# Supplementary Online Content

Su YC, Lin SF, Chang Y, et al: Diet, smoking, incense and lifestyle risk factors for diffuse large B-cell lymphoma: a hospital-based case-control study. E-Da Med J 2025;12:11-21. doi:10.6966/EDMJ.202503_12(1).0002.

**eQuestionnaire 1.** Questionnaires: Lymphoma epidemiology and outcomes.

This supplementary material has been provided by the authors to give readers additional information about their work.

## BACKGROUND INFORMATION

Please respond to the following background questions to the best of your ability.

1. What is your date of birth?

   ______ / ______ / ______ (mm/dd/yyyy)

2. What is your gender?

   ☐ Male ☐ Female

3. What is your current marital status?

   ☐ Married
   ☐ Living as married
   ☐ Separated
   ☐ Divorced
   ☐ Widowed
   ☐ Single, never married

4. How many years of school did you complete?

   ☐ 6 years (grade school)
   ☐ 7 – 9 years (junior high/middle school)
   ☐ 10 – 12 years (high school)
   ☐ Technical training (beyond high school)
   ☐ 13 – 15 years (some college)
   ☐ 16 years (completed college)
   ☐ More than 16 years (graduate or professional degree)

5. Were you born in Taiwan?

   ☐ No ☐ Yes

How long have you lived in the United States?

________________ Years

What country were you born in?

________________ Country

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## LIFESTYLE AND HEALTH BEHAVIORS

The following questions are about lifestyle and health behaviors. Please keep in mind that we would like to know about your life experiences prior to 2 years ago, unless otherwise indicated.

6. Prior to 2 years ago, have you ever used any tobacco products for 6 months or longer? (Please include cigarettes, cigars, pipes, snuff, and chewing tobacco.)

   ☐ No ☐ Yes

7. Prior to 2 years ago, have you ever had 12 or more alcoholic drinks during your entire life? (One drink of alcohol is equal to one can of beer, one glass of wine, or one shot of liquor; e.g., whiskey, brandy, or gin.)

   ☐ No ☐ Yes

8. Prior to 2 years ago, have you ever used any insecticide products at home?

   ☐ No
   ☐ Yes →

   How often did you use insecticide products at home?
   ☐ Once per day ☐ More than once per day
   ☐ 1 – 3 times per week ☐ 3 – 5 times per week
   ☐ 1 – 3 times per month

9. Prior to 2 years ago, have you ever burned incense at home?

   ☐ No
   ☐ Yes →

   How often did you burn incense at home?
   ☐ Once per day ☐ More than once per day
   ☐ 1 – 3 times per week ☐ 3 – 5 times per week
   ☐ 1 – 3 times per month

10. Prior to 2 years ago, have you ever stored hot food in plastic bags or containers?

   ☐ No
   ☐ Yes →

   How often did you burn incense at home?
   ☐ Once per day ☐ More than once per day
   ☐ 1 – 3 times per week ☐ 3 – 5 times per week
   ☐ 1 – 3 times per month

11. Prior to 2 years ago, how often did you consume any dairy products?

☐ Everyday ☐ 3-5 times per week ☐ Once per week
☐ 1-3 times per month ☐ Almost never

12. Prior to 2 years ago, did you ever live or work on a farm for more than one year? (Do not include hobby farms)

☐ No
☐ Yes →

At what age did you first live or work on a farm? (If less than 1 year old or born on a farm, please enter 00.)

_______________ Age

What is the total number of years that you lived or worked on a farm?(Do not include time when you did not live or work on a farm.)

_______________ Years

Did you personally handle pesticides or herbicides as part of your work on the farm or ranch?

☐ No ☐ Yes

Are you currently living or working on a farm?

☐ No ☐ Yes

↓ At what age did you last live or work on a farm? _____ Age

13. Prior to 2 years ago, for each of the seasons below, how many hours per day or week were you exposed to sunlight? (Circle day or week based on the number of hours given)

Spring (Mar. – May) ___________ hours per day/week
Summer (Jun. – Aug.) ___________ hours per day/week
Fall (Sep. – Nov.) ___________ hours per day/week
Winter (Dec. – Feb.) ___________ hours per day/week

## Physical Activity

14. During most of your adult life, considering a 7 day period (one week), how often did you walk outside of your home for more than 10 minutes per week without stopping?

☐ Never
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 times
- ☐ 6 times
- ☐ 7 or more times

→ On average, how many minutes did you walk each time?

_______________ Minutes

What was your usual speed?

- ☐ Casual (less than 2 miles an hour)
- ☐ Average or normal (2 to 3 miles an hour)
- ☐ Fairly fast (3 to 4 miles an hour)
- ☐ Very fast (more than 4 miles an hour)
- ☐ Don't know

15. During most of your adult life, considering a 7 day period (one week), how many times on average did you do the following kinds of exercise for more than 15 minutes during your free time?
Please respond to questions a – c below. If you did not participate in the activity type, mark "Never."

a) Strenuous Activity (Heart beats rapidly) e.g. Running, jogging, vigorous tennis, vigorous swimming, long distance bicycling, hockey, basketball, skiing, soccer, training. Excludes walking outside of your home and any physical activity associated with any jobs you had.

☐ Never
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 times
- ☐ 6 times
- ☐ 7 or more times

→ On average, how many minutes did you exercise each time?

_______________ Minutes

b) Moderate Exercise (Not exhausting) e.g. Fast walking, easy swimming, alpine skiing, folk dancing, easy bicycling, baseball, recreational volleyball, gardening. Excludes walking outside of your home and any physical activity associated with any jobs you had.

- ☐ Never
  - ☐ 1 time
  - ☐ 2 times
  - ☐ 3 times
  - ☐ 4 times
  - ☐ 5 times
  - ☐ 6 times
  - ☐ 7 or more times

→ On average, how many minutes did you exercise each time?

________________ Minutes

c) Mild Exercise (Minimal effort) e.g. Easy walking, bowling, horseshoes, golf, snowmobiling, archery, housework. Excludes walking outside of your home and any physical activity associated with any jobs you had.

- ☐ Never
  - ☐ 1 time
  - ☐ 2 times
  - ☐ 3 times
  - ☐ 4 times
  - ☐ 5 times
  - ☐ 6 times
  - ☐ 7 or more times

→ On average, how many minutes did you exercise each time?

________________ Minutes

16. For each of the ages below, did you usually do strenuous or very hard exercises at least 3 times per week? (This would include exercise that was long enough to work up a sweat and make your heart beat fast. Be sure to mark "No" if you did not do very hard exercises at the ages listed below.)

| | | | |
|---|---|---|---|
| 12 years old | ☐ No | ☐ Yes | ☐ Don't know |
| 18 years old | ☐ No | ☐ Yes | ☐ Don't know |
| 35 years old | ☐ No | ☐ Yes | ☐ Don't know |

(leave blank if less than 35 years old.)

17. For the job you held the longest (including homemaking), approximately what percent of the time were you engaged in each of the following activities?

| Activity | Percent of time |
|---|---|
| Sitting | ______________% or hours |
| Standing | ______________% or hours |
| Walking | ______________% or hours |
| Light manual labor | ______________% or hours |
| Heavy manual labor | ______________% or hours |

## Medical History

The following six questions are about your height and weight at different ages. If you don't remember exactly what they were, please give your best estimate. (Women, if you were pregnant at any of these ages, please provide your weight when you were not pregnant.)

18. What was your weight 2 years ago?________kg (pregnancy? ☐ Yes ☐ No)

19. How tall were you (without shoes on) at about age 18? ________cm

20. What was your weight at about age 18? ________ kg (pregnancy? ☐ Yes ☐ No)

21. What was your weight at about age 35? ________kg
(Leave blank if less than 35 years old.) (pregnancy? ☐ Yes ☐ No)

22. What was your weight at about age 50? ________kg
(Leave blank if less than 50 years old.) (pregnancy? ☐ Yes ☐ No)

23. What is your maximum adult weight (the most you ever weighed since you were 18 years old.) ? ________kg (Remember, do not include pregnancy weight.)

Please respond to the questions below regarding your medical history, as well as the history of your immediate family. If you have more than one relative that has had a condition and you have already marked the corresponding checkbox, please use the space designated for additional relatives in Question 53.

24. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with Hodgkin Lymphoma? Please do not include any adopted, half, or step relatives.

☐ No ☐ Yes

If yes, which relatives have had this condition? Please also indicate the age and year at which the relative was diagnosed. (Select all that apply.)

☐ Self ______ Age diagnosed ______ Year diagnosed
☐ Mothor ______ Age diagnosed ______ Year diagnosed
☐ Father ______ Age diagnosed ______ Year diagnosed
☐ Sister ______ Age diagnosed ______ Year diagnosed
☐ Brother ______ Age diagnosed ______ Year diagnosed
☐ Daughter ______ Age diagnosed ______ Year diagnosed
☐ Son ______ Age diagnosed ______ Year diagnosed

25. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with Non-Hodgkin Lymphoma? Please do not include any adopted, half, or step relatives.

☐ No ☐ Yes

If yes, which relatives have had this condition? Please also indicate the age and year at which the relative was diagnosed. (Select all that apply.)

☐ Self ______ Age diagnosed ______ Year diagnosed
☐ Mothor ______ Age diagnosed ______ Year diagnosed
☐ Father ______ Age diagnosed ______ Year diagnosed
☐ Sister ______ Age diagnosed ______ Year diagnosed
☐ Brother ______ Age diagnosed ______ Year diagnosed
☐ Daughter ______ Age diagnosed ______ Year diagnosed
☐ Son ______ Age diagnosed ______ Year diagnosed

26. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with Leukemia? Please do not include any adopted, half, or step relatives.

☐ No ☐ Yes

If yes, which relatives have had this condition? Please also indicate the age and year at which the relative was diagnosed. (Select all that apply.)

| | | |
|---|---|---|
| ☐ Self | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Mothor | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Father | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Sister | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Brother | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Daughter | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Son | _______ Age diagnosed | _______ Year diagnosed |

What type(s) of leukemia have you or your relatives had?

Relative:____________________ Type:____________________
Relative:____________________ Type:____________________
Relative:____________________ Type:____________________

27. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with Multiple Myeloma? Please do not include any adopted, half, or step relatives.

☐ No ☐ Yes

If yes, which relatives have had this condition? Please also indicate the age and year at which the relative was diagnosed. (Select all that apply.)

| | | |
|---|---|---|
| ☐ Self | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Mothor | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Father | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Sister | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Brother | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Daughter | _______ Age diagnosed | _______ Year diagnosed |
| ☐ Son | _______ Age diagnosed | _______ Year diagnosed |

28. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with (Monoclonal Gammopathy of Undetermined Significance (MGUS)? Please do not include any adopted, half, or step relatives.

☐ No ☐ Yes

If yes, which relatives have had this condition? Please also indicate the age and year at which the relative was diagnosed. (Select all that apply.)

☐ Self ______ Age diagnosed ______ Year diagnosed
☐ Mothor ______ Age diagnosed ______ Year diagnosed
☐ Father ______ Age diagnosed ______ Year diagnosed
☐ Sister ______ Age diagnosed ______ Year diagnosed
☐ Brother ______ Age diagnosed ______ Year diagnosed
☐ Daughter ______ Age diagnosed ______ Year diagnosed
☐ Son ______ Age diagnosed ______ Year diagnosed

29. Have you or has any member of your immediate family (brothers, sisters, mother, father, or children) ever been diagnosed with any other cancers? List these below, as well as any additional relatives that did not fit in Questions 61-65. Please do not include any adopted, half, or step relatives.

Relative: ___________ Type: __________ Age and Year of Diagnosis: ________
Relative: ___________ Type: __________ Age and Year of Diagnosis: ________
Relative: ___________ Type: __________ Age and Year of Diagnosis: ________
Relative: ___________ Type: __________ Age and Year of Diagnosis: ________
Relative: ___________ Type: __________ Age and Year of Diagnosis: ________
Relative: ___________ Type: __________ Age and Year of Diagnosis: ________

30. Were you told by a doctor or other health professional that you had any of the following conditions? (Please mark a box even if you have never had the condition.

| Condition | No | Not Sure | Yes | If yes, age you were first diagnosed |
|---|---|---|---|---|
| Osteoarthritis (degenerative arthritis) | ☐ | ☐ | ☐→ | ______ Age |
| Autoimmune disorder | ☐ | ☐ | ☐→ | ______ Age |
| Sjogren's disease or sicca syndrome | ☐ | ☐ | ☐→ | ______ Age |
| Polymyositis, dermatomyositis, or polymyalgia rheumatic | ☐ | ☐ | ☐→ | ______ Age |
| Eczema | ☐ | ☐ | ☐→ | ______ Age |
| Contact dermatitis | ☐ | ☐ | ☐→ | ______ Age |
| Cirrhosis of the liver or liver damage | ☐ | ☐ | ☐→ | ______ Age |
| Infectious mononucleosis ("mono") | ☐ | ☐ | ☐→ | ______ Age |
| Chronic fatigue syndrome | ☐ | ☐ | ☐→ | ______ Age |
| Hepatitis A, B, or C | ☐ | ☐ | ☐→ | ______ Age |
| Rheumatoid Arthritis | ☐ | ☐ | ☐→ | ______ Age |
| Asthma | ☐ | ☐ | ☐→ | ______ Age |
| Sleep Apnea | ☐ | ☐ | ☐→ | ______ Age |
| Heart Attack/M.I. | ☐ | ☐ | ☐→ | ______ Age |
| High Blood Pressure | ☐ | ☐ | ☐→ | ______ Age |
| HIV | ☐ | ☐ | ☐→ | ______ Age |
| Acid Reflux | ☐ | ☐ | ☐→ | ______ Age |
| Celiac disease | ☐ | ☐ | ☐→ | ______ Age |
| Crohn's disease or Ulcerative colitis | ☐ | ☐ | ☐→ | ______ Age |
| Depression | ☐ | ☐ | ☐→ | ______ Age |
| Autism | ☐ | ☐ | ☐→ | ______ Age |
| Anxiety Disorder | ☐ | ☐ | ☐→ | ______ Age |
| ADD/ADHD | ☐ | ☐ | ☐→ | ______ Age |
| Alzheimer's Disease | ☐ | ☐ | ☐→ | ______ Age |
| Parkinson's Disease | ☐ | ☐ | ☐→ | ______ Age |
| Migraine Headaches | ☐ | ☐ | ☐→ | ______ Age |
| Epilepsy (seizure disorder) | ☐ | ☐ | ☐→ | ______ Age |

## CONCLUSION

Do you think that something in your life (e.g. occupation, family history, etc.) may have caused your disease? Please explain. (We are looking for your opinion; there is no right or wrong answer.)

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

This concludes the questionnaire. We would like to get a few more pieces of information that will help us locate you in the future. We would appreciate if you would please record the name, address, and telephone number of one or two close friends or relatives who do not live with you, but will always know how to reach you in case we need to contact you in the future. This information will be kept strictly confidential.

Person 1

Name: ______________________________________________________

Street: ______________________________________________________

City: ______________________________ State: ______________________

ZIP code: _______________ Telephone: ( ____ ) _________ - _________

What is this person's relationship to you?

Relationship: ____________________________________________________

Person 2

Name: ______________________________________________________

Street: ______________________________________________________

City: ______________________________ State: ______________________

ZIP code: _______________ Telephone: ( ____ ) _________ - _________

What is this person's relationship to you?

Relationship: ____________________________________________________

## ENDING STATEMENT

Thank you very much for participating in this survey. Your time and effort is greatly appreciated, and your input is very important to us. We would greatly appreciate if you would please return this questionnaire in the provided postage-paid envelope at your earliest convenience.

Please do not hesitate to call us if you have any questions. TEL: (05) 2648-0000 ext. 5665.

We would also appreciate any comments or suggestions regarding this questionnaire and/or study process.

**Comments or Suggestions**

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

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