

Supplemental Material

## 24-h Diet Recall English Translation

Participant ID	
Gender	
Age	
Height	
Weight	

Interviewer	
Consumption	
Date	

Group 1a Group 1b Group 2
# of years with Mentors International: \_\_\_\_ # of people in family: \_\_\_\_ Type of Business: \_\_\_\_ Rural/Urban

Time	Food/Drink Consumed	Preparation Method (Fried, Baked, etc.; oil, butter, spices, etc.)	Quantity