

ATBC STUDY  
INITIAL FORM 3

(Name and study ID  
are on a sticker)

1. Date of examination \_\_\_\_/\_\_\_\_ 19 \_\_\_\_
2. Has the participant had any difficulties in coming to the second initial visit?
  - 0 no problems
  - 1 long trip, high cost of transportation
  - 2 difficulties to get leave from work; employer \_\_\_\_\_
  - 4 other reason; what? \_\_\_\_\_
3. Return of the dietary history form
  - 1 Yes, filled in at home.
  - 2 Yes, filled in at the field center by himself
  - 3 Yes, filled in at the field center with nurse
  - 4 No, got the form to be filled in at home and mailed back within two weeks.
  - 5 No, cannot fill the form in; reason \_\_\_\_\_
4. Return of the picture booklet
  - 1 Yes
  - 2 No
5. Return of the toenail sample
  - 1 Yes
  - 2 No
6. Greyness of hair
  - 1 No gray hair
  - 2 Less than 25%
  - 3 About 25%
  - 4 About 50%
  - 5 About 75%
  - 6 Almost all hair gray
  - 7 All hair gray
  - 8 Bald or almost bald
  - 9 Dyed hair

