

Household ID 

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CLUSTER NUMBER

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HH NUMBERLabel ID 

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**24 hour recall of food SALT consumption(non-quantitative)**

Non pregnant Woman of Reproductive Age (15-49 yrs)

We would like to ask you first some questions about <u>your own</u> food consumption:			
<b>UW1</b>	Record time: start of interview (HOUR OF THE DAY IN 24H CODE) Record Time: Woman's urine collection(24 H CODE)	____ : ____  ____ : ____	
<b>DURING THE PAST 24 HOURS:</b>			
<b>UW2</b>	Did you eat any food outside your home?	No.....0 Yes.....1	<b>0→UW4</b> <b>1→UW3</b>
<b>UW3</b>	If yes, at what meal time did you eat food outside the home?  (MARK ALL THAT APPLY)	Breakfast..... 1 Between breakfast and lunch.. 2 Lunch..... 3 Between lunch and dinner..... 4 Dinner..... 5 After dinner, before bed..... 6	<b>1→UW7</b>
<b>UW4</b>	During the past 24h, did you eat any food that was purchased from outside your home?	No.....0 Yes.....1	<b>0→UW7</b> <b>1→UW5</b>
<b>UW5</b>	Was the food purchased from outside your home "ready-to-eat" (without cooking)?	No.....0 Yes.....1	<b>0→UW7</b> <b>1→UW6</b>
<b>UW6</b>	Please record the name of this "ready-to-eat" food:  _____		
<b>UW7</b>	During the past 24h, did you take any medicine?	No.....0 Yes.....1	
<b>UW8</b>	During the past 24h, did you take any nutritional supplement?	No.....0 Yes.....1	

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**24 hour recall of food SALT consumption (non-quantitative)**

School-age child 5-14 years

<b>US1</b>	Record time: start of interview (HOUR OF THE DAY IN 24H CODE)  Record Time: Woman's urine collection(24 H CODE)	____ ____ : ____ ____  ____ ____ : ____ ____	
<b>DURING THE PAST 24 HOURS:</b>			
<b>US2</b>	Did <b>(child's name)</b> eat lunch provided at school?	No..... 0 Yes..... 1	<b>1→US6</b>
<b>US3</b>	<u>In addition</u> , during the past 24h, did <b>(child's name)</b> eat any food purchased from outside your home?	No..... 0 Yes..... 1	<b>0→US6</b> <b>1→US4</b>
<b>US4</b>	Was this food purchased from outside the home "ready-to-eat" (without cooking)?	No..... 0 Yes..... 1	<b>0→US6</b>
<b>US5</b>	Please record the name of this "ready-to-eat" food:  _____		
<b>US6</b>	During the past 24h, did <b>(child's name)</b> take any medicine?	No..... 0 Yes..... 1	
<b>US7</b>	During the past 24h, did <b>(child's name)</b> take any nutritional supplement?	No..... 0 Yes..... 1	