

Study Salt Supplement Record
(to be completed by clinic staff)

Public reporting burden of this collection of information is estimated to average 5 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: _____

| | Shaker weight (grams)* | Container weight (grams)* | Date weighed |
|-------|---------------------------|------------------------------|-----------------|
| Prior | _____ | _____ | _____ |
| After | _____ | _____ | _____ |

Date given to participant: _____

Date returned by participant: _____

Notes: _____

*Record weight to nearest tenth (e.g. 48.3). Make sure scale is set to record weight in grams.