**Table Salt Collection**

**(NON SUB STUDY PARTICIPANTS)**

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to  CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, M/S D74, Atlanta, GA 30333, ATTN: PRA 0920-xxxx.

Participant Name:

Participant ID:

**Part 1: Table Salt Collection**

Date of salt collection:

Type of salt in the salt shaker you are using at the table:

O Ordinary salt including sea salt, iodized salt, non-iodized salt, and kosher salt

O Lite salt- brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Salt substitute- brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Other- describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Don’t know

O Not applicable (didn’t add salt to food at the table at home)

Record the following information about each meal or snack you added salt to food at the table (leave blank if you did not add any salt to food at the table)

Meal Name (e.g. lunch, snack) Approximate Time Food(s) salt was added to

**Part 2: Salt Added in Home Cooking**

Date of salt collection:

Type of salt you are using at home in cooking:

O Ordinary salt including sea salt, iodized salt, non-iodized salt, and kosher salt

O Lite salt- brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Salt substitute- brand name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Other- describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Don’t know

O Not applicable (didn’t add salt to food while cooking)

Record the following information about each meal or snack you added salt to food while cooking at home (leave blank if you did not add any salt to food while cooking)

Meal Name (e.g. lunch, snack) Approximate Time Food(s) salt was added to