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

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.	•	ago, have you ever used any tobacco products for 6 months or longer? eigarettes, cigars, pipes, snuff, and chewing tobacco.)
	□No	Yes
7.	life? (One drinl	ago, have you ever had 12 or more alcoholic drinks during your entire of alcohol is equal to one can of beer, one glass of wine, or one shot of skey, 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 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 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 1 - 3 times per month

2. Prior to 2 years not include hobb		ever live	or work on a far	rm for more than one year? (D
□ No □ Yes →	At what a 1 year old or	ge did yo born on	ou first live or wo	ork on a farm? (If less than later 00.)
			Age	
			•	that you lived or worked you did not live or work
			Years	
	Did you p your work o		•	es or herbicides as part of
		N o	Yes	
	Are you c	currently	living or working	g on a farm?
	<u> </u>	No	Yes	
	▼ At what a	ge did yo	ou last live or wo	rk on a farm? Age
'				
•	•		•	w many hours per day or weed on the number of hours given
- · · ·	Iar. – May)			per day/week
Summer (Fall (Sep.	Jun. – Aug.) – Nov.)			per day/week per day/week
· -	ec Feb			ner day/week

Physical Activity

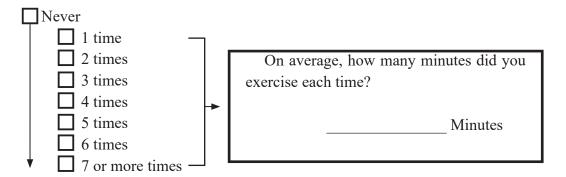
14. During most of your adult life, considering a 7 day period (one week), how often did you walk outside of your home for more than 10 minutes per week without stopping?

□Never	On average, how many minutes did you
☐ 1 time —	walk each time?
2 times	
3 times	Minutes
4 times	
5 times	What was your usual speed?
6 times	
▼ 7 or more times —	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

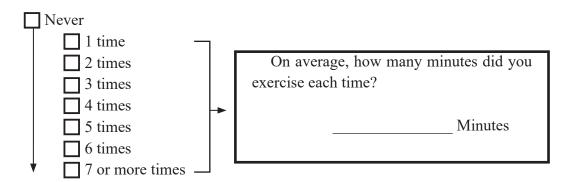
15. During most of your adult life, considering a 7 day period (one week), how many times on average did you do the following kinds of exercise for more than 15 minutes during your free time?

Please respond to questions a - c below. If you did not participate in the activity type, mark "Never."

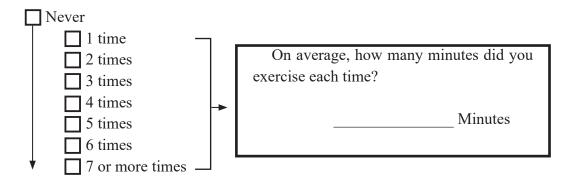
a) Strenuous Activity (Heart beats rapidly) e.g. Running, jogging, vigorous tennis, vigorous swimming, long distance bicycling, hockey, basketball, skiing, soccer, training. Excludes walking outside of your home and any physical activity associated with any jobs you had.



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.



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.



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?
21. What was your weight at about age 35?kg (Leave blank if less than 35 years old.) (pregnancy?
22. What was your weight at about age 50?kg (Leave blank if less than 50 years old.) (pregnancy?
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.

	Yes	
	relatives have had this condition hich the relative was diagnosed. (
☐ 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
adopted, half, or ste	liagnosed with Non-Hodgkin Ly p relatives.	
□ No	Yes	2 Diagraphy indicate t
If yes, which i	Yes relatives have had this condition hich the relative was diagnosed. (
If yes, which i	relatives have had this condition	
If yes, which age and year at w	relatives have had this condition hich the relative was diagnosed. (Select all that apply.)
If yes, which age and year at w	relatives have had this condition hich the relative was diagnosed. (Select all that apply.) Year diagnosed Year diagnosed
If yes, which is age and year at with the self is Mothor	relatives have had this condition hich the relative was diagnosed. (Age diagnosed Age diagnosed	Select all that apply.) Year diagnosed Year diagnosed Year diagnosed
If yes, which age and year at will self Mothor Father	relatives have had this condition hich the relative was diagnosed. (Age diagnosed Age diagnosed Age diagnosed	Select all that apply.) Year diagnosed

•	Yes	
If yes which relative	ves have had this condition	? Please also indicate tl
	the relative was diagnosed.	
	C	
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 leuk	cemia have you or your rela	tives had?
Relative:	Type:	
Relative:		
	Tr.	
Relative:		
ave you or has any member children) ever been diagr opted, half, or step relative	r of your immediate family nosed with Multiple Myelo	(brothers, sisters, mother
ave you or has any member children) ever been diagropted, half, or step relative	r of your immediate family nosed with Multiple Myelo s. Yes	(brothers, sisters, mother oma? Please do not incl
nve you or has any member children) ever been diagropted, half, or step relative No If yes, which relati	r of your immediate family nosed with Multiple Myelo s.	(brothers, sisters, mothers) (brothers, sisters, mothers) (brothers) (brother
If yes, which relatinge and year at which	r of your immediate family nosed with Multiple Myelos. Yes ves have had this condition the relative was diagnosed.	(brothers, sisters, mothers) ma? Please do not include an also indicate to (Select all that apply.)
If yes, which relating age and year at which	r of your immediate family nosed with Multiple Myelos. Yes ves have had this condition the relative was diagnosed. Age diagnosed	(brothers, sisters, mother oma? Please do not include? Please also indicate to (Select all that apply.) Year diagnosed
If yes, which relations and year at which Self Mo Mo Mo Mo Mo Mo Mo Mo Mo M	r of your immediate family nosed with Multiple Myeloss. Yes ves have had this condition the relative was diagnosed. Age diagnosed Age diagnosed	(brothers, sisters, mothers) ma? Please do not include the second secon
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If yes, which relations and year at which Self Mothor Father Sister	r of your immediate family nosed with Multiple Myelos. Yes ves have had this condition the relative was diagnosed. Age diagnosed Age diagnosed Age diagnosed Age diagnosed Age diagnosed	(brothers, sisters, mothers) n? Please also indicate to (Select all that apply.) Year diagnosed Year diagnosed Year diagnosed Year diagnosed
Ive you or has any member children) ever been diagropted, half, or step relative No If yes, which relative age and year at which Self Mothor Father	r of your immediate family nosed with Multiple Myelos. Yes ves have had this condition the relative was diagnosed. Age diagnosedAge diagnosedAge diagnosed	(brothers, sisters, mothers) The Please do not include the second secon

26. Have you or has any member of your immediate family (brothers, sisters, mother, father,

□No	Yes	
If yes, which	relatives have had this condition	n? Please also indicate t
	which the relative was diagnosed	
☐ 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
		TT 11
Son	Age diagnosed	
re you or has any n	nember of your immediate family diagnosed with any other cances that did not fit in Questions ((brothers, sisters, mothers? List these below, as
re you or has any n hildren) ever been additional relative	nember of your immediate family diagnosed with any other cances that did not fit in Questions (ers? List these below, as 51-65. Please do not inc
re you or has any no hildren) ever been additional relative pted, half, or step r	nember of your immediate family n diagnosed with any other canc es that did not fit in Questions (relatives.	(brothers, sisters, mothers? List these below, as 61-65. Please do not income and Year of Diagnosis:
re you or has any not hildren) ever been additional relative pted, half, or step relative: Relative:	nember of your immediate family a diagnosed with any other cances that did not fit in Questions (relatives.	(brothers, sisters, mothers? List these below, as 51-65. Please do not income and Year of Diagnosis:
re you or has any nothildren) ever been additional relative pted, half, or step relative: Relative: Relative:	nember of your immediate family a diagnosed with any other cances that did not fit in Questions (relatives. Type: Age a Type: Age a	(brothers, sisters, mothers? List these below, as 61-65. Please do not income and Year of Diagnosis:
re you or has any nehildren) ever been additional relative relative: Relative: Relative: Relative: Relative:	nember of your immediate family a diagnosed with any other cances that did not fit in Questions (relatives. Type: Age are Age are Type: Age are	o (brothers, sisters, mothers? List these below, as 51-65. Please do not income 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			$\square\!\!\rightarrow\!$	Age
Eczema				Age
Contact dermatitis			$\square \!\! \rightarrow \!\!\!\! -$	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			$\square\!\!\rightarrow\!$	Age
Asthma			$\square\!\!\rightarrow\!$	Age
Sleep Apnea			\Box	Age
Heart Attack/M.I.				Age
High Blood Pressure			\square	Age
HIV			□→	Age
Acid Reflux			$\qquad \qquad \Box \!$	Age
Celiac disease			\square	Age
Crohn's disease or Ulcerative colitis				Age
Depression			\square	Age
Autism				Age
Anxiety Disorder			$\square\!\!\rightarrow\!$	Age
ADD/ADHD			□→	Age
Alzheimer's Disease				Age
Parkinson's Disease				Age
Migraine Headaches			□ →	Age
Epilepsy (seizure disorder)			<u></u>	Age

CONCLUSION

will help , addres but will	p us locate you in the fu s, and telephone number	re. We would like to get a few more pieces of informature. We would appreciate if you would please record of one or two close friends or relatives who do not live ch you in case we need to contact you in the future. The ntial.
Person		
	Name:	
	Street:	
	City:	State:
	ZIP code:	Telephone: (
What	is this person's relationsl	hip to you?
vv IIai	Relationship:	
vv nat		
Person :	2	
	Name:	
	Name:	

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

TCtull	n 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 process.	or/
	Comments or Suggestions	
	Comments or Suggestions	