**Salt Sources Study Dietary Recall Scheduling Form**

**Note to Clinic coordinator: Please complete this form for each participant.** Email completed form to Mary Austin at NCC (austi006@umn.edu, peas0027@umn.edu, nuss0018@umn.edu).

Participant ID: Sub Study Non-Sub Study (circle one)

Participant Name: Sex: male female (circle one)

first and last

**Recall 1**

Date: / /

 month date year

Time: am/ pm (circle one) CT/ PT (circle one)

Phone number: home/ cell/ work/ other (circle one)

**Recall 2**

Date: / /

 month date year

Time: am/ pm (circle one) CT/ PT (circle one)

Phone number: home/ cell/ work/ other (circle one)

**Recall 3**

Date: / /

 month date year

Time: am/ pm (circle one) CT/ PT (circle one)

Phone number: home/ cell/ work/ other (circle one)

**Recall 4**

Date: / /

 month date year

Time: am/ pm (circle one) CT/ PT (circle one)

Phone number: home/ cell/ work/ other (circle one)

**Any special instructions/notes:**