Form Approved OMB No. 0920-xxxx Expiration date: xx/xx/xxxx

## 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.

		Participan	t Name:
		Pai	ticipant ID:
	: Table Salt Collection		
Date o	f salt collection:		
Type o	of salt in the salt shaker you	u are using at the table:	
O O O O O	Lite salt- brand name: Salt substitute- brand nam Other- describe: Don't know Not applicable (didn't add	salt to food at the table a	t home) k you added salt to food at the
N 4 I N	Lance (a. a. L. cab. canal.)	A constructor Theorem	<b>5</b> - 4/-2 - 41 - 41 - 41 - 41 - 41 - 41 - 41 -
<u>Meal N</u>	lame (e.g. lunch, snack)	Approximate Time	Food(s) salt was added to

Part	2: Salt Added in Home Cooking
	of salt collection:
_	of salt you are using at home in cooking:
0 0	Ordinary salt including sea salt, iodized salt, non-iodized salt, and kosher salt Lite salt- brand name:
0	Salt substitute- brand name:
0 0	Other- describe: Don't know
0	Not applicable (didn't add salt to food while cooking)
	ord the following information about each meal or snack you added salt to food while ing 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