

**EPIDEMIOLOGY RESEARCH UNIT, CARIBBEAN INSTITUTE FOR
HEALTH RESEARCH, UWI**

**Jamaica Salt Consumption, Knowledge, Attitudes, and
Practices (SALT-KAP) Study
Food Establishment Questionnaire**

Jamaica Salt Consumption, Knowledge, Attitudes and Practices (SALT-KAP) Study

CONSENT FORM FOR FOOD ESTABLISHMENT

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Purpose of the Study: High blood pressure affects one in three Jamaicans and is a leading cause of diseases of the heart and blood vessels worldwide. High salt consumption is one of the main contributors to the burden of hypertension. This project seeks to document the current level of salt consumption in Jamaica to find out what people know and believe about salt in the diet and what people are doing about this problem. We are also collecting information on salt content of packaged foods and foods sold in restaurants. This study will provide information to guide a national public education programme on dietary salt intake.

Description of the Study: The study is being conducted by researchers from the Caribbean Institute for Health Research of the University of the West Indies (UWI) in collaboration with the Ministry of Health and Wellness (MOHW), Jamaica. We will include chain restaurants and selected food establishments within various electoral divisions which were selected at random by the Statistical Institute of Jamaica. You are being invited to participate because you are the owner/operator/manager of a chain restaurant or a food establishment in one of the selected communities.

Procedures: A trained interviewer will contact you to ask questions as we collect information about your menu / items sold in your restaurant/food establishment, and sodium content and other nutrient information for the items you sell. This should take about 30 – 60 minutes of your time.

Risks: This is a minimal risk study as we will be only collecting information on menu, as well as sodium / nutrient content of foods sold in your restaurants / food establishments. This information will be kept confidential as described below.

Benefits: There are no direct benefits to be gained from this study. The information collected will provide a baseline of sodium content in commonly consumed foods sold in restaurants chains and individual restaurants. This will help us in developing appropriate strategies / recommendations to reduce salt consumption and therefore reduce sickness and death due to high blood pressure, heart and blood vessel disease and other conditions affected by salt intake.

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Compensation: There will be no compensation (monetary or otherwise) for participating in this study.

Confidentiality: All information you provide will be kept safely and used in a manner to protect your privacy and will only be available to the researchers on this project. The overall results of this study will be presented in a report, as well as presented at conferences, and publications, however your identity will not be revealed in any presentation or publication. Food items will be described in broad categories and not by specific brands.

Right to Refusal or Withdraw: Participation in this study is voluntary. Your choice of whether to participate will not have any impact on present or future interactions with The University of the West Indies or the University Hospital of the West Indies, or the Ministry of Health and Wellness or any hospital, clinic, or affiliated organisation. If you have any questions regarding the research project, you may contact the principal investigator Professor Trevor Ferguson at the Epidemiology Research Unit, Caribbean Institute for Health Research, The University of the West Indies Mona. Email address: trevor.ferguson02@uwimona.edu.jm Telephone: (876)-927-2471.

RIGHTS AS A RESEARCH PARTICIPANT: For independent advice on your rights as a research participant, please contact: Professor Helen Trotman – Edwards, Chair - Mona Campus Research Ethics Committee, University of the West Indies, Mona, Kingston 7. Email: mcrec@uwimona.edu.jm; Tel: (876) 927-1297.

You may also contact the chair of the Ministry of Health and Wellness Advisory Panel on Ethics and Medico-Legal Affairs at the address below:

The Chairman, Advisory Panel on Ethics and Medico-Legal Affairs, Ministry of Health and Wellness, 45-47 Barbados Ave, Kingston 5. Email: ethics@moh.gov.jm; Telephone: (876) 633-7144

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Statement of Declaration

Your signature or verbal affirmation given below indicates that you have read the information in this agreement or have had the information read to you and have had a chance to ask any questions you have about the study. Your signature or verbal affirmation also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You will be given a copy of this agreement, or a copy will be sent to you by email, WhatsApp or other messaging service.

	<u>Yes</u>	<u>No</u>
I agree to participate in the telephone interview		
I agree to give consent to the publication of the results and the sharing of data to advance medical knowledge, providing that my business, name or other identification is not used and that confidentiality of records will be maintained.		
I am willing to be contacted for other related studies.		

Name of Respondent: _____

Signature of Respondent: _____

Or Verbal Affirmation given by telephone or Zoom: _____

(State Method, Date, Time, Telephone number or meeting ID (If Zoom ask for affirmation be given in the chat. If Telephone/WhatsApp, ask participant to send text confirmation))

Date: _____

Name of Research Team Member: _____

Signature of Researcher: _____ Date: _____

Name of Independent Witness: _____

Signature of Independent Witness: _____ Date: _____

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SECTION 1: FOOD ITEMS/MENU AND NUTRITION INFORMATION

1.0 Can you supply/provide a menu or list of the food items sold in your restaurant/ food shop?

(Participant may provide a printed or electronic menu or list; menu supplied will be given a number and a name to link it to the complete questionnaire; data from menu will be entered immediately after interview. If not available, participant will be asked to list items and this is recorded by research assistant)

0. [] No Menu available 1. [] Electronic menu supplied (Barcode/email/etc.)
2. [] Non electronic menu
3. [] Unwilling to provide menu/list of items sold

1.1 Do you want to add picture?

0. No 1. Yes

(Picture of menu – provide up to 10 spaces to upload file)

1.2 Have you ever done a nutrition profile (nutrient content information) on the foods sold in your restaurant? *(see below an example of the nutrient profile)*

0. [] No *(proceed to 1.5)* 1. [] Yes *(proceed to 1.3)*
88. [] Don't know / can't recall *(proceed to 1.3)*
99. [] No Response *(proceed to 1.3)*

Nutrition Facts	
Ital Stew Peas Vegan Recipe	
Serving Size	390 g
Amount per Serving	
Calories	117
% Daily Value*	
Fat 1g	2%
Saturated Fat 1g	6%
Polynsaturated Fat 1g	
Monounsaturated Fat 1g	
Sodium 2mg	0%
Potassium 212mg	6%
Carbohydrates 23g	8%
Fiber 4g	17%
Sugar 1g	1%
Protein 6g	12%
Vitamin A 24IU	0%
Vitamin C 5mg	6%
Calcium 19mg	2%
Iron 2mg	11%
* Percent Daily Values are based on a 2000 calorie diet.	

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1.3 Can you please share this profile with us?

0. [] No 1. [] Yes

(Participant may provide a printed or electronic nutrient profile; if not available participant will be asked to share nutrient content, and this is recorded by the research assistant)

1.4 Number of Nutrition profiles available.

(Attach nutrient profiles supplied to the questionnaire, then scan and upload each profile supplied to REDCap Data base in the space provided)

1.5 Please select all of the categories of food that you sell in your restaurant.

1. [] Chicken
2. [] Fish
3. [] Beef
4. [] Pork
5. [] Mutton
6. [] Vegetarian/Vegan
7. [] Seafood (shrimp, crab, lobster, conch etc.)
8. [] Soup
9. [] Pasta
10. [] Side Order
11. [] Pizza
12. [] Patties & Loaves
13. [] Pastries
14. [] Other

If other, please specify _____

For each category of food given above (e.g. Chicken, Beef, Vegetables, etc.)

Please select the **FOUR (4)** most popular Chicken and Fish, and the **TWO (2)** most popular for the other items on your menu.

If category not included in restaurant's menu write not applicable in the space for option 1

1.6 Name of the four most popular Chicken:

1.6.1

1.6.2

1.6.3

1.7 Name of the four most popular Fish

NAME OF THE YEAR MOST POPULAR FISH.

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1.7.3 _____

1.7.4 _____

1.8 Name of the two most popular Beef

1.8.1 _____

1.8.2 _____

1.9 Name of the two Pork

1.9.1 _____

1.9.2 _____

1.10 Mutton

1.10.1 _____

1.10.2 _____

1.11 Name of the two most popular Vegetarian/Vegan

1.11.1 _____

1.11.2 _____

1.12 Name of the two Seafood (shrimp, crab, lobster, conch etc.)

1.12.1 _____

1.12.2 _____

1.13 Name of the two most popular Soup

1.13.1 _____

1.13.2 _____

1.14 Name of the two most popular most popular Pasta

1.14.1 _____

1.14.2 _____

1.15 Name of the two most popular Side Order

1.15.1 _____

1.15.2 _____

1.16 Name of the two most popular Pizza

1.16.1 _____

1.16.2 _____

1.17 Name of the two most popular Patties & Loaves

1.17.1 _____

1.17.2 _____

1.18 Name of the two most popular Pastries

1.18.1 _____

1.18.2 _____

1.19 Name of the two most popular Other

1.19.1 _____

1.19.2 _____

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For each menu item given we are going to ask you some questions about some of the spices and sauces that you might add during the preparation of that food item.

1.20 Would you be willing to tell us which of these seasoning and spices you add to your dishes?

0. [] No *(if no continue to project 3)*
1. [] Yes *(if yes proceed to project 2)*

The end time of this Section / Project: _____

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FOOD ESTABLISHMENT QUESTIONNAIRE

PROJECT 2

Record ID: _____

Restaurant ID: _____

Interviewer ID: _____

Date and Time of Interview: _____

**SECTION 2: THE SEASONINGS, SPICES AND SAUCES ADDED TO FOOD DURING FOOD
PREPARATION**

*(For each menu item given in **PROJECT ONE** please complete project 2. That is each menu item should have an individual record of the seasonings, spices and sauces added.*

2.0 Name of the Menu Item _____

2.1 What method(s) of cooking is/are used to prepare the item(s)? *(Select all that apply)*

1. Boiled
2. Baked
3. Fried
4. Deep Fried
5. Stewed
6. Broiled
7. Steamed
8. Roasted
9. Grilled
10. Other

If other method of preparation is done, please specify

(If bought/fully prepared proceed to Project 3)

2.2 Do you prepare this food item in a batch?

0. No *(proceed to 2.4)* 1. Yes *(proceed to 2.3)*

2.3 About how many servings are there in each batch? _____

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Semi-quantitative Use of salt, sauce, and seasonings used in food preparation

(Indicate to the participant that we are now trying to quantify the use and amount/portion of salt, sauce, and seasoning used per batch/serving).

2.4 How much of the following seasonings, spices and sauces do you add to a batch of the named food item? (Please check one box in each line when estimating the average amount being added during food preparation: If not used, tick None. (For Scale go to scale 1)

Ingredients Items	None	Pinch	Dash	Pour	Ounce	Tsp	Tbsp	¼ Cup	½ Cup	¾ Cup	1 Cup	1 Pound	Other
Table Salt													
Sea Salt													
Kosher Salt													
MSG													
Baking Powder													
Baking Soda													
Ketchup													
Barbecue Sauce													
Soy sauce													
Pepper Sauce													
Jerk Seasoning marinade													
Jerk Seasoning – powdered													
Garlic Salt													
Onion Powder													
Maggi Bullion													
Other Sauces													
Other Powder seasonings/ Mix													

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If **other** sauces or seasoning / mix were elected in 2.4 above, please ask the following questions

2.5 Can you provide the name/brand of other types of sauce added to your food? (*You can also include custom made sauces/seasonings*)

2.5.1 If you know the ingredients of this sauce, please list the ingredients.
(*May answer/ prefer to not say*)

2.6 Can you provide the name/brand of other types of powered seasoning/mix added to your food?

2.6.1 If you know the ingredients of this powered seasoning/mix, please list the ingredients.
(*May answer/ prefer to not say*)

Research Assistant Notes:

After completing this section for each food item given in Project 1, please proceed to Project 3

The end time of this Section / Project: _____

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FOOD ESTABLISHMENT QUESTIONNAIRE

PROJECT 3

Record ID:

Restaurant ID:

Interviewer ID:

Date and Time of Interview:

LOW SALT OPTIONS

3.1 Do you prepare low-salt foods in your restaurant(s)?

3.2 What are the steps/measures you take to reduce the amount of salt that you add? (Natural seasoning, low sodium products etc.)

3.3 Does your restaurant have a catering service?

3.4 Do you customize your meals?

0. [] No (proceed to 3.6) 1. [] Yes (proceed to 3.5)

3.5 How do you customize your meals?

CONDIMENTS

3.6 When serving food items do you provide condiments to your clients?

0. [] No (end) 1. [] Yes (proceed to 3.7)

3.7 Which food condiments do you supply to your clients?

1. [] Salt
2. [] Ketchup
3. [] Barbeque sauce
4. [] Soy sauce
5. [] Relish
6. [] Mustard
7. [] Pepper (dried)

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- 8. Pepper sauce
- 9. Custom
- 10. Sweet & Sour Sauce

3.8 How many of each type of condiment do you usually supply? *(Add choices here)*

- 1. Salt _____
- 2. Ketchup _____
- 3. Barbeque sauce _____
- 4. Soy sauce _____
- 5. Relish _____
- 6. Mustard _____
- 7. Pepper (dried) _____
- 8. Pepper sauce _____
- 9. Custom _____
- 10. Sweet & Sour Sauce _____

The end time of this Section / Project: _____