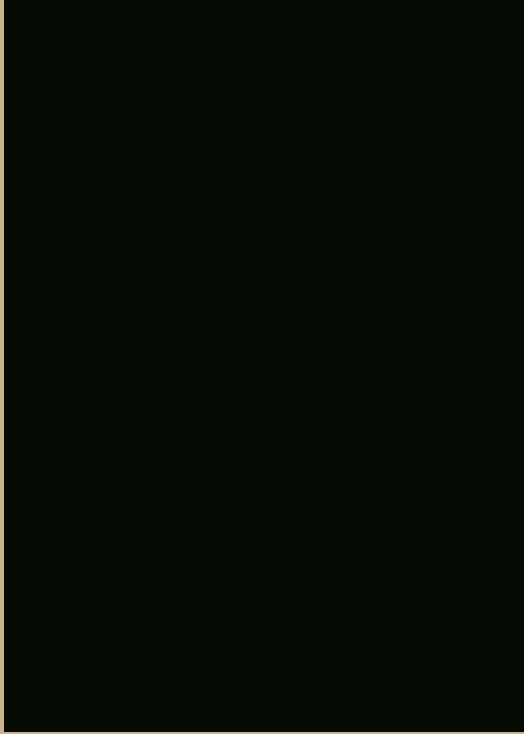


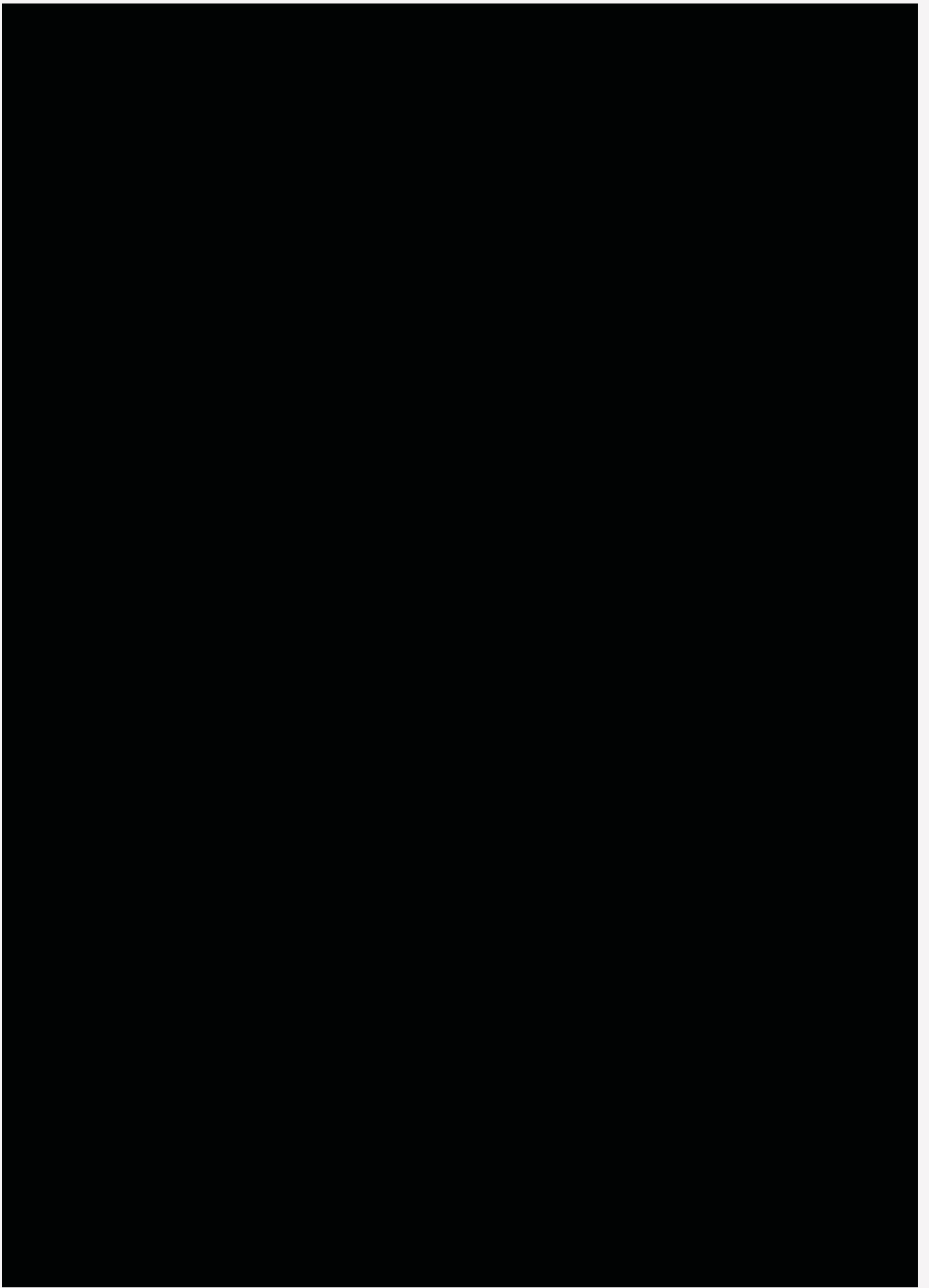


















the 1990s, the number of people with diabetes has increased in all industrialized countries. In the Netherlands, the prevalence of diabetes is estimated to be 6.5% in 1995, which corresponds to 1.5 million people (1).

Diabetes is a chronic disease with a high prevalence of complications. The most common complications are retinopathy, nephropathy, neuropathy, and cardiovascular disease. The prevalence of these complications is high, and the risk of complications increases with the duration of the disease (2).

The aim of this study was to determine the prevalence of diabetes in the Netherlands in 1995. The study was part of the National Health Survey (NHS) 1995, which is a representative cross-sectional survey of the Dutch population. The NHS 1995 was conducted by the National Institute for Public Health and the Environment (RIVM) and the Netherlands Institute for Social Research (SCP).

The NHS 1995 was a multi-stage, probability-proportional-to-size sampling design. The first stage was the selection of 1000 municipalities. The second stage was the selection of 1000 households. The third stage was the selection of 1000 individuals. The fourth stage was the selection of 1000 individuals. The fifth stage was the selection of 1000 individuals. The sixth stage was the selection of 1000 individuals. The seventh stage was the selection of 1000 individuals. The eighth stage was the selection of 1000 individuals. The ninth stage was the selection of 1000 individuals. The tenth stage was the selection of 1000 individuals.

The prevalence of diabetes was determined by a questionnaire and a blood glucose test. The questionnaire asked about the presence of diabetes, and the blood glucose test measured the fasting plasma glucose (FPG) level. The prevalence of diabetes was defined as the presence of diabetes as determined by the questionnaire and the blood glucose test.

The prevalence of diabetes was 6.5% in 1995. The prevalence of diabetes was higher in men than in women (7.1% vs. 5.9%). The prevalence of diabetes was higher in the elderly than in the young (8.1% vs. 4.1%). The prevalence of diabetes was higher in the urban population than in the rural population (7.1% vs. 5.9%).

The prevalence of diabetes was higher in the population with a higher educational level than in the population with a lower educational level (7.1% vs. 5.9%). The prevalence of diabetes was higher in the population with a higher income than in the population with a lower income (7.1% vs. 5.9%).

The prevalence of diabetes was higher in the population with a higher body mass index (BMI) than in the population with a lower BMI (7.1% vs. 5.9%). The prevalence of diabetes was higher in the population with a higher waist circumference than in the population with a lower waist circumference (7.1% vs. 5.9%).



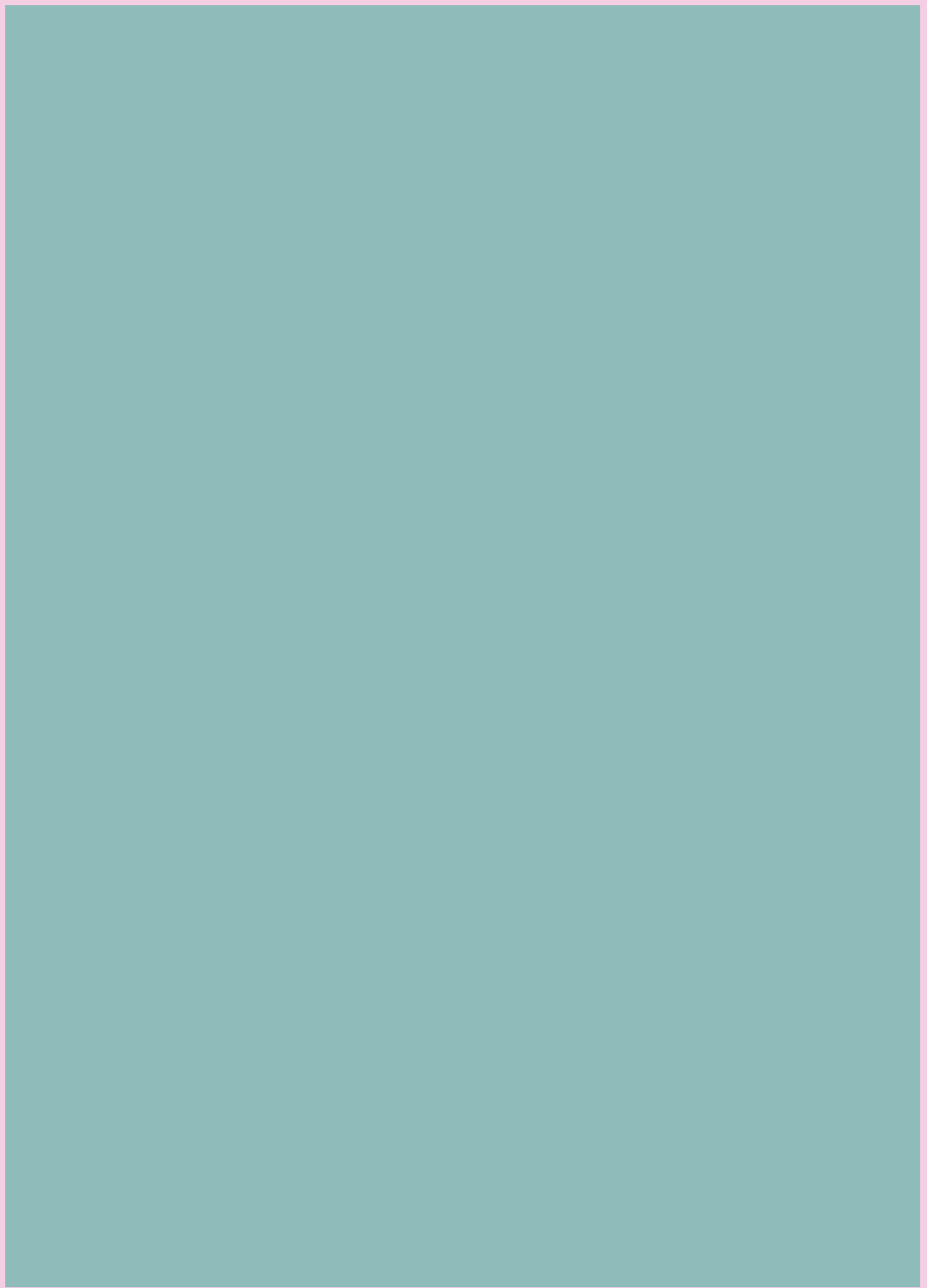




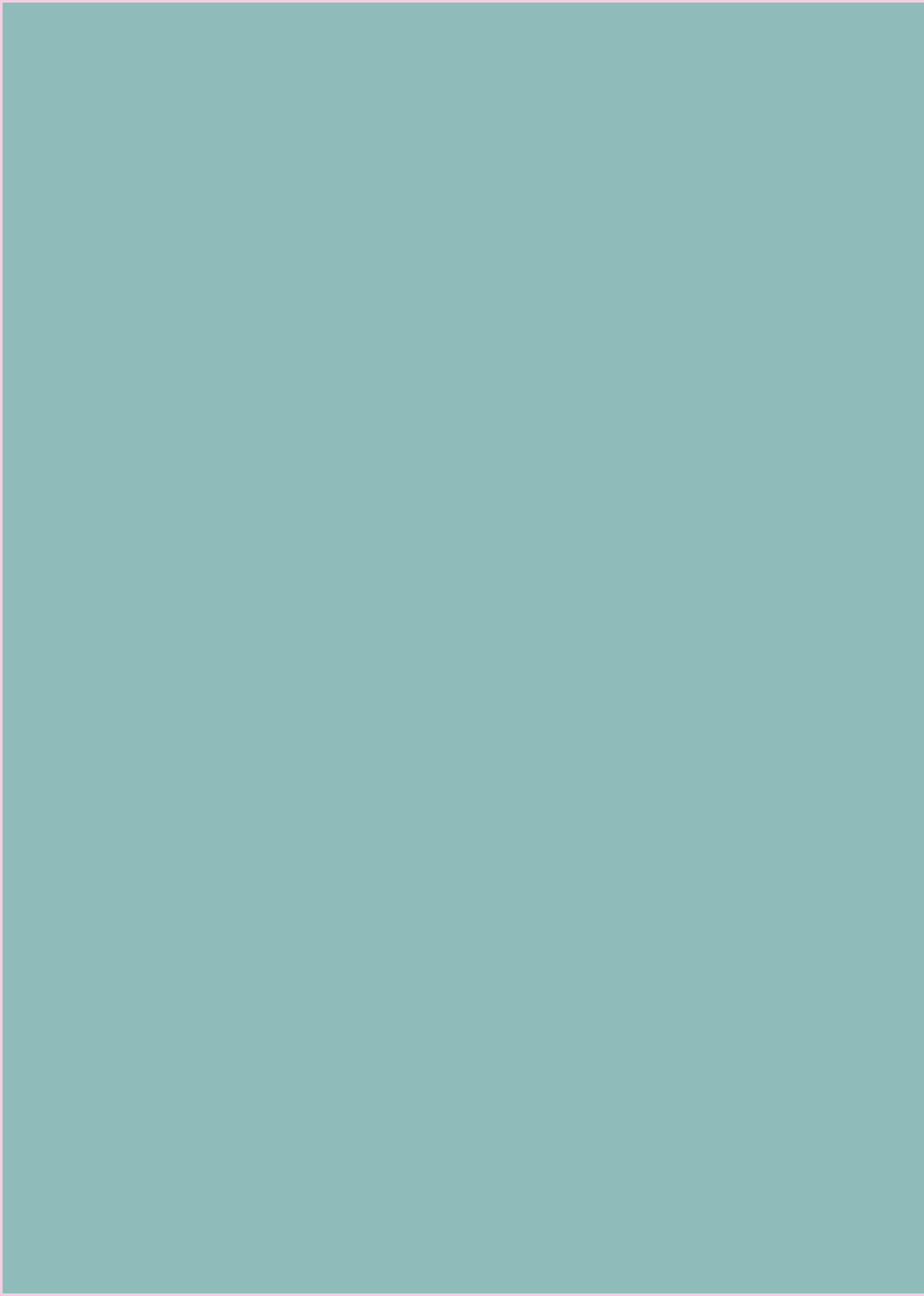


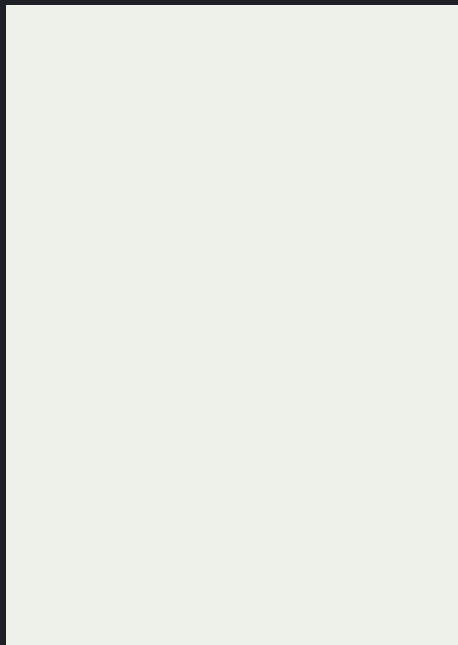


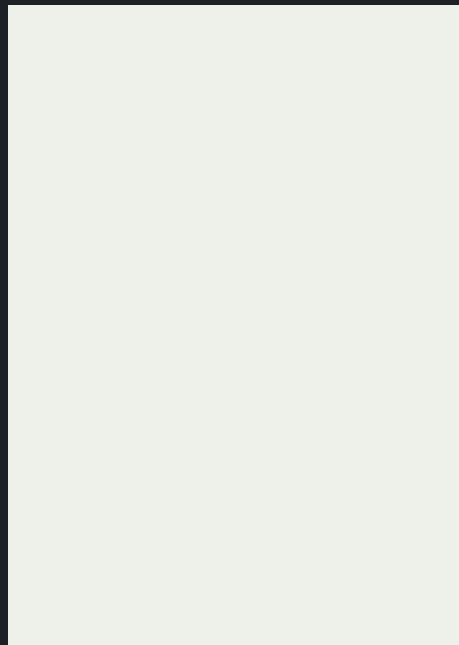












the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 5.5 million to 7.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century (Department of Health 2001). The strategy is based on the principle of 'active ageing', which is defined as 'the process of optimising opportunities for health, participation in society, and security in old age' (Department of Health 2001, p. 1).

The strategy is based on three pillars: health, participation and security. The Department of Health has set out a number of objectives for each pillar, and has identified a number of key areas for action. The key areas for action are: health, participation, security, and the environment. The Department of Health has set out a number of objectives for each pillar, and has identified a number of key areas for action.

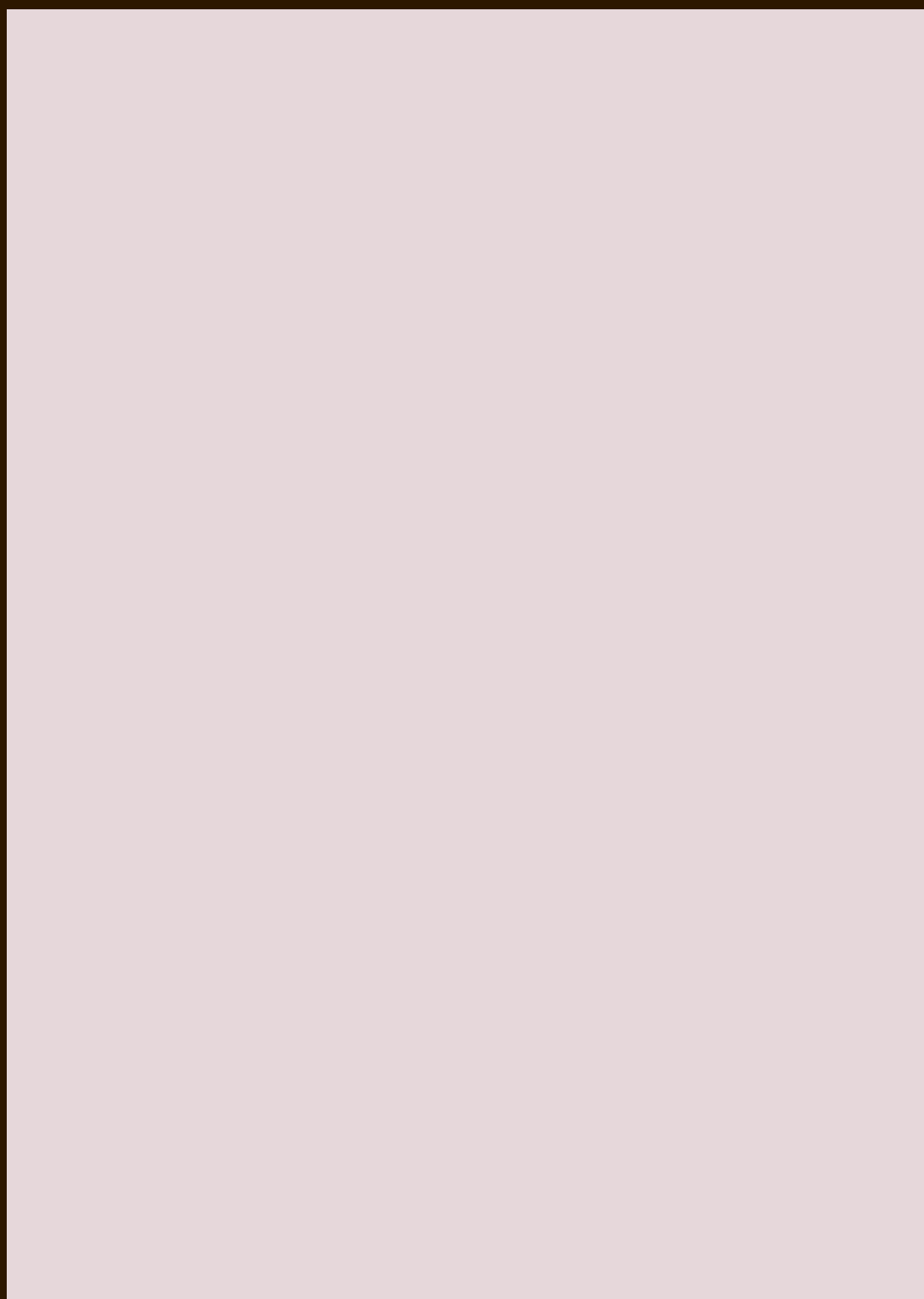
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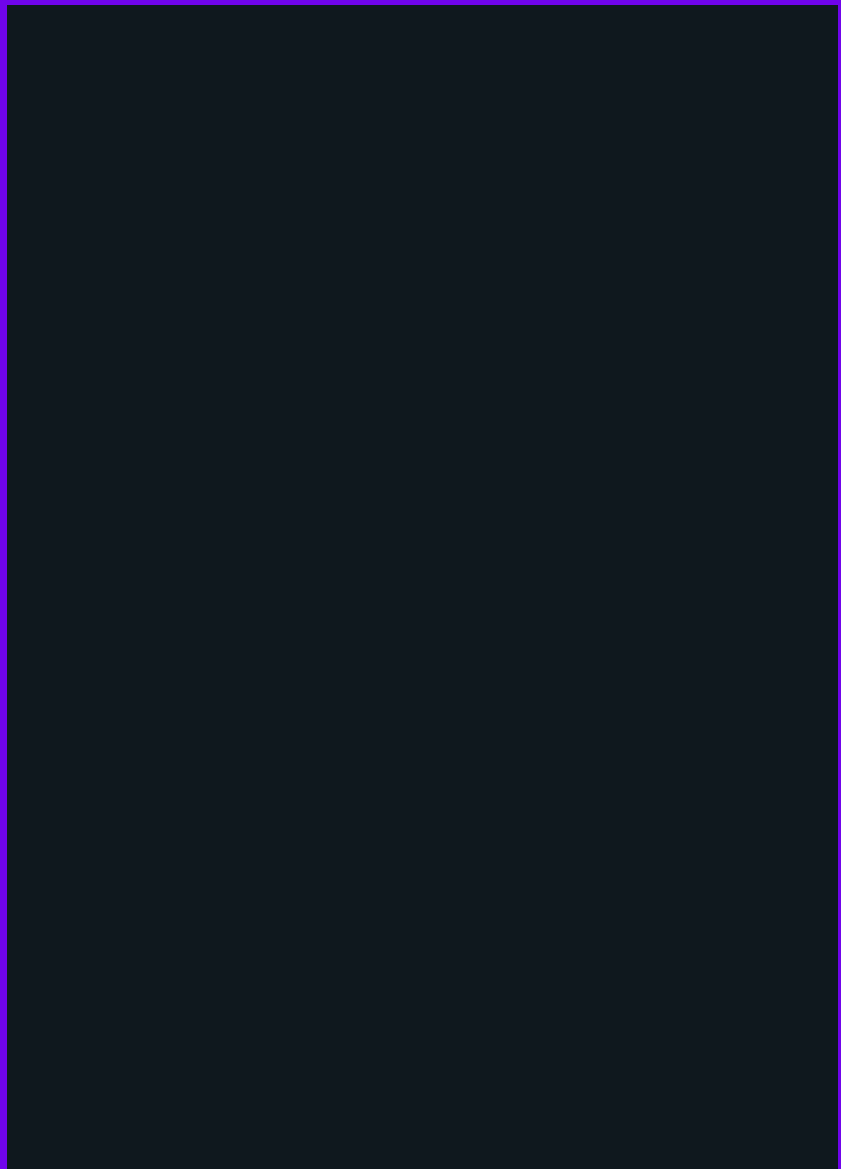
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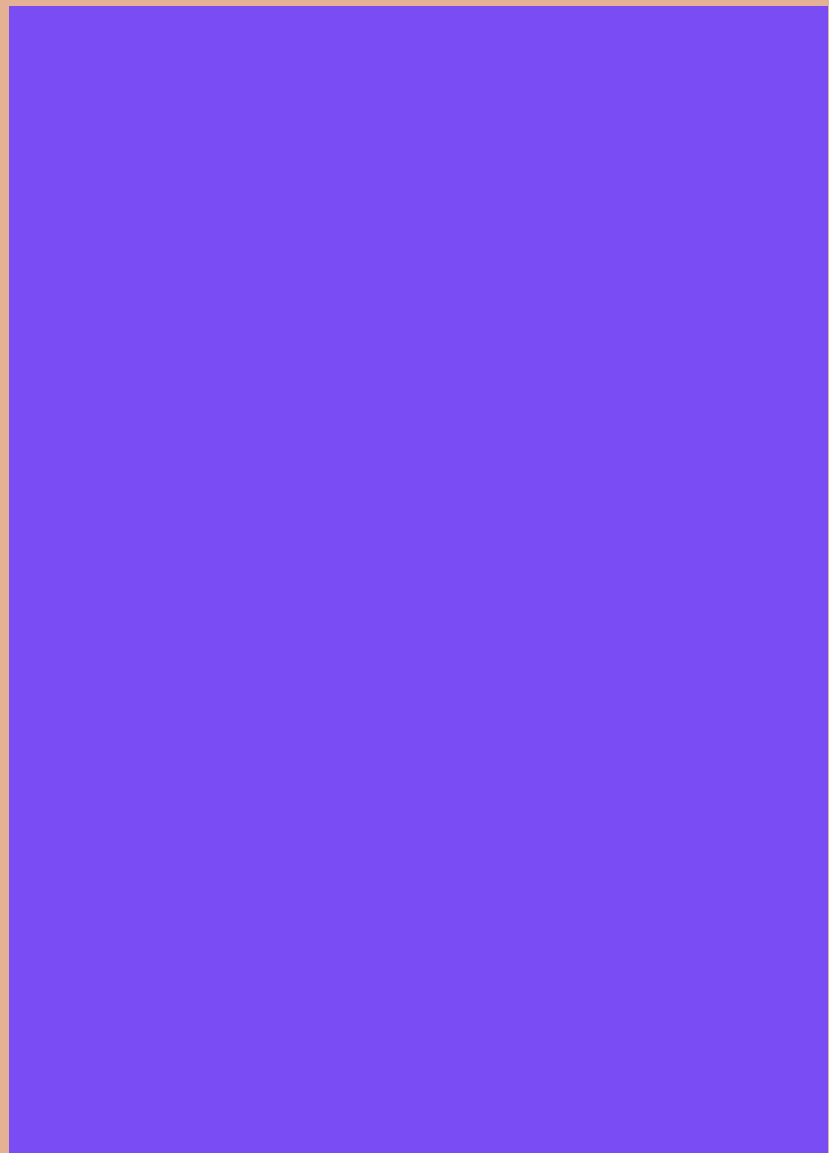


























the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 65 and over is expected to increase to 16.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the need to ensure that they are able to live independently and actively in their own homes. The Department of Health (2000) has set out a strategy for older people, which includes a commitment to ensure that older people are able to live independently and actively in their own homes. This strategy is based on the principle of 'ageing in place', which means that older people should be able to live in their own homes for as long as possible, and to do so in a way that is safe, secure, and comfortable.

The Department of Health (2000) has also set out a number of key objectives for the strategy, including: to ensure that older people are able to live independently and actively in their own homes; to ensure that older people are able to access the services and support that they need; to ensure that older people are able to participate in the community; and to ensure that older people are able to live in a safe and secure environment. These objectives are being addressed through a number of initiatives, including the development of new services and support, and the improvement of existing services and support.

One of the key initiatives being developed is the 'Ageing in Place' programme, which is aimed at helping older people to live independently and actively in their own homes. This programme includes a number of services and support, including: home care services; day care services; and residential care services. The programme is being developed in partnership with local authorities, and is being funded by the Department of Health.

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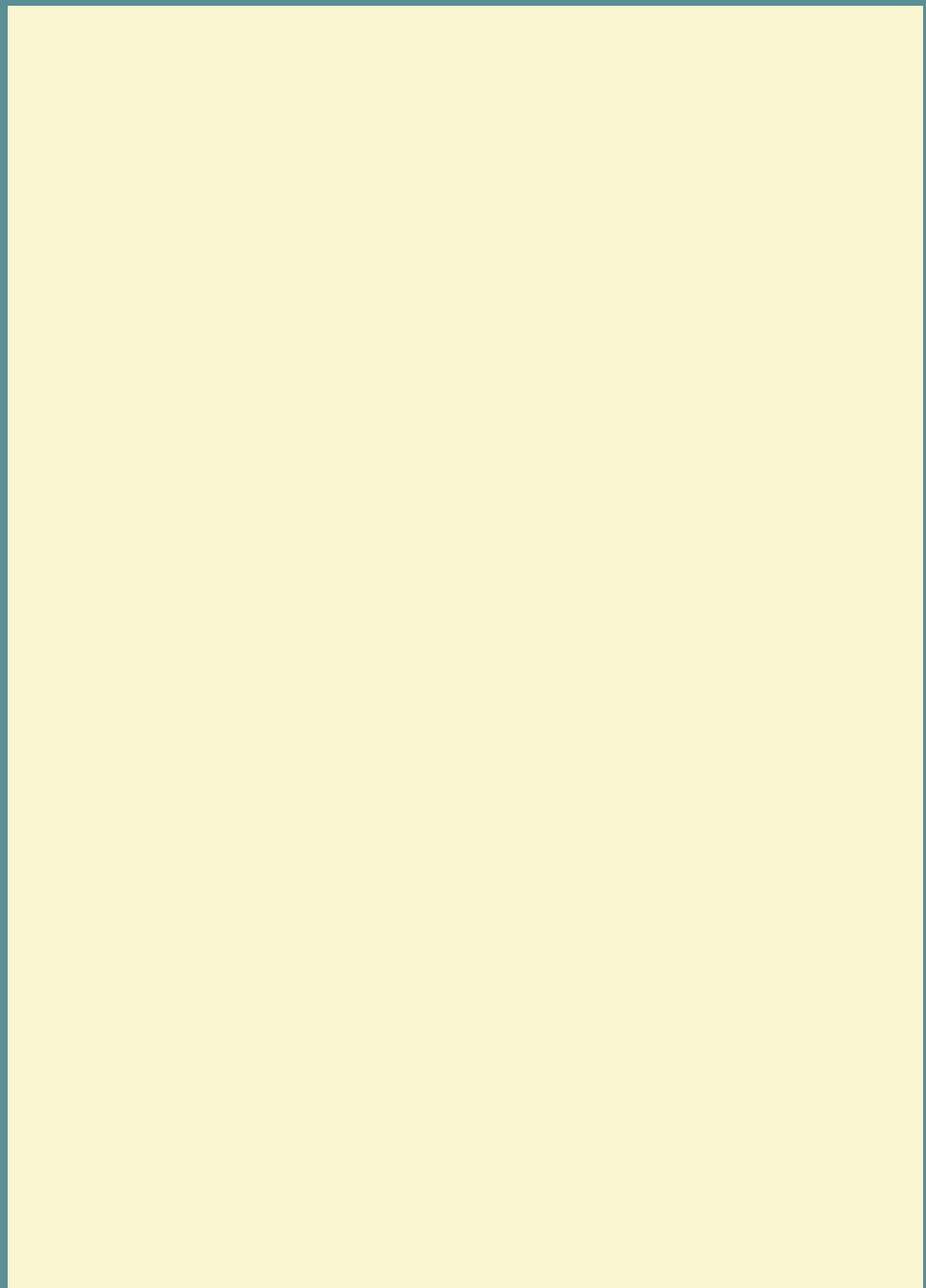
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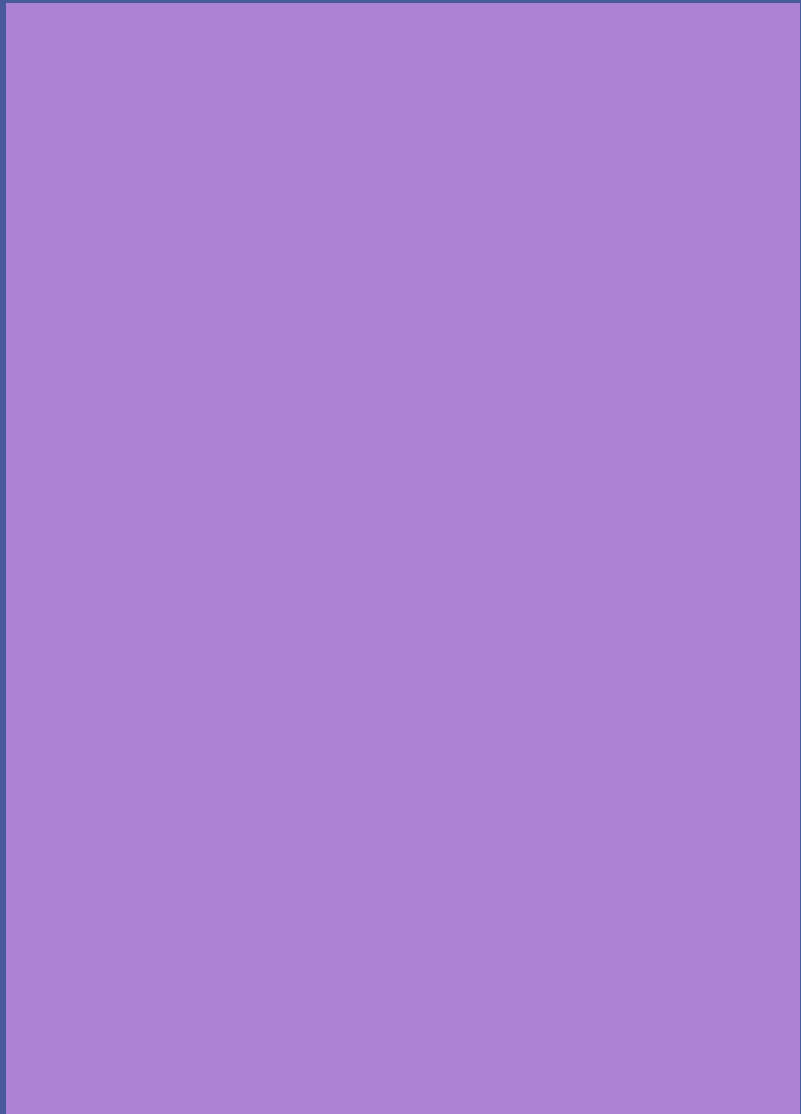








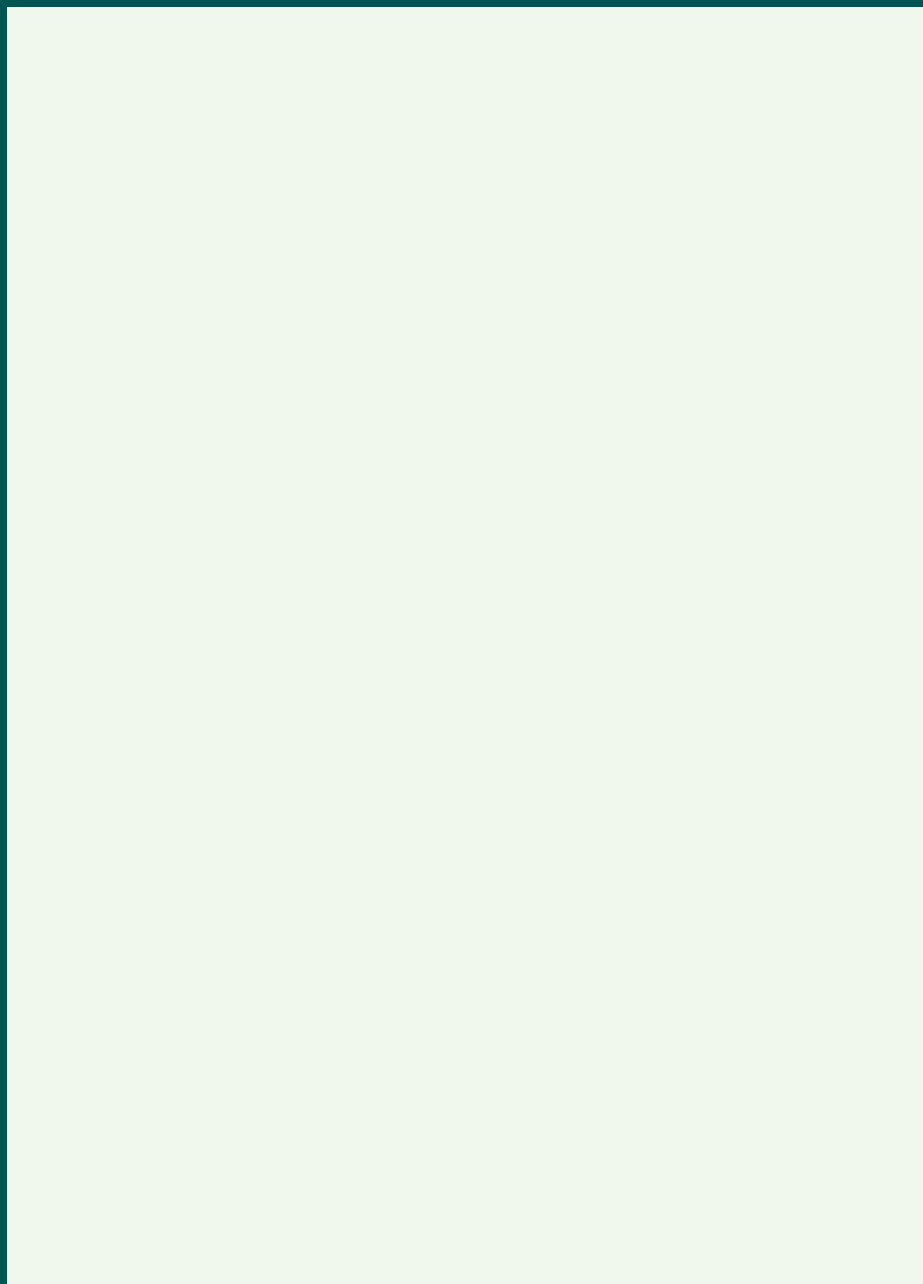




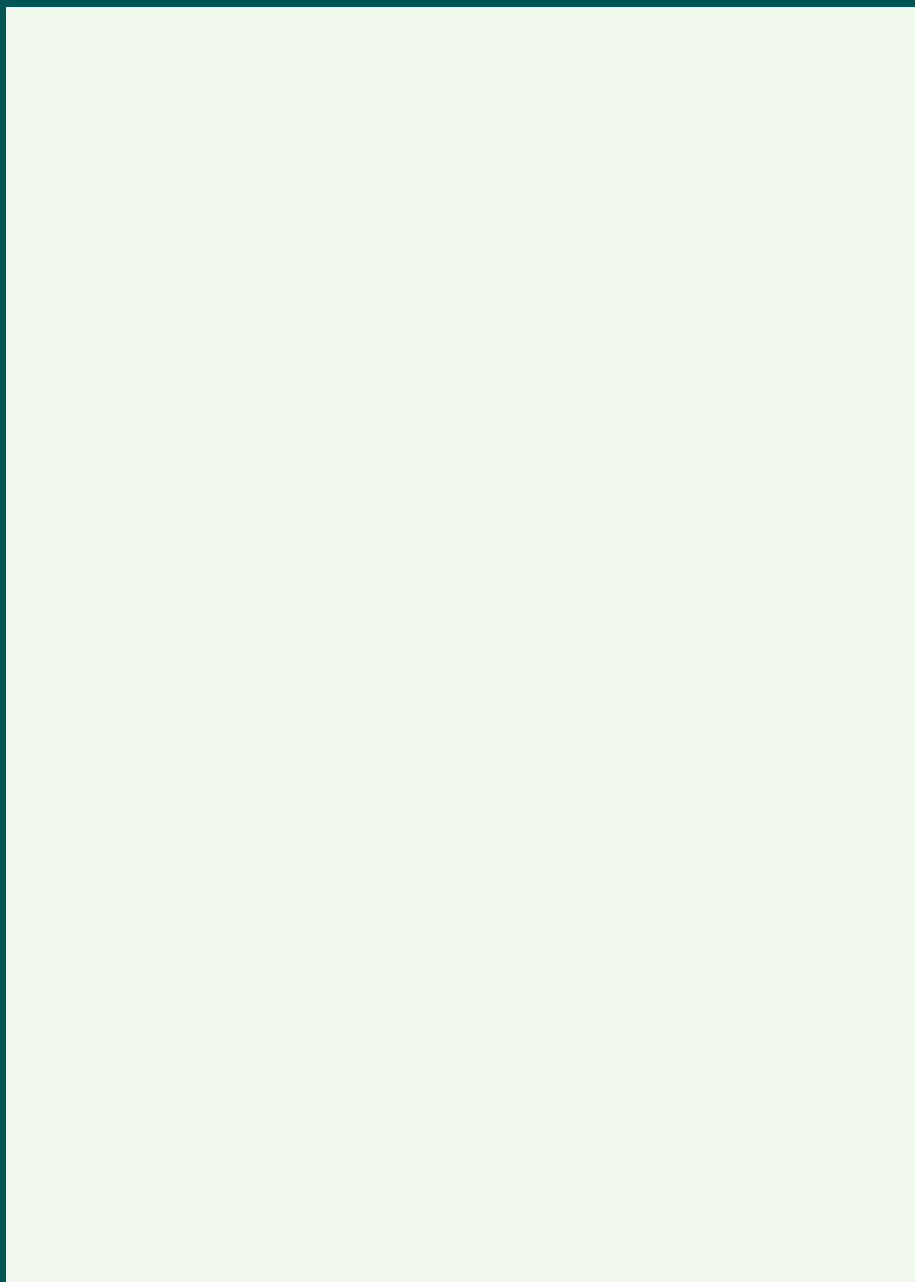




















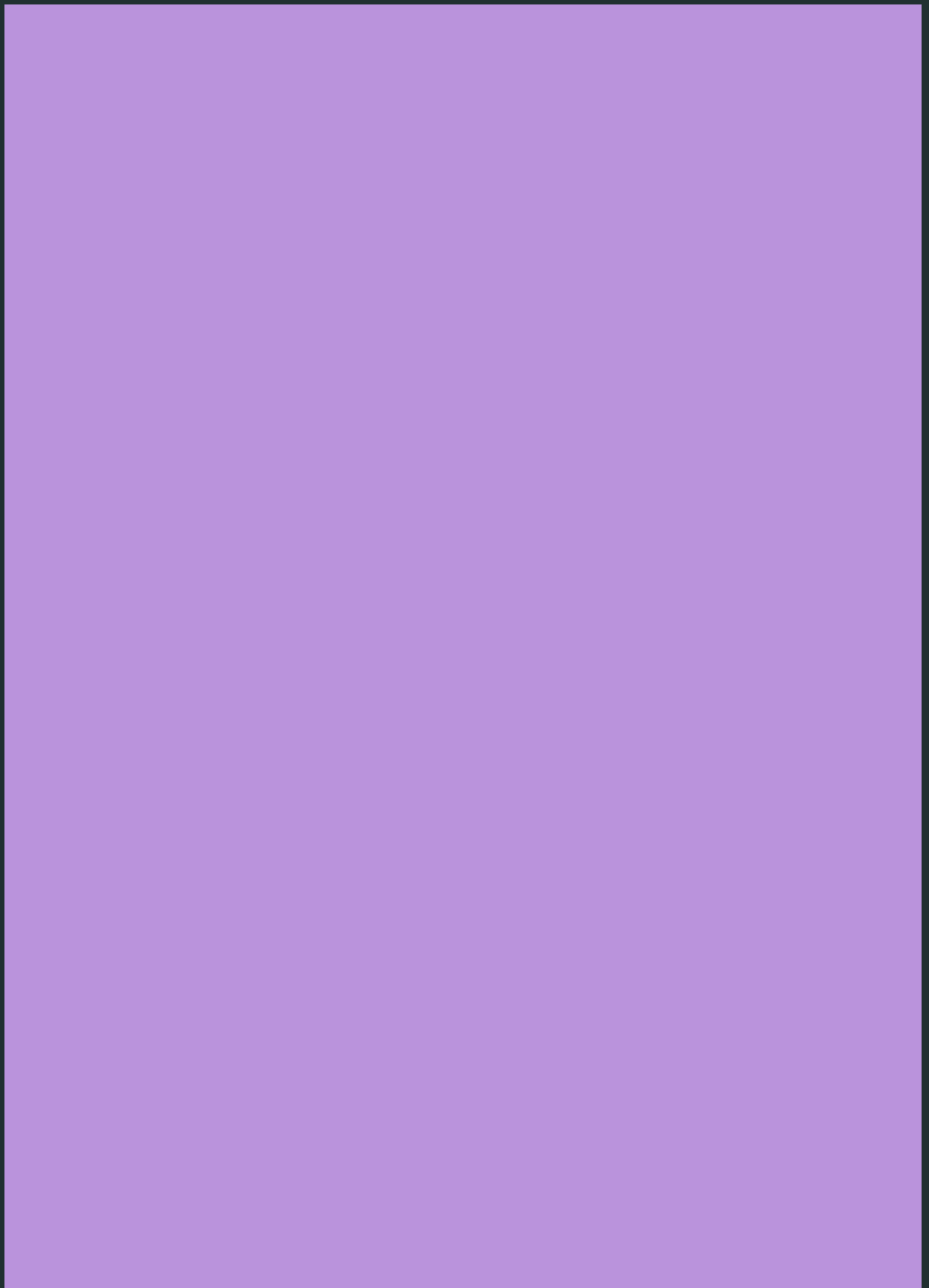












the 1990s, the number of people living in poverty has increased in almost all countries, with the notable exception of the United States. In 1990, 1.1 billion people lived in poverty, compared with 1.3 billion in 1998. The number of people living in extreme poverty (less than \$1 per day) has also increased, from 650 million in 1990 to 800 million in 1998.

There are a number of reasons for this increase in poverty. One of the main reasons is the rapid growth of the world population. The world population is expected to reach 6.5 billion by the year 2025, up from 5.5 billion in 1990. This increase in population has led to a corresponding increase in the number of people living in poverty, as the resources available per person have decreased.

Another reason for the increase in poverty is the rapid growth of the world economy. The world economy has grown rapidly since the 1990s, with the total world GDP increasing from \$20 trillion in 1990 to \$30 trillion in 1998. However, this growth has not been evenly distributed, with the richest countries experiencing the most rapid growth and the poorest countries experiencing the slowest growth.

A third reason for the increase in poverty is the rapid growth of the world's middle class. The middle class has grown rapidly since the 1990s, with the number of people in the middle class increasing from 1 billion in 1990 to 2 billion in 1998. This growth has led to a corresponding increase in the number of people living in poverty, as the middle class has taken a larger share of the world's resources.

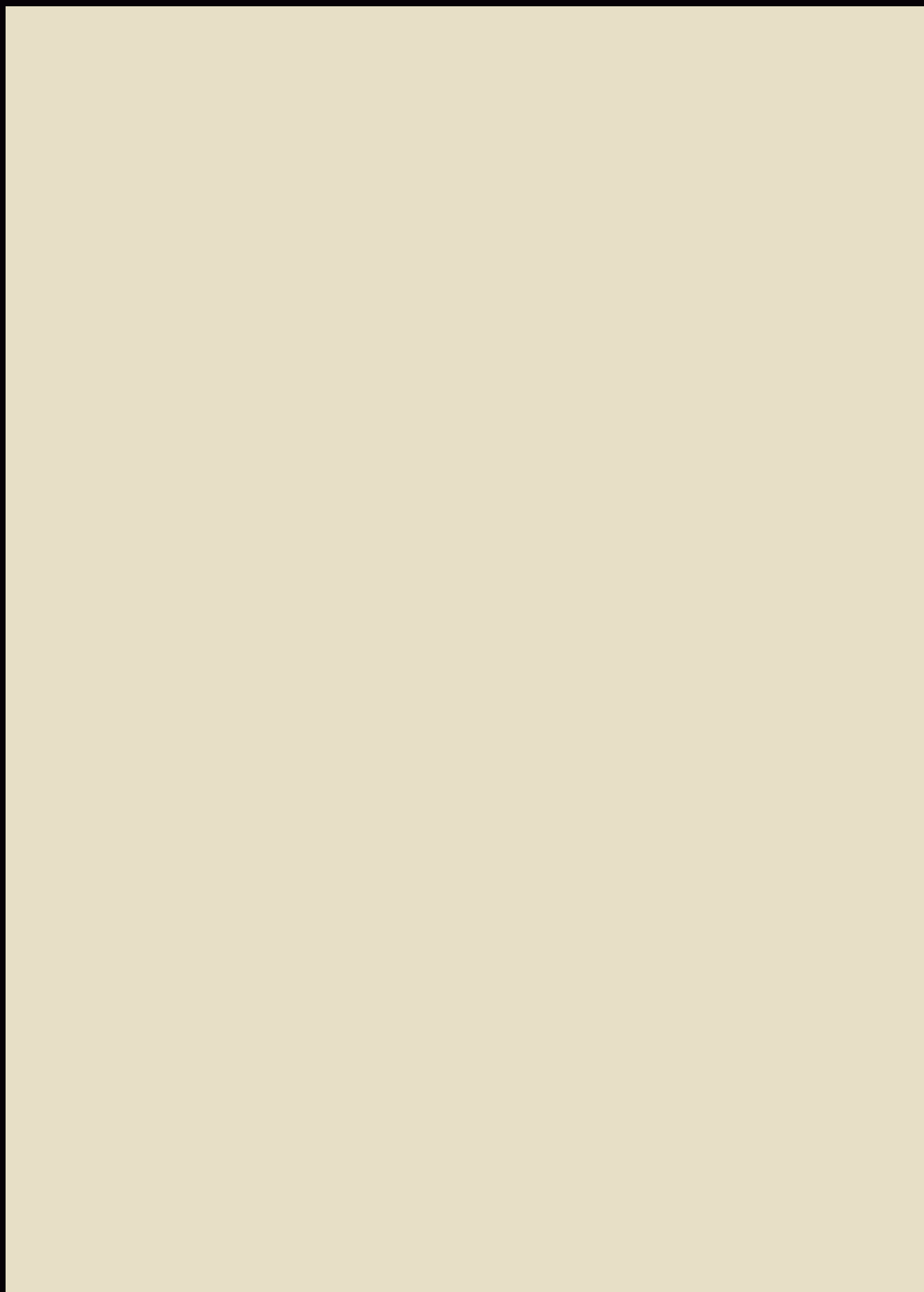
There are a number of ways in which the world can reduce the number of people living in poverty. One of the most important ways is to increase the growth of the world economy. This can be done by increasing investment in infrastructure, education, and health care. Another important way is to increase the growth of the world's middle class. This can be done by increasing the number of people in the middle class through education and training.

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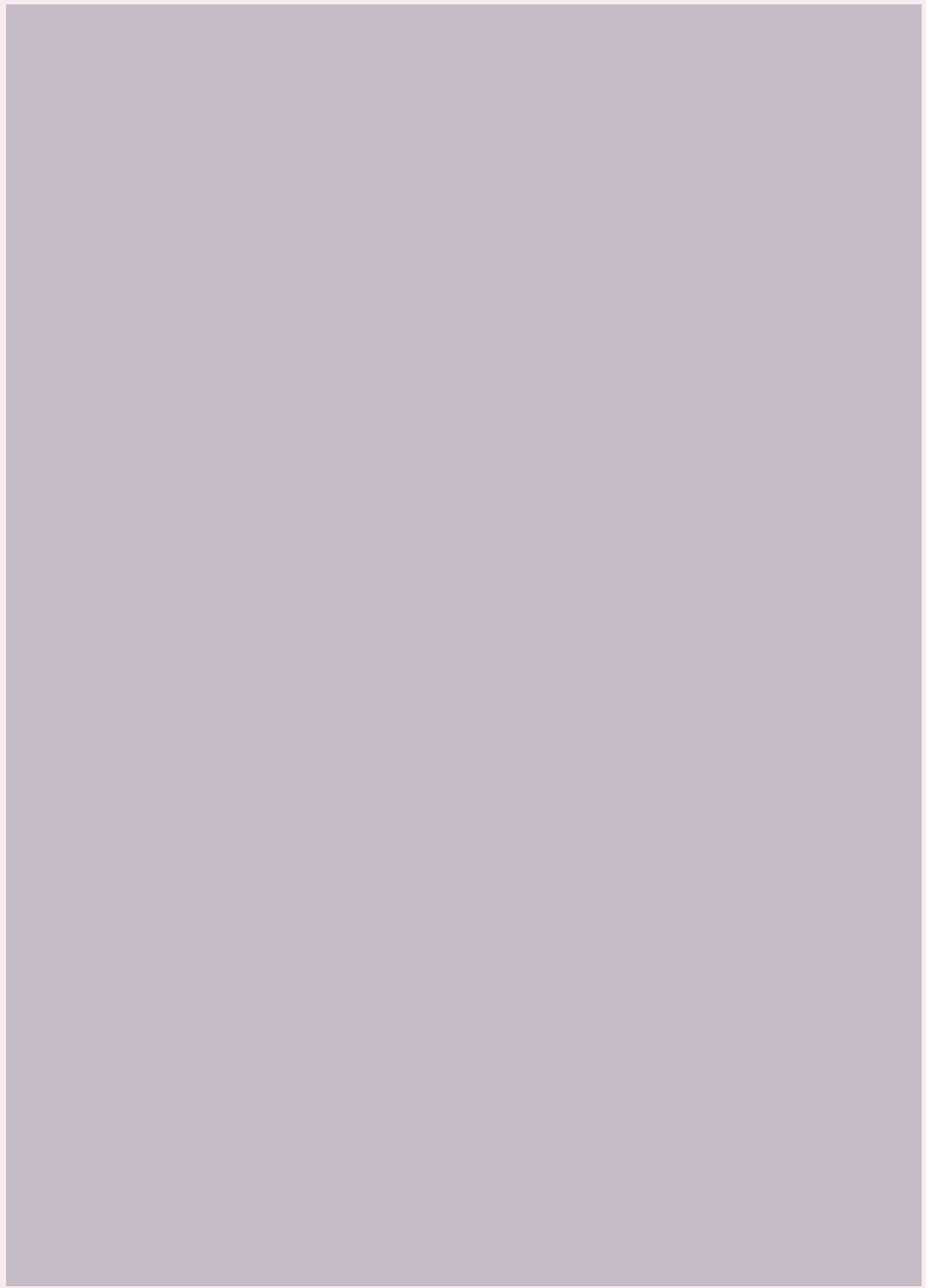




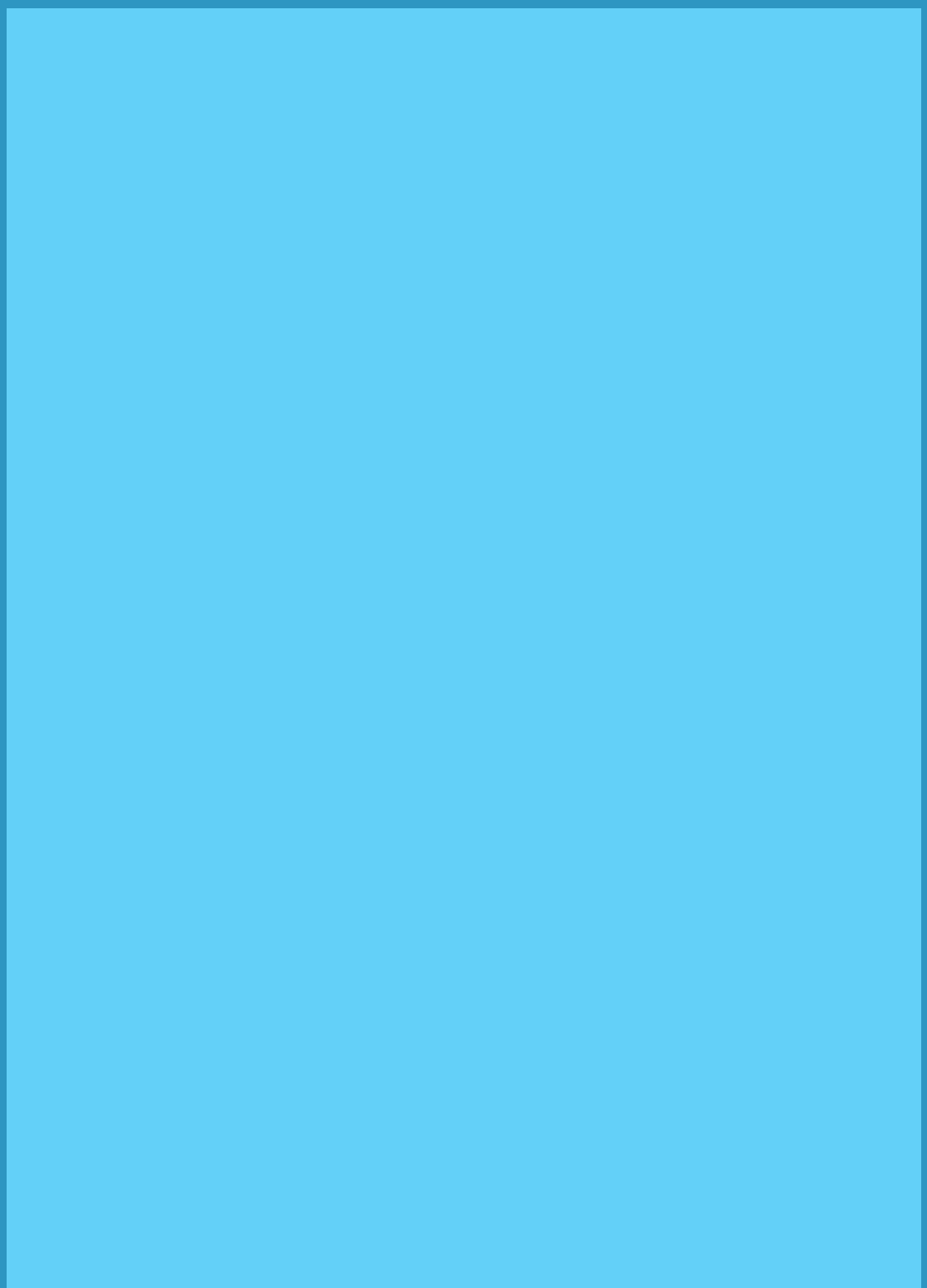




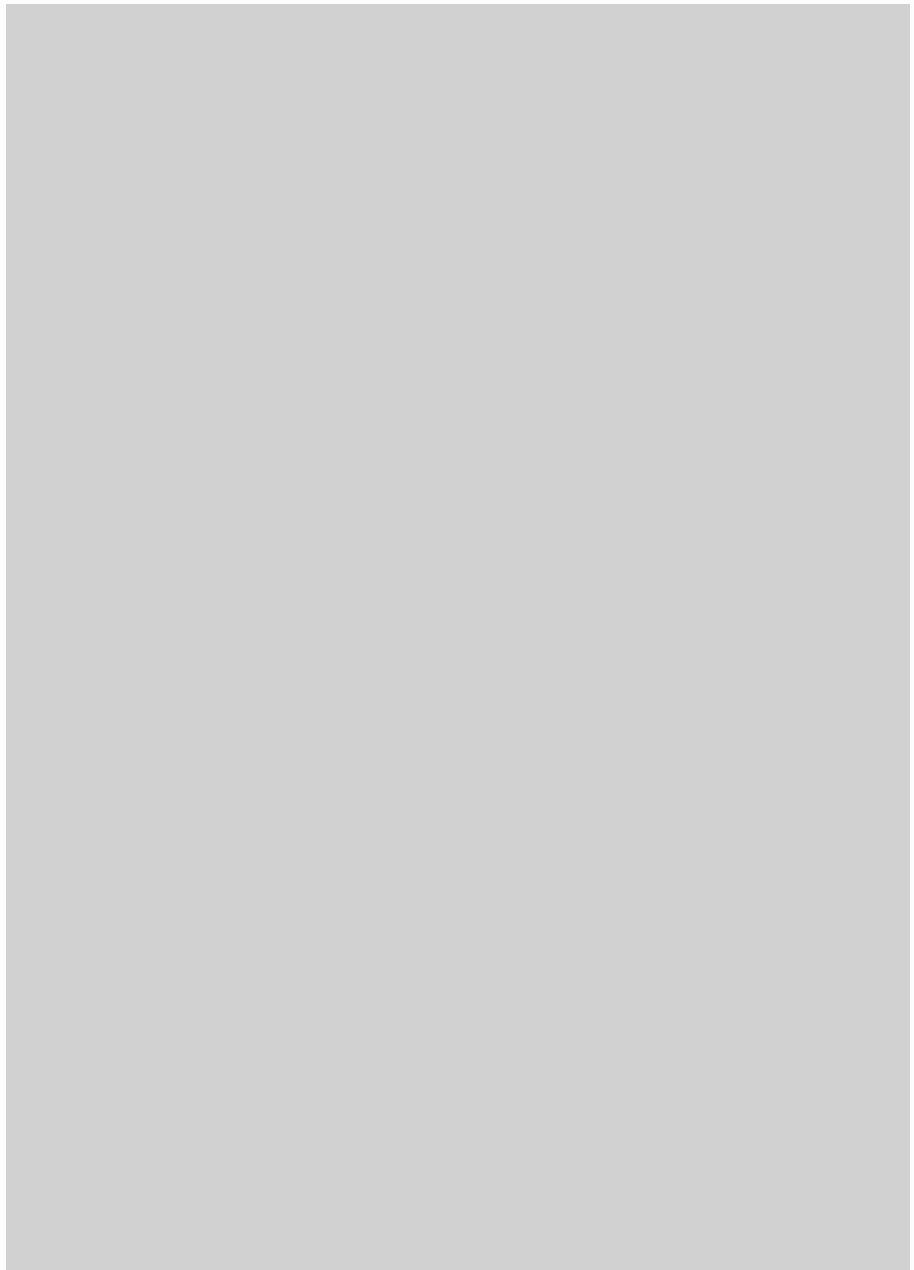










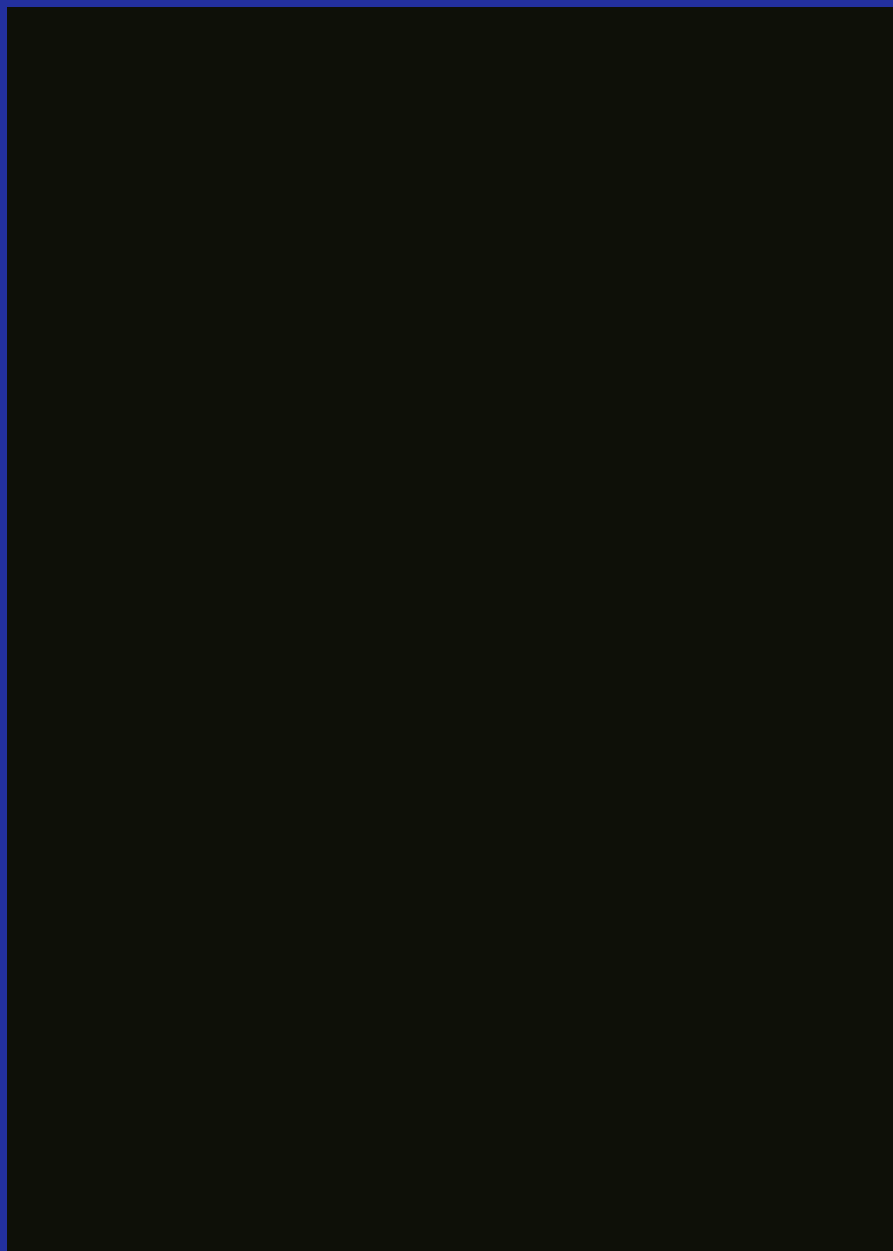


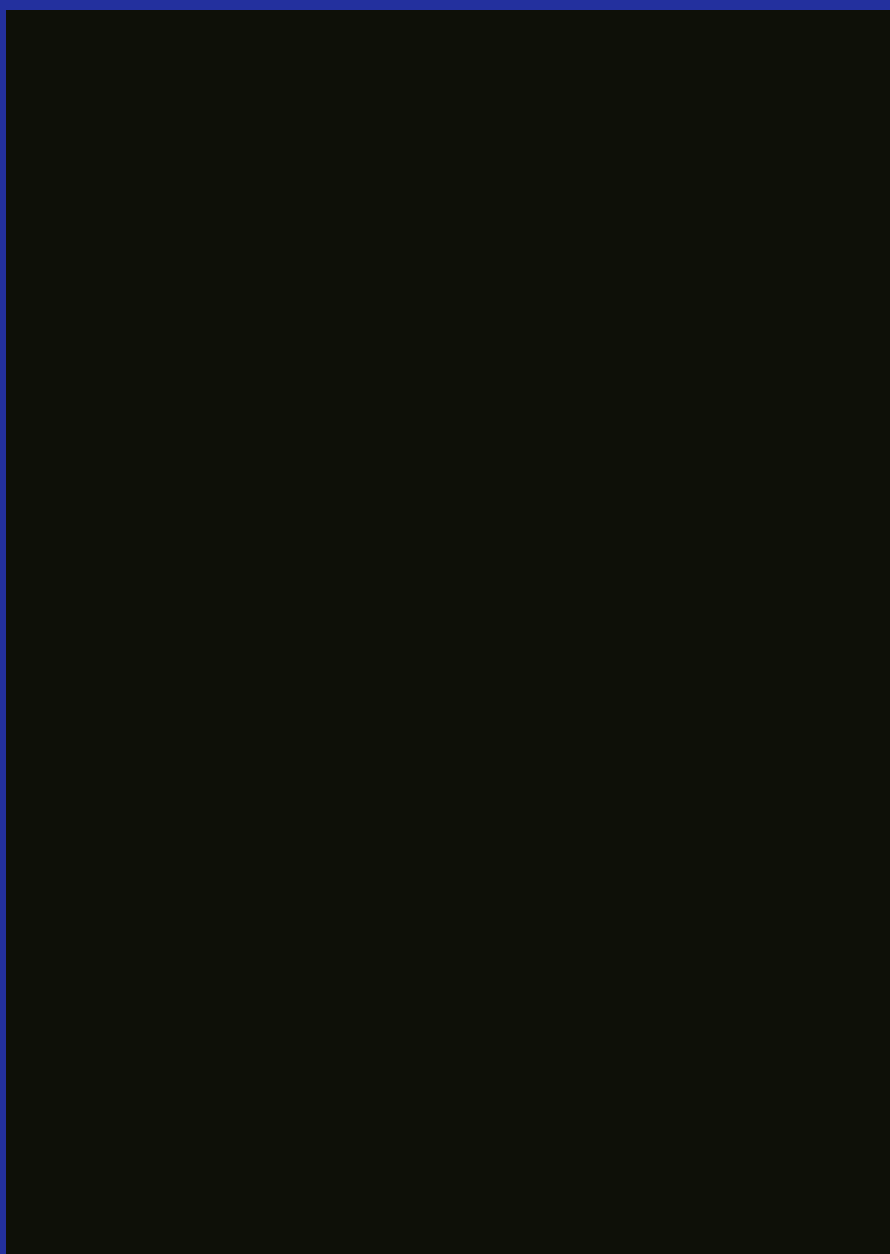












This book is an experiment in colour and ratio. All colours are generated at random. The margins around each rectangle are generated at random as well, but they follow the rules of classic book layout, as described by Jan Tschichold. A visual explanation of this layout can be found on page 11 and 12.

This book was generated on June the 24th, 2017. It's part of a large series of generated books, prints and webpages that investigate colour, form and ratio.

<http://vasilis.nl/random/>