



Participant ID:

Clinical Center:

CRF Date:

Site:

Participant Initials:

Visit Number:

RC ID:

DIET HISTORY QUESTIONNAIRE (DHQ) STATUS

RC completes this form to document when the participant completed a Diet History Questionnaire (DHQ).

1. Date DHQ was completed: __ __ / __ __ / __ __ __ __ (MM/DD/YYYY)