Table S1: SALMEX Study sodium intake detection questionnaire (Translated from Spanish).

Information		
Date and origin		**Answer**
1	Delegation or municipality	
2	Interviewer ID	
3	Date	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Day Month Year

Infomed Consent and Name		**Answer**
4	Informed consent was read	Yes (1) □ No (0) □ **If answer is NO**, read informed consent
5	Language	Spanish X
6	Time of interview	Hour: minute ⌊_⌋⌊_⌋ : ⌊_⌋⌊_⌋
7	Last name	
8	First name(s)	
Aditional information		
9	Telephone number (when available)	

DEMOGRAPHIC INFORMATION		
Question		**Answer**
10	Sex	Male (1) □ Female (0) □
11	Place of birth *If unknown, leave blank*	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Day Month Year
12	What is your highest educational level?	No formal schooling (1) □ Elementary school (2) □ Middle school (3) □ Highschool (4) □ Undergraduate studies (college or university) (5) □ Graduate studies (6) □ Refuses to answer (7) □
13	What is your marital status?	Never married (1) □ Married (2) □ Separated (3) □ Divorced (4) □ Widowed (5) □ Living in union (6) □ RJefuses to answer (88) □
14	Describe your main job in this institution for the last 12 months.	Department _____ Position _____

TOBACCO CONSUMPTION		
Question		**Answer**
15	Do you currently smoke any tobacco related product?	Yes □ (1) No □ (0)
16	Do you currently smoke daily?	Yes □ (1) No □ (0)
17	At what age did you start smoking?	Age (years) ⌊_⌋⌊_⌋ Doesn't know □
18	In average, how many of these tobacco products do you smoke daily?	Cigarettes ⌊_⌋⌊_⌋ Cigars ⌊_⌋⌊_⌋
19	In the past, did you ever smoke daily?	Yes □ (1) No □ (0)
20	At what age did you stop smoking daily?	Age (años) ⌊_⌋⌊_⌋ Doesn't know □

ALCOHOL CONSUMPTION		
Question		**Answer**
21	Have you ever consumed any alcoholic beverage?	Yes □ (1) No □ (0) *If NO, go te next sextion (DIET)*
22	Have you consumed any alcoholic beverage in the last 12 months?	Yes □ (1) No □ (0)
23	During the last 12 months, how frequently did you consume any alcoholic beverage?	Daily □ (1) 5-6 days a week □ (2) 1-4 days a week □ (3) 1-3 days a month □ (4) Less than once a month □ (5) Never □ (6)
24	Have you consumed any alcoholic beverage in the last 30 days?	Yes □ (1) No □ (0) *If NO, go to next section (DIET)*
25	During the last 30 days, hay many times did you consume at least one alcoholic beverage?	Number of Days ⌊_⌋⌊_⌋ Doesn't know □
26	During the last 30 days, when consuming alcoholic beverages, how many drinks did you consume in average per day?	Number of beverages ⌊_⌋⌊_⌋ Doesn't know □
27	During the last 30 days, what was the highest number of drinks you had in one day, including any type of alcoholic beverage?	Number of beverages ⌊_⌋⌊_⌋ Doesn't know □

28	During the last 30 days, how many times did you consume five or more drinks (men) or four or more drinks (women)?	Number of days ⌊_⌋⌊_⌋ Doesn't know □

29	During the last 30 days, when consuming an alcoholic beverage, how many times did you do it with food? (do not include snacks)	Usually with food □ (1) Sometimes with food □ (2) Rarely with food □ (3) Never with food □ (4) Hasn't consumed alcohol □ (5)
30	During the last 7 days, how many drinks of any alcoholic beverage did you have for any given day?	Monday ⌊_⌋⌊_⌋ Tuesday ⌊_⌋⌊_⌋ Wednesday ⌊_⌋⌊_⌋ Thursday ⌊_⌋⌊_⌋ Friday ⌊_⌋⌊_⌋ Saturday ⌊_⌋⌊_⌋ Sunday ⌊_⌋⌊_⌋

DIET		
Question		**Answer**
31	During a typical week, how many days do you eat fruit?	Number of days ⌊_⌋⌊_⌋ Doesn't know □
32	How many portions of fruit do you eat for each day?	Number of portions ⌊_⌋⌊_⌋ Doesn't know
33	During a typical week, how many days do you eat vegetables?	Number of days ⌊_⌋⌊_⌋ Doesn't know □
34	How many portions of vegetables do you eat for each day?	Number of portions ⌊_⌋⌊_⌋ Doesn't know □
35	What kind of oil or fat do you use to prepare food?	Vegetable oil□ (1) Lard □ (2) Butter □ (3) Margarine □ (4)

PHYSICAL ACTIVITY		
Question		**Answer**

During job hours		
45	Does your job imply carrying out intense physical activity that accelerates your breathing or heart rate (such as lifting weight, shoveling, construction) for at least 10 minutes?	Yes□ (1) No □ (0)
46	During a typical work week, how many days do you have to carry out intense physical activity during work?	Number of days
47	During one of these dayse, how much time do you spend doing intense physical activity?	Hours: Minutes:
48	Does your job imply carrying out moderate physical activity that slightly accelerates your breathing or heart rate (such as walking fastor carrying light weights) for at least 10 minutes?	Yes□ (1) No □ (0)
49	During a typical work week, how many days do you have to carry out moderate physical activity during work?	Number of days
50	During one of these dayse, how much time do you spend doing moderate physical activity?	Hours: Minutes:
Transportation to your job		
51	Do you walk or use bicycle for at least 10 straight minutes to get to work?	Yes□ (1) No □ (0)
52	How many days a week do you walk or use bicycle for at least 10 straight minutes to get to work?	Number of days
53	How much time do you spend walking or using bicycle for at least 10 straight minutes to get to work?	Hours: minutes:

Knowledge, attitude, behaviour towards salt in diet.		
Question		**Anser**
37	Do you add salt to your food at the table? *(Choose one)*	Never □ (0) Rarely □ (1) Occasionally □ (2) Usually □ (3) Always □ (4)
38	Do you add salt to your food when cooking? *(Choose one)*	Never □ (0) Rarely □ (1) Occasionally □ (2) Usually □ (3) Always □ (4)
39	How much salt do you think you consume? *(Choose one)*	Excessive□ (1) High □ (2) Recommended □ (3) Little □ (4) Very little □ (5) Doesn't know □ (6) Refuses □ (88)
40	Do you think a high salt diet can cause health problems?	Yes □ (1) No □ (0) Doesn't know □ (3) Refuses □ (88)
41	What kind of health problems do you think a high-salt diet can cause? *(Choose one or more)*	High blood pressure□ (1) Osteoporosis□ (2) Stomach cancer□ (3) Kidney stones□ (4) None of the above □ (5) All of the above □ (6) Doesn't know □ (7) Refuses □ (88)
42	How important is salt/sodium in your diet?	Not important □

		Of Little importance □ Very important □
43	Do you regularly take action to reduce your salt intake?	Yes □ (1) No □ (2) Doesn't know □ (3) Refuses □ (88)
44	What actions do you take to reduce your salt/sodium intake? *(Choose one or more)*	Avoiding/reducing processed foods □ (1) Verifya sodium/salt content of food □ (2) Not adding salt at the table □ (3) Salt substitutes □ (4) Sodium substitutes □ (5) Not adding salt when cooking □ (6) Using spices when cooking □ (7) Avoid eating out □ (8) Other (specify) (9) _____ None □ (10)

During free time		
54	During your free time, do you practice any intense sport or physical activity that imply a significant acceleration of hearth or breathing rate (running, football) for at least 10 straight minutes?	Yes□ (1) No □ (0)
55	During a typical week, how many days do you have to carry out intense physical activity during your free time?	Number of days ☐☐
56	During any of these days, how much time do you spend on these intense physical activities?	Hours: Minutes:
57	During your free time, do you practice any moderate sport or physical activity that imply a slight acceleration of hearth or breathing rate (walking, biking, volleyball) for at least 10 straight minutes?	Yes□ (1) No □ (0)
58	During any of these days, how much time do you spend on these moderate physical activities?	Number of days ☐☐

Sedentary lifestyle		
63	During a typical day, how much time do you spend sitting or lying down? (exclude sleeping)	Hours: Minutes:
Transportation during free time		
60	Do you walk or use bicycle for at least 10 straight minutes for transportation during your free time?	Yes□ (1)
61	How many days a week do you walk or use bicycle for at least 10 straight minutes for transportation during your free time?	Number of days
62	How much time do you spend walking or using bicycle for at least 10 straight minutes for transportation during your free time?	Hours: minutes:

PERSONAL MEDICAL HISTORY		
Question		**Anser**
64	Have you been diagnosed with heart failure?	Yes □ (1) No □ (0)
65	Have you been diagnosed with miocardial infarction?	Yes□ (1) No □ (0)
66	Have you been diagnosed with a “heart condition”?	Yes □ (1) No □ (0) If yes, specify_____
67	Have you been diagnosed with brain stroke?	Yes □ (1) No □ (0)
68	Have you been diagnosed with kidney disease?	Yes □ (1) No □ (0)
69	Have you been diagnosed with peptic ulcer?	Yes □ (1) No □ (0)
70	Have you been diagnosed with liver disease?	Yes □ (1) No □ (0)
71	Have you been diagnosed with cancer or malignant tumor?	Yes □ (1) No □ (0)

3 – Mediciones físicas

MEASURMENTS		
84	Blood pressure, measurement 1	Systolic (mmHg) __ __ __ Diastolic (mmHg) __ __ __
85	Blood pressure, measurement 2	Systolic (mmHg) __ __ __

HYPERTENSION		
Question		**Anser**
73	Have you ever had your blood pressure measured	Yes □ (1) No □ (0)
74	During the last 12 months?	Si □ (1) No □ (0)
75	*Are you currently under any of the following treatments for high blood pressure?*	
	Medications taken in the last two weeks	Yes □ (1) No □ (0)
	Advice to excercise more	Yes □ (1) No □(0)
	Advice to reduce salt intake	Si □ (1) No □ (0)
	Advice to lose weight	Si □ (1) No □ (0)
	Advice to stop smoking	Si □ (1) No □ (0)
76	Have you ever seen a “healer” due to your high blood pressure?	Yes □ (1) No □ (0)
77	Are you currently taking any herbs or alternative medicine to treat high blood pressure?	Yes □ (1) No □ (0)

DIABETES		
78	Have you ever had your blood glucose measured	Si □ (1) No □ (0)
79	Have you ever been told that you have high blood glucose?	Si □ (1) No □ (0)
80	During the last 12 months?	Si □ (1) No □ (0)
81	*Are you currently under any of the following treatments for high blood glucose?*	
	Medications taken in the last two weeks	Yes □ (1) No □ (0)
	Advice to excercise more	Si □ (1) No □ (0)
	Advice to reduce salt intake	Si □ (1) No □ (0)
	Advice to lose weight	Si □ (1) No □ (0)
	Advice to stop smoking	Si □ (1) No □ (0)
82	Have you ever seen a “healer” due to your high blood glucose?	Si □ (1) No □ (0)
83	Are you currently taking any herbs or alternative medicine to treat high blood glucoes?	Si □ (1) No □ (0)

Risky eating behaviours		
Question		**Anser**
88	Have you ever had fear of gettig fat?	Never □ (1) Almost never □ (2) Sometimes □ (3) Frequently (2 times per week) □ (4) Very frequently (more than 3 times per week) □ (5)
89	Have you ever eaten more excessively with the feeling that you cannot stop doing it?	Never □ (1) Almost never □ (2) Sometimes □ (3) Frequently (2 times per week) □ (4) Very frequently

Blood pressure, measurement 3		
86		Systolic (mmHg) __ __ __
		Diastolic (mmHg) __ __
Heart rate		
87	Measurement 3	Beats per minute __ __ __

		(more than 3 times per week) □ (5)
90	Have you ever fasted o used any action to lower your weight like vomiting, using laxatives or excessive excercise?	Never □ (1) Almost never □ (2) Sometimes □ (3) Frequently (2 times per week) □ (4) Very frequently (more than 3 times per week) □ (5)
91	Have you ever been on a diet to lose weight?	Never □ (1) Almost never □ (2) Sometimes □ (3) Frequently (2 times per week) □ (4) Very frequently (more than 3 times per week) □ (5)