

HEMO Study Form 30 Supplement: Diet Recall Assessment

This form is a supplement to the Worksheet Form 30 and will determine if the dietitian deems the diet recall typical and reliable. This supplement will be key entered into the Study database.

- 1. Patient Identification Number _ _ _ _ _
- 2. Patient Name Code _ _ _ _ _
- 3. Visit Date _ _ / _ _ / _ _ _ _ _
- 4. Visit Type _
- 5. Week/Month Number _ _ _ _ _
- 6. Day Number _
- 7. In your view, is this the patient's typical dietary intake? (0=no, 1=yes) _
- 8. In your view, is this a reliable and valid dietary intake? (0=no, 1=yes)..... _
- 201. Date this form completed _ _ / _ _ / _ _ _ _ _
- 202. Certification number of person completing this form _ _ _ _ _

Clinical Center Use Only	
Date Form Entered _ _ / _ _ / _ _ _ _ _	Verified? _____
Person Entering this Form _____	