

ATBC STUDY
CASE-CONTROL FORM

1. Name _____
2. Study ID _____
3. Visit date ____/____/19 ____, full hour _____
4. Participant is
1 Control
2 Cancer case
5. Return of the nail sample
1 No
2 Yes
6. Return of the dietary history form
1 No
2 Yes
7. Have you used any vitamin or trace-element preparation during the past two weeks?
1 No
2 Yes, Name _____ Daily Dose _____
8. Do you currently use any medication prescribed by a physician? The question relates to those drugs only which have been used for two weeks or longer.
1 No
2 Yes, Brandname daily dose length of use (years)

9. Nurse ID _____
10. Weight _____ ug