

Household ID
 CLUSTER NUMBER

HH NUMBER

Label ID

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 your own food consumption:

UW1	Record time: start of interview (HOUR OF THE DAY IN 24H CODE) Record Time: Woman's urine collection(24 H CODE)	____ : ____ ____ : ____	
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DURING THE PAST 24 HOURS:

UW2	Did you eat any food outside your home?	No.....0 Yes.....1	0→UW4 1→UW3
UW3	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	1→UW7
UW4	During the past 24h, did you eat any food that was purchased from outside your home?	No.....0 Yes.....1	0→UW7 1→UW5
UW5	Was the food purchased from outside your home "ready-to-eat" (without cooking)?	No.....0 Yes.....1	0→UW7 1→UW6
UW6	Please record the name of this "ready-to-eat" food: _____		
UW7	During the past 24h, did you take any medicine?	No.....0 Yes.....1	
UW8	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

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