

Screening question

[for all]

SA	SC1	Please indicate your sex.	(Abbreviation) SA: Single answer MA: Multiple answer NU: Numerical answer
		1 Male 2 Female	

[for all]

NU	SC2	Please provide your age.
		years old

[for all]

SA	SC3	Please indicate the prefecture in which you live.
		▼Prefecture drop-down list

[for all]

SA	SC4	Please indicate the population of the city in which you live.
		1 500,000 or more people 2 200,000 or more and less than 500,000 people 3 50,000 or more and less than 200,000 people 4 Less than 50,000 people

[for all]

SA	SC5	Please choose one of the following that best describes your profession.
		1 Jobs with income 2 Homemaker 3 Student 4 Other 5 Unemployed

[for all]

SA	SC6	Are you or any of your family members living with you engaged in a <u>"tobacco-related"</u> job?
		1 Someone is engaged in a tobacco-related job 2 No one is engaged in a tobacco-related job

[for all]

SA	SC7	If it is not a problem, please indicate your <u>household income (including tax)</u> for last year.
		1 No household income 2 Less than 500,000 yen 3 500,000 yen or more and less than 1 million yen 4 1 million yen or more and less than 2 million yen 5 2 million yen or more and less than 3 million yen 6 3 million yen or more and less than 4 million yen 7 4 million yen or more and less than 5 million yen 8 5 million yen or more and less than 6 million yen 9 6 million yen or more and less than 7 million yen 10 7 million yen or more and less than 8 million yen 11 8 million yen or more and less than 9 million yen 12 9 million yen or more and less than 10 million yen 13 10 million yen or more and less than 12 million yen 14 12 million yen or more and less than 14 million yen 15 14 million yen or more and less than 16 million yen 16 16 million yen or more and less than 18 million yen 17 18 million yen or more and less than 20 million yen 18 20 million yen or more 19 I do not want to answer 20 I don't know

[for all]

SA SC8 Please indicate your highest level of education.

- 1 Graduated from junior high school
- 2 Graduated from high school
- 3 Graduated from college of technology
- 4 Graduated from vocational school
- 5 Graduated from junior college
- 6 Graduated from university
- 7 Graduated from graduate school
- 8 Other

[for all]

SA SC9 Do you currently smoke “tobacco” on a daily basis?
Please select one of the following that applies to you.
* For “tobacco” mentioned here, please include not only cigarettes but also heated tobacco products (IQOS, glo, PloomTECH, etc.) and other tobacco products (e-cigarettes, smokeless tobacco, etc. that contain nicotine).

- 1 Yes (currently smoking)
- 2 No (currently not smoking)

[for SC9=1 (current tobacco smokers)]

MA SC10 Please indicate the type of “tobacco” you are currently smoking on a daily basis.
Please select all that apply from the following.

- 1 Cigarettes
- 2 Heated tobacco products
- 3 Other tobacco products (e-cigarettes, smokeless tobacco, etc. that contain nicotine)

[for SC10=2 (current HTP users)]

MA SC11 Please indicate the type(s) of “heated tobacco products” you currently use on a daily basis.
Please select all that apply from the following.

- 1 Ploom TECH, Ploom TECH+ series
Ploom TECH launched in 2016, Ploom TECH+ launched in 2019

Ploom TECH	Ploom TECH+	Ploom TECH+ with
		

- 2 Ploom S, Ploom X
Ploom S launched in 2019, Ploom X launched in 2021

Ploom S *Excluding 2.0	Ploom S 2.0	Ploom X
		

- 3 IQOS series
IQOS launched in 2015

IQOS 2.4 plus or earlier model	IQOS 3	IQOS 3 MULTI	IQOS 3 DUO	IQOS ILUMA	IQOS ILUMA PRIME	IQOS ILUMA ONE
						

- 4 Glo series
Glo launched in 2016

glo/glo series 2 (including mini)	glo pro	glo nano	glo hyper	glo hyper+	glo pro slim	glo hyper X2
						

- 5 Other heated tobacco products
lil HYBRID launched in 2021, PULZE launched in 2019

lil HYBRID	PULZE
	

[for SC10=1 (cigarette smokers)] or [for SC10=2 (HTP users)]

SC12 At what age did you start smoking the following “tobacco” on a daily basis?
An approximate answer is acceptable. Please answer to the best of your memory.
Please select "I don't know/I don't remember" only when you cannot recall.

[for SC10=1 (cigarette smokers)]

NU SC12_1 Cigarettes

years old

☐ I don't know/I don't remember

[for SC10=2 (HTP users)]

NU SC12_2 Heated tobacco products
* If you changed the type of heated tobacco products, please indicate when you first used one.
(Example: If you started using Ploom TECH at 40 years old and switched it to IQOS at 43 years old, please enter “40 years old”.)

years old

☐ I don't know/I don't remember

[for SC2-SC12_1≤1 (current age - starting age of cigarette smoking = 1 year or less)]

SA SC12_3 What is the total duration of smoking "cigarettes" from the start of smoking to the present?

- 1 6 months or more
- 2 Within 6 months

[for SC2-SC12_2≤1 (current age - starting age of HTP use = 1 year or less)]

SA SC12_4 What is the total duration of using “heated tobacco products” from the start of use to the present?

- 1 6 months or more
- 2 Within 6 months

[for SC10=1 (cigarette smokers)] or [for SC10=2 (HTP users)]

SA FLG_SC12 Those you have been using for 6 months or more

- 1 Only cigarettes for 6 months or more
 - 2 Only heated tobacco products for 6 months or more
 - 3 Cigarettes and heated tobacco products for 6 months or more
 - 4 Neither of them
- (SC2-SC12_1>=2 or SC12_3=1) and (SC10≠2 or SC12_4=2)

(SC2-SC12_2>=2 or SC12_4=1) and (SC10≠1 or SC12_3=2)

(SC2-SC12_1>=2 or SC12_3=1) and (SC2-SC12_2>=1 or SC12_4=1)

[for FLG_SC12=1 (those who have been smoking only cigarettes for 6 months or more)]

SA SC13_1 Please indicate the average consumption of “tobacco” below since you started smoking cigarettes at the age of xxxx (SC12_1_1 answer reposted).
For each of the following, please select one that applies.
* For other tobacco products, please consider the number of times.

Answer direction from left to right	o ~ 3	~ c L
	r t	t i e
	i c	i g s
	m m i	m a s
	o e g	e r
	r s a	s e t
	e ~ r	~ t h
	/ e	/ t a
	m t	m e n
	o t	o s
	n e	n 3
	t s	t
	h	h
1 Cigarettes	1	2
2 Heated tobacco products	1	2
3 Other tobacco products (e- cigarettes, smokeless tobacco, etc. that contain nicotine)	1	2

[for FLG_SC12=2 (those who have been using only HTP for 6 months or more)]

SA SC13_2 Please indicate the average consumption of “tobacco” below since you started using heated tobacco products at the age of xxxx (SC12_2_1 answer reposted).
For each of the following, please select one that applies.
* For other tobacco products, please consider the number of times.

	o (3 r t i c m m i o e g r s a e) r / e m t o t n e t s h	(c L t i e i g s m a s e r s e t t h / t a m e n o s n 3 t h
1 Cigarettes	1	2
2 Heated tobacco products	1	2
3 Other tobacco products (e-cigarettes, smokeless tobacco, etc. that contain nicotine)	1	2

[for FLG_SC12=3 (those who have been using cigarettes and HTP for 6 months or more)]

SA SC13_3 Please indicate the average consumption of “tobacco” below since you started using heated tobacco products at the age ofxxxx (SC12_2_1 answer reposted).
For each of the following, please select one that applies.
* For other tobacco products, please consider the number of times.

	o (3 r t i c m m i o e g r s a e) r / e m t o t n e t s h	(c L t i e i g s m a s e r s e t t h / t a m e n o s n 3 t h
1 Cigarettes	1	2
2 Heated tobacco products	1	2
3 Other tobacco products (e-cigarettes, smokeless tobacco, etc. that contain nicotine)	1	2

[for (SC13_1_1=1 and SC13_1_2=2 and SC13_1_3=2) or (SC13_3_1=1 and SC13_3_2=2 and SC13_3_3=2) (those who smoke only cigarettes, 3 cigarettes/month or more)]

SA SC14_1 Please indicate the average frequency of smoking “cigarettes” since you started smoking cigarettes.

- 1 Almost everyday
- 2 4 to 6 days a week
- 3 3 days or less a week

[for (SC13_2_1=2 and SC13_2_2=1 and SC13_2_3=2) or (SC13_3_1=2 and SC13_3_2=1 and SC13_3_3=2) (those who use only HTP, 3 sticks/month or more)]

SA SC14_2 Please indicate the average frequency of using “heated tobacco products” since you started using heated tobacco products.

- 1 Almost everyday
- 2 4 to 6 days a week
- 3 3 days or less a week

[for SC14_1=1-2 (those who smoke cigarettes 4 days/week or more)]

NU SC15_1 Have you ever stopped smoking “cigarettes” for one month or more since you started smoking cigarettes?
Please select the one that applies from the following.

- 1 Yes
- 2 No

[for SC14_2=1-2 (those who use HTP 4 days/week or more)]

NU

SC15_2

Have you ever stopped using “heated tobacco products” for one month or more since you started using heated tobacco products?
Please select the one that applies from the following.

1 Yes
2 No

[for SC15_1=2 (those without a cissation period of smoking cigarettes)]

SA

SC16_1

Please indicate the total amount of cigarettes you have smoked to date.
Please consider this as the total amount smoked throughout your life, not just the most recent.

1 100 cigarettes or more
2 less than 100 cigarettes

[for SC15_2=2 (those without a cissation period of using HTP)]

SA

SC16_2

Please indicate the total amount of heated tobacco products you have used to date.
Please consider this as the total used amount throughout your life, not just the most recent.

1 100 cigarettes (25 tobacco capsules) or more
2 Less than 100 cigarettes (25 tobacco capsules)

[for SC9=2 (non-current tobacco smokers)]

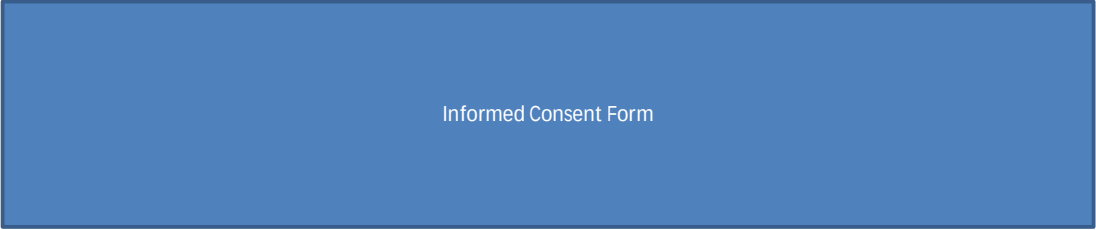
SA

SC17

Please indicate the total amount of “tobacco” you have used to date.
Please consider this as the total used amount throughout your life, not just the most recent.
* For “tobacco” mentioned here, please include not only cigarettes but also heated tobacco products (IQOS, glo, PloomTECH, etc.) and other tobacco products (e-cigarettes, smokeless tobacco, etc. that contain nicotine).

1 100 cigarettes (25 tobacco capsules) or more
2 Less than 100 cigarettes (25 tobacco capsules)

[for SC16_1=1 (those with a total smoking amount of 100 cigarettes or more)]
or [for SC16_2=1 (those with a total using amount of 100 HTP sticks or more)] or [for SC17=2 (those with a total using amount of less than 100 tobacco sticks)]
Please read the following document carefully.



[You can download the above document by clicking here.](#)

SA

SC18

After agreeing to the above document, would you please take part in the questionnaire that will be distributed at a later date?

1 Yes, I will cooperate
2 No, I will not cooperate

Main survey questions

[for Allocation=1 (HTP-only users)] or [for Allocation=2 (cigarette-only smokers)]

From here, we would like to ask you about your tobacco use in detail.

[for Allocation=1 (HTP-only users)]

NU

Q1_1

Please indicate the average daily consumption of heated tobacco products you currently use.
If you are using more than one product, please indicate the total number.

(Example) If you are using Ploom X, IQOS and Ploom TECH in combination, with a daily use of 5 sticks, 5 sticks, and 2 capsules, respectively:

Number of sticks	[10] sticks/day (approx.)
Number of capsules	[2] capsules/day (approx.)

1 Number of sticks

sticks/day (approx.)

2 Number of capsules

capsules/day (approx.)

[for Allocation=2 (cigarette-only smokers)]

NU

Q1_2

Please indicate the average daily number of cigarettes you currently smoke.

cigarettes/day (approx.)

[for Allocation=1 (HTP-only users)]

SA

Q2

Do you have experience of smoking cigarettes on a daily basis for one month or more in the past?

1 I have experience of smoking cigarettes continuously for one month or more.

2 I do not have experience of smoking cigarettes continuously for one month or more.

[for Q2=1 (those with experience of smoking cigarettes continuously for one month or more)]

Q3

Please provide your age when you started smoking cigarettes and your age when you last smoked (you switched to heated tobacco products completely).
If there is a period of one year or more without smoking due to smoking cessation, please provide the duration as well.
An approximate answer is acceptable. Please answer to the best of your memory.

NU

Q3_1

Your age when smoking cigarettes

Your age when you started smoking <u>cigarettes</u>		years old
Your age when you last smoked <u>cigarette</u>		years old

NU

Q3_2

The duration without smoking cigarettes due to smoking cessation
* If there is no applicable period, please answer "0" years.
* If this occurred multiple times, please provide the total number of years of smoking cessation. (Example: If you had 2-year smoking cessation for 4 times, your answer will be 8 years)

years

[for Q2=1 (those with experience of smoking cigarettes continuously for one month or more)]

NU

Q4

Please indicate the average daily number of cigarettes when you smoked cigarettes in the past.

cigarettes/day (approx.)

[for Allocation=1 (HTP-only users)] or [for Allocation=2 (cigarette-only smokers)]

From here, we would like to ask you about your health since you started using heated tobacco products.

Displayed when Allocation=1 (HTP-only users)

From here, we would like to ask you about your health since you started smoking cigarettes.

Displayed when Allocation=2 (cigarette-only smokers)

[for Allocation=1 (HTP-only users)]

MA

Q5_1

Please indicate any diseases that have been diagnosed by physician since you started using heated tobacco products.
Please select all that apply from the following.
* If you have been diagnosed with the same disease(s) multiple times including during period(s) other than the period concerned, please answer for the presence/absence during the period concerned.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

1 Lung cancer

2 Cancers other than lung cancer*

3 Angina pectoris

4 Myocardial infarction

5 Coronary artery disease

6 Stroke

7 Arterial sclerosis

8 Aortic aneurysm

9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)

10 Bronchial asthma

11 Pulmonary tuberculosis

12 Idiopathic pulmonary fibrosis

13 Periodontal disease

14 Tooth decay

15 Tooth loss

16 Type 2 diabetes

17 Hypertension

18 Dyslipidemia (Hyperlipidemia)

19 None apply

[for Allocation=1 (HTP-only users)]

MA

Q6_1

Please provide your age when you were diagnosed with the following diseases.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If the same disease has been diagnosed multiple times since you started using heated tobacco products, please provide the most recent age.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

Displayed when Q5_1=1
Displayed when Q5_1=2
Displayed when Q5_1=3
Displayed when Q5_1=4
Displayed when Q5_1=5
Displayed when Q5_1=6
Displayed when Q5_1=7
Displayed when Q5_1=8

Displayed when Q5_1=9

Displayed when Q5_1=10
Displayed when Q5_1=11
Displayed when Q5_1=12
Displayed when Q5_1=13
Displayed when Q5_1=14
Displayed when Q5_1=15
Displayed when Q5_1=16
Displayed when Q5_1=17
Displayed when Q5_1=18

Answer direction from left to right	A g e (y e a r s)	I d o n ' t r e m e m b e r
1 Lung cancer	() years	☐
2 Cancers other than lung cancer*	() years	☐
3 Angina pectoris	() years	☐
4 Myocardial infarction	() years	☐
5 Coronary artery disease	() years	☐
6 Stroke	() years	☐
7 Arterial sclerosis	() years	☐
8 Aortic aneurysm	() years	☐
9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() years	☐
10 Bronchial asthma	() years	☐
11 Pulmonary tuberculosis	() years	☐
12 Idiopathic pulmonary fibrosis	() years	☐
13 Periodontal disease	() years	☐
14 Tooth decay	() years	☐
15 Tooth loss	() years	☐
16 Type 2 diabetes	() years	☐
17 Hypertension	() years	☐
18 Dyslipidemia (Hyperlipidemia)	() years	☐

[for Allocation=2 (cigarette-only smokers)]

MA

Q5_2

Please indicate any diseases that have been diagnosed by physician since you started using combustible cigarettes.

Please select all that apply from the following.

* If you have been diagnosed with the same disease(s) multiple times including during period(s) other than the period concerned, please answer for the presence/absence during the period concerned.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

- 1 Lung cancer

2 Cancers other than lung cancer*

3 Angina pectoris

4 Myocardial infarction

5 Coronary artery disease

6 Stroke

7 Arterial sclerosis

8 Aortic aneurysm

9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)

10 Bronchial asthma

11 Pulmonary tuberculosis

12 Idiopathic pulmonary fibrosis

13 Periodontal disease

14 Tooth decay

15 Tooth loss

16 Type 2 diabetes

17 Hypertension

18 Dyslipidemia (Hyperlipidemia)

19 None apply

[for Allocation=2 (cigarette-only smokers)]

NU

Q6_2

Please provide your age when you were diagnosed with the following diseases.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same disease(s) multiple times since you started smoking cigarettes, please provide the most recent age.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r
Displayed when Q5_2=1	1 Lung cancer	() years	☐
Displayed when Q5_2=2	2 Cancers other than lung cancer*	() years	☐
Displayed when Q5_2=3	3 Angina pectoris	() years	☐
Displayed when Q5_2=4	4 Myocardial infarction	() years	☐
Displayed when Q5_2=5	5 Coronary artery disease	() years	☐
Displayed when Q5_2=6	6 Stroke	() years	☐
Displayed when Q5_2=7	7 Arterial sclerosis	() years	☐
Displayed when Q5_2=8	8 Aortic aneurysm	() years	☐
Displayed when Q5_2=9	9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() years	☐
Displayed when Q5_2=10	10 Bronchial asthma	() years	☐
Displayed when Q5_2=11	11 Pulmonary tuberculosis	() years	☐
Displayed when Q5_2=12	12 Idiopathic pulmonary fibrosis	() years	☐
Displayed when Q5_2=13	13 Periodontal disease	() years	☐
Displayed when Q5_2=14	14 Tooth decay	() years	☐
Displayed when Q5_2=15	15 Tooth loss	() years	☐
Displayed when Q5_2=16	16 Type 2 diabetes	() years	☐
Displayed when Q5_2=17	17 Hypertension	() years	☐
Displayed when Q5_2=18	18 Dyslipidemia (Hyperlipidemia)	() years	☐

[for Allocation=1 (HTP-only users)]

MA

Q7_1

Please indicate any symptoms that have been diagnosed by physician or symptoms that have been noticed by you since you started using heated tobacco products

Please select all that apply from the following.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times including period(s) other than that concerned, please answer for the presence/absence during the period concerned.

* Please select those that occur chronically or frequently, and do not include transient ones due to the effects of a cold, etc.

1 Palpitations

2 Arrhythmia

3 Chest pain

4 Shortness of breath

5 Congestion

6 Wheezing

7 Cough

8 Sputum

9 Abnormal lung function

10 Gum bleeding

11 Dental hypersensitivity

12 Nausea, Vomiting

13 Headache

14 Heartburn

15 Stomach pain

16 Eye pain

17 None apply

[for Allocation=1 (HTP-only users)]

NU

Q8_1

Please provide your age when you were diagnosed with the following signs or started to notice the following symptoms.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times after starting use of heated tobacco products, please provide the most recent age.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r
Displayed when Q7_1=1	1 Palpitations	() years	☐
Displayed when Q7_1=2	2 Arrhythmia	() years	☐
Displayed when Q7_1=3	3 Chest pain	() years	☐
Displayed when Q7_1=4	4 Shortness of breath	() years	☐
Displayed when Q7_1=5	5 Congestion	() years	☐
Displayed when Q7_1=6	6 Wheezing	() years	☐
Displayed when Q7_1=7	7 Cough	() years	☐
Displayed when Q7_1=8	8 Sputum	() years	☐
Displayed when Q7_1=9	9 Abnormal lung function	() years	☐
Displayed when Q7_1=10	10 Gum bleeding	() years	☐
Displayed when Q7_1=11	11 Dental hypersensitivity	() years	☐
Displayed when Q7_1=12	12 Nausea, Vomiting	() years	☐
Displayed when Q7_1=13	13 Headache	() years	☐
Displayed when Q7_1=14	14 Heartburn	() years	☐
Displayed when Q7_1=15	15 Stomach pain	() years	☐
Displayed when Q7_1=16	16 Eye pain	() years	☐

[for Allocation=2 (cigarette-only smokers)]

MA

Q7_2

Please indicate any symptoms that have been diagnosed by physician or symptoms that have been noticed by you since you started using combustible cigarettes.

Please select all that apply from the following.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times including period(s) other than that concerned, please answer for the presence/absence during the period concerned.

* Please select those that occur chronically or frequently, and do not include transient ones due to the effects of a cold, etc.

- 1 Palpitations
- 2 Arrhythmia
- 3 Chest pain
- 4 Shortness of breath
- 5 Congestion
- 6 Wheezing
- 7 Cough
- 8 Sputum
- 9 Abnormal lung function
- 10 Gum bleeding
- 11 Dental hypersensitivity
- 12 Nausea, Vomiting
- 13 Headache
- 14 Heartburn
- 15 Stomach pain
- 16 Eye pain
- 17 None apply

[for Allocation=2 (cigarette-only smokers)]

NU

Q8_2

Please provide your age when you were diagnosed with the following signs or started to notice the following symptoms.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times since you started smoking cigarettes, please provide the most recent age.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r d o n ' t
Displayed when Q7_2=1	1 Palpitations	() years	☐
Displayed when Q7_2=2	2 Arrhythmia	() years	☐
Displayed when Q7_2=3	3 Chest pain	() years	☐
Displayed when Q7_2=4	4 Shortness of breath	() years	☐
Displayed when Q7_2=5	5 Congestion	() years	☐
Displayed when Q7_2=6	6 Wheezing	() years	☐
Displayed when Q7_2=7	7 Cough	() years	☐
Displayed when Q7_2=8	8 Sputum	() years	☐
Displayed when Q7_2=9	9 Abnormal lung function	() years	☐
Displayed when Q7_2=10	10 Gum bleeding	() years	☐
Displayed when Q7_2=11	11 Dental hypersensitivity	() years	☐
Displayed when Q7_2=12	12 Nausea, Vomiting	() years	☐
Displayed when Q7_2=13	13 Headache	() years	☐
Displayed when Q7_2=14	14 Heartburn	() years	☐
Displayed when Q7_2=15	15 Stomach pain	() years	☐
Displayed when Q7_2=16	16 Eye pain	() years	☐

[for Allocation=1 (HTP-only users)] or [for Allocation=2 (cigarette-only smokers)]

From here, we would like to ask you about your health before you started using heated tobacco products (and after the age of 20).

Displayed when Allocation=1 (HTP-only users)

From here, we would like to ask you about your health before you started smoking cigarettes (and after the age of 20).

Displayed when Allocation=2 (cigarette-only smokers)

[for Allocation=1 (HTP-only users)]

MA

Q9_1

Please indicate any diseases that have been diagnosed by physician before you started using heated tobacco products (and after the age of 20).

Please select all that apply from the following.

* If you have been diagnosed with the same disease(s) multiple times including during period(s) other than the period concerned, please answer for the presence/absence during the period concerned.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

1 Lung cancer

2 Cancers other than lung cancer*

3 Angina pectoris

4 Myocardial infarction

5 Coronary artery disease

6 Stroke

7 Arterial sclerosis

8 Aortic aneurysm

9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)

10 Bronchial asthma

11 Pulmonary tuberculosis

12 Idiopathic pulmonary fibrosis

13 Periodontal disease

14 Tooth decay

15 Tooth loss

16 Type 2 diabetes

17 Hypertension

18 Dyslipidemia (Hyperlipidemia)

19 None apply

[for Allocation=1 (HTP-only users)]

NU

Q10_1

Please provide your age when you were diagnosed with the following diseases after the age of 20.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If the same disease was diagnosed multiple times before the start of use of heated tobacco products (and after the age of 20), please answer the most recent age

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r
Displayed when Q9_1=1	1 Lung cancer	() years	☐
Displayed when Q9_1=2	2 Cancers other than lung cancer*	() years	☐
Displayed when Q9_1=3	3 Angina pectoris	() years	☐
Displayed when Q9_1=4	4 Myocardial infarction	() years	☐
Displayed when Q9_1=5	5 Coronary artery disease	() years	☐
Displayed when Q9_1=6	6 Stroke	() years	☐
Displayed when Q9_1=7	7 Arterial sclerosis	() years	☐
Displayed when Q9_1=8	8 Aortic aneurysm	() years	☐
	Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() years	☐
Displayed when Q9_1=9	9		
Displayed when Q9_1=10	10 Bronchial asthma	() years	☐
Displayed when Q9_1=11	11 Pulmonary tuberculosis	() years	☐
Displayed when Q9_1=12	12 Idiopathic pulmonary fibrosis	() years	☐
Displayed when Q9_1=13	13 Periodontal disease	() years	☐
Displayed when Q9_1=14	14 Tooth decay	() years	☐
Displayed when Q9_1=15	15 Tooth loss	() years	☐
Displayed when Q9_1=16	16 Type 2 diabetes	() years	☐
Displayed when Q9_1=17	17 Hypertension	() years	☐
Displayed when Q9_1=18	18 Dyslipidemia (Hyperlipidemia)	() years	☐

[for Allocation=2 (cigarette-only smokers)]

MA

Q9_2

Please indicate any diseases that have been diagnosed by physician before you started using combustible cigarettes (and after the age of 20).

Please select all that apply from the following.

* If you have been diagnosed with the same disease(s) multiple times including during period(s) other than the period concerned, please answer for the presence/absence during the period concerned.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

- 1 Lung cancer
- 2 Cancers other than lung cancer*
- 3 Angina pectoris
- 4 Myocardial infarction
- 5 Coronary artery disease
- 6 Stroke
- 7 Arterial sclerosis
- 8 Aortic aneurysm
- 9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)
- 10 Bronchial asthma
- 11 Pulmonary tuberculosis
- 12 Idiopathic pulmonary fibrosis
- 13 Periodontal disease
- 14 Tooth decay
- 15 Tooth loss
- 16 Type 2 diabetes
- 17 Hypertension
- 18 Dyslipidemia (Hyperlipidemia)
- 19 None apply

[for Allocation=2 (cigarette-only smokers)]

NU

Q10_2

Please provide your age when you were diagnosed with the following diseases after the age of 20. An approximate answer is acceptable. Please answer to the best of your memory. Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same disease(s) multiple times before you started smoking cigarettes (and after the age of 20), please answer the most recent time.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r
Displayed when Q9_2=1	1 Lung cancer	() years	☐
Displayed when Q9_2=2	2 Cancers other than lung cancer*	() years	☐
Displayed when Q9_2=3	3 Angina pectoris	() years	☐
Displayed when Q9_2=4	4 Myocardial infarction	() years	☐
Displayed when Q9_2=5	5 Coronary artery disease	() years	☐
Displayed when Q9_2=6	6 Stroke	() years	☐
Displayed when Q9_2=7	7 Arterial sclerosis	() years	☐
Displayed when Q9_2=8	8 Aortic aneurysm	() years	☐
Displayed when Q9_2=9	9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() years	☐
Displayed when Q9_2=10	10 Bronchial asthma	() years	☐
Displayed when Q9_2=11	11 Pulmonary tuberculosis	() years	☐
Displayed when Q9_2=12	12 Idiopathic pulmonary fibrosis	() years	☐
Displayed when Q9_2=13	13 Periodontal disease	() years	☐
Displayed when Q9_2=14	14 Tooth decay	() years	☐
Displayed when Q9_2=15	15 Tooth loss	() years	☐
Displayed when Q9_2=16	16 Type 2 diabetes	() years	☐
Displayed when Q9_2=17	17 Hypertension	() years	☐
Displayed when Q9_2=18	18 Dyslipidemia (Hyperlipidemia)	() years	☐

[for Allocation=1 (HTP-only users)]

MA

Q11_1

Please indicate any symptoms that have been diagnosed by physician or symptoms that have been noticed by you before you started using heated tobacco products (and after the age of 20). Please select all that apply from the following.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times including period(s) other than that concerned, please answer for the presence/absence during the period concerned.

* Please select those that occur chronically or frequently, and do not include transient ones due to the effects of a cold, etc.

1 Palpitations

2 Arrhythmia

3 Chest pain

4 Shortness of breath

5 Congestion

6 Wheezing

7 Cough

8 Sputum

9 Abnormal lung function

10 Gum bleeding

11 Dental hypersensitivity

12 Nausea, Vomiting

13 Headache

14 Heartburn

15 Stomach pain

16 Eye pain

17 None apply

[for Allocation=1 (HTP-only users)]

NU

Q12_1

Please provide your age when you were diagnosed with the following signs or started to notice the following symptoms after the age of 20.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times before you started using heated tobacco products (and after the age of 20), please provide the most recent age.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r	
Displayed when Q11_1=1	1	Palpitations	() years	☐
Displayed when Q11_1=2	2	Arrhythmia	() years	☐
Displayed when Q11_1=3	3	Chest pain	() years	☐
Displayed when Q11_1=4	4	Shortness of breath	() years	☐
Displayed when Q11_1=5	5	Congestion	() years	☐
Displayed when Q11_1=6	6	Wheezing	() years	☐
Displayed when Q11_1=7	7	Cough	() years	☐
Displayed when Q11_1=8	8	Sputum	() years	☐
Displayed when Q11_1=9	9	Abnormal lung function	() years	☐
Displayed when Q11_1=10	10	Gum bleeding	() years	☐
Displayed when Q11_1=11	11	Dental hypersensitivity	() years	☐
Displayed when Q11_1=12	12	Nausea, Vomiting	() years	☐
Displayed when Q11_1=13	13	Headache	() years	☐
Displayed when Q11_1=14	14	Heartburn	() years	☐
Displayed when Q11_1=15	15	Stomach pain	() years	☐
Displayed when Q11_1=16	16	Eye pain	() years	☐

[for Allocation=2 (cigarette-only smokers)]

MA

Q11_2

Please indicate any symptoms that have been diagnosed by physician or symptoms that have been noticed by you before you started using combustible cigarettes (and after the age of 20).

Please select all that apply from the following.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times including period(s) other than that concerned, please answer for the presence/absence during the period concerned.

* Please select those that occur chronically or frequently, and do not include transient ones due to the effects of a cold, etc.

- 1 Palpitations
- 2 Arrhythmia
- 3 Chest pain
- 4 Shortness of breath
- 5 Congestion
- 6 Wheezing
- 7 Cough
- 8 Sputum
- 9 Abnormal lung function
- 10 Gum bleeding
- 11 Dental hypersensitivity
- 12 Nausea, Vomiting
- 13 Headache
- 14 Heartburn
- 15 Stomach pain
- 16 Eye pain
- 17 None apply

[for Allocation=2 (cigarette-only smokers)]

NU

Q12_2

Please provide your age when you were diagnosed with the following signs or started to notice the following symptoms after the age of 20.

An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times before you started smoking cigarettes (and after the age of 20), please provide the most recent age.

		Answer direction from left to right	A g e (y e a r s)	r e m e m b e r
Displayed when Q11_2=1	1	Palpitations	() years	☐
Displayed when Q11_2=2	2	Arrhythmia	() years	☐
Displayed when Q11_2=3	3	Chest pain	() years	☐
Displayed when Q11_2=4	4	Shortness of breath	() years	☐
Displayed when Q11_2=5	5	Congestion	() years	☐
Displayed when Q11_2=6	6	Wheezing	() years	☐
Displayed when Q11_2=7	7	Cough	() years	☐
Displayed when Q11_2=8	8	Sputum	() years	☐
Displayed when Q11_2=9	9	Abnormal lung function	() years	☐
Displayed when Q11_2=10	10	Gum bleeding	() years	☐
Displayed when Q11_2=11	11	Dental hypersensitivity	() years	☐
Displayed when Q11_2=12	12	Nausea, Vomiting	() years	☐
Displayed when Q11_2=13	13	Headache	() years	☐
Displayed when Q11_2=14	14	Heartburn	() years	☐
Displayed when Q11_2=15	15	Stomach pain	() years	☐
Displayed when Q11_2=16	16	Eye pain	() years	☐

[for Allocation=3 (non-smokers)]

From here, we would like to ask you about your health after the age of 20.

[for Allocation=3 (non-smokers)]

MA

Q13

Please indicate any diseases that have been diagnosed by physician since the age of 20.

Please select all that apply from the following.

* If you have been diagnosed with the same disease(s) multiple times including during period(s) other than the period concerned, please answer for the presence/absence during the period concerned.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

1 Lung cancer

2 Cancers other than lung cancer*

3 Angina pectoris

4 Myocardial infarction

5 Coronary artery disease

6 Stroke

7 Arterial sclerosis

8 Aortic aneurysm

9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)

10 Bronchial asthma

11 Pulmonary tuberculosis

12 Idiopathic pulmonary fibrosis

13 Periodontal disease

14 Tooth decay

15 Tooth loss

16 Type 2 diabetes

17 Hypertension

18 Dyslipidemia (Hyperlipidemia)

19 None apply

[for Allocation=3 (non-smokers)]

NU

Q14

Please provide your age when you were diagnosed with the following diseases after the age of 20. An approximate answer is acceptable. Please answer to the best of your memory. Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same disease(s) multiple times since the age of 20, please answer the most recent age. (Example) A patient was diagnosed with lung cancer at the age of 40. The patient then recovered completely, but lung cancer was diagnosed again at the age of 45. Answer: 45 years old

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

	Answer direction from left to right	A g e (y e a r s)	r e m e m b e r d o n ' t
Displayed when Q13=1	1 Lung cancer	() years	☐
Displayed when Q13=2	2 Cancers other than lung cancer*	() years	☐
Displayed when Q13=3	3 Angina pectoris	() years	☐
Displayed when Q13=4	4 Myocardial infarction	() years	☐
Displayed when Q13=5	5 Coronary artery disease	() years	☐
Displayed when Q13=6	6 Stroke	() years	☐
Displayed when Q13=7	7 Arterial sclerosis	() years	☐
Displayed when Q13=8	8 Aortic aneurysm	() years	☐
Displayed when Q13=9	9 Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() years	☐
Displayed when Q13=10	10 Bronchial asthma	() years	☐
Displayed when Q13=11	11 Pulmonary tuberculosis	() years	☐
Displayed when Q13=12	12 Idiopathic pulmonary fibrosis	() years	☐
Displayed when Q13=13	13 Periodontal disease	() years	☐
Displayed when Q13=14	14 Tooth decay	() years	☐
Displayed when Q13=15	15 Tooth loss	() years	☐
Displayed when Q13=16	16 Type 2 diabetes	() years	☐
Displayed when Q13=17	17 Hypertension	() years	☐
Displayed when Q13=18	18 Dyslipidemia (Hyperlipidemia)	() years	☐

[for Allocation=3 (non-smokers)]

NU

Q15

Have you experienced any of the following diseases as recurrence since the age of 20? If yes, please provide your age when you received a diagnosis as new onset. An approximate answer is acceptable. Please answer to the best of your memory. Please select "I don't remember" only when you cannot recall.

* Please include the time period under the age of 20 to answer your age when you received the new-onset diagnosis.

* "Cancers other than lung cancer" include laryngeal cancer, nasal/nasal sinus cancer, oral/pharyngeal cancer, esophageal cancer, gastric cancer, large intestine cancer, liver cancer, pancreatic cancer, bladder cancer, kidney cancer, breast cancer, cervical cancer, uterine body cancer, and leukemia.

		Answer direction from left to right	A g e (y e a r s)	r e m e m b e r	d o n ' t	N o r e c u r r e n c e
Displayed when Q13=1	1	Lung cancer	() year(s)	☐		☐
Displayed when Q13=2	2	Cancers other than lung cancer*	() year(s)	☐		☐
Displayed when Q13=3	3	Angina pectoris	() year(s)	☐		☐
Displayed when Q13=4	4	Myocardial infarction	() year(s)	☐		☐
Displayed when Q13=5	5	Coronary artery disease	() year(s)	☐		☐
Displayed when Q13=6	6	Stroke	() year(s)	☐		☐
Displayed when Q13=7	7	Arterial sclerosis	() year(s)	☐		☐
Displayed when Q13=8	8	Aortic aneurysm	() year(s)	☐		☐
Displayed when Q13=9	9	Chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis)	() year(s)	☐		☐
Displayed when Q13=10	10	Bronchial asthma	() year(s)	☐		☐
Displayed when Q13=11	11	Pulmonary tuberculosis	() year(s)	☐		☐
Displayed when Q13=12	12	Idiopathic pulmonary fibrosis	() year(s)	☐		☐
Displayed when Q13=13	13	Periodontal disease	() year(s)	☐		☐
Displayed when Q13=14	14	Tooth decay	() year(s)	☐		☐
Displayed when Q13=15	15	Tooth loss	() year(s)	☐		☐
Displayed when Q13=16	16	Type 2 diabetes	() year(s)	☐		☐
Displayed when Q13=17	17	Hypertension	() year(s)	☐		☐
Displayed when Q13=18	18	Dyslipidemia (Hyperlipidemia)	() year(s)	☐		☐

[for Allocation=3 (non-smokers)]

MA

Q16

Please indicate any symptoms that have been diagnosed by physician or symptoms that have been noticed by you since the age of 20. Please select all that apply from the following.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times including period(s) other than that concerned, please answer for the presence/absence during the period concerned.

* Please select those that occur chronically or frequently, and do not include transient ones due to the effects of a cold, etc.

- 1 Palpitations
- 2 Arrhythmia
- 3 Chest pain
- 4 Shortness of breath
- 5 Congestion
- 6 Wheezing
- 7 Cough
- 8 Sputum
- 9 Abnormal lung function
- 10 Gum bleeding
- 11 Dental hypersensitivity
- 12 Nausea, Vomiting
- 13 Headache
- 14 Heartburn
- 15 Stomach pain
- 16 Eye pain
- 17 None apply

[for Allocation=3 (non-smokers)]

NU

Q17

Please provide your age when you were diagnosed with the following signs or started to notice the following symptoms after the age of 20. An approximate answer is acceptable. Please answer to the best of your memory.

Please select "I don't remember" only when you cannot recall.

* If you have been diagnosed with the same sign(s) or have noticed the same symptom(s) multiple times since the age of 20, please provide the most recent age. (Example) A patient had arrhythmia symptoms at the age of 40. The symptoms then resolved completely, but arrhythmia symptoms recurred at the age of 45.

Answer: 45 years old

Answer direction from left to right	A g e (y e a r s)	r e m e m b e r	I d o n ' t
1 Palpitations	() years	☐	
2 Arrhythmia	() years	☐	
3 Chest pain	() years	☐	
4 Shortness of breath	() years	☐	
5 Congestion	() years	☐	
6 Wheezing	() years	☐	
7 Cough	() years	☐	
8 Sputum	() years	☐	
9 Abnormal lung function	() years	☐	
10 Gum bleeding	() years	☐	
11 Dental hypersensitivity	() years	☐	
12 Nausea, Vomiting	() years	☐	
13 Headache	() years	☐	
14 Heartburn	() years	☐	
15 Stomach pain	() years	☐	
16 Eye pain	() years	☐	

Displayed when Q16=1

Displayed when Q16=2

Displayed when Q16=3

Displayed when Q16=4

Displayed when Q16=5

Displayed when Q16=6

Displayed when Q16=7

Displayed when Q16=8

Displayed when Q16=9

Displayed when Q16=10

Displayed when Q16=11

Displayed when Q16=12

Displayed when Q16=13

Displayed when Q16=14

Displayed when Q16=15

Displayed when Q16=16

[for Allocation=3 (non-smokers)]

NU

Q18

Have you experienced any of the following symptoms as recurrence since the age of 20? If yes, please provide your age when you received a diagnosis as new onset, or you first noticed it.
An approximate answer is acceptable. Please answer to the best of your memory.
Please select "I don't remember" only when you cannot recall.
* Please include the time period under the age of 20 to answer your age when you received the diagnosis as new onset or first noticed the symptom.

Displayed when Q16=1

Displayed when Q16=2

Displayed when Q16=3

Displayed when Q16=4

Displayed when Q16=5

Displayed when Q16=6

Displayed when Q16=7

Displayed when Q16=8

Displayed when Q16=9

Displayed when Q16=10

Displayed when Q16=11

Displayed when Q16=12

Displayed when Q16=13

Displayed when Q16=14

Displayed when Q16=15

Displayed when Q16=16

Answer direction from left to right	A g e (y e a r s)	I d o n ' t r e m e m b e r	N o r e c u r r e n c e
1 Palpitations	() year(s)	☐	☐
2 Arrhythmia	() year(s)	☐	☐
3 Chest pain	() year(s)	☐	☐
4 Shortness of breath	() year(s)	☐	☐
5 Congestion	() year(s)	☐	☐
6 Wheezing	() year(s)	☐	☐
7 Cough	() year(s)	☐	☐
8 Sputum	() year(s)	☐	☐
9 Abnormal lung function	() year(s)	☐	☐
10 Gum bleeding	() year(s)	☐	☐
11 Dental hypersensitivity	() year(s)	☐	☐
12 Nausea, Vomiting	() year(s)	☐	☐
13 Headache	() year(s)	☐	☐
14 Heartburn	() year(s)	☐	☐
15 Stomach pain	() year(s)	☐	☐
16 Eye pain	() year(s)	☐	☐

[for all]

From here, we would like to ask you about your lifestyle.

[for all]

SA

Q19

How many days a week do you drink alcoholic beverages (such as sake, shochu liquor, beer, and Western liquor)?
Please select one of the following that best applies to you.

1 Every day

2 5-6 days a week

3 3-4 days a week

4 1-2 days a week

5 1-3 days a month

6 Rarely drinking

7 Quit drinking

8 No drinking (Unable to drink)

[for Q19=1-5 (those who drink at least once a month)]

SA Q20 How much do you drink per day when you drink?
By converting to sake (Japanese rice wine), please select one of the following that best applies to you.

* 1 go of sake (15% alcohol content, 180 mL) is roughly equivalent to the following amount.
1 medium bottle of beer (5% alcohol content, 500 mL), 0.6 go of Japanese distilled spirit “shochu” (25% alcohol content, about 110 mL), 1/4 bottle of wine (14% alcohol content, about 180 mL),
1 glass of whiskey double (43% alcohol content, 60 mL), 1.5 cans of shochu based beverage (5%, about 520 mL)

- 1 Less than 1 go (180 mL)
- 2 1 go or more and less than 2 go (360 mL)
- 3 2 go or more and less than 3 go (540 mL)
- 4 3 go or more and less than 4 go (720 mL)
- 5 4 go or more and less than 5 go (900 mL)
- 6 5 go (900 mL) or more

[for all]

SA Q21 How often do you exercise at least 30 minutes at a time outside of work?
Please select one that best applies to you.

- 1 Hardly
- 2 1-3 days a month
- 3 1-2 days a week
- 4 3-4 days a week
- 5 Almost every day

[for all]

SA Q22 How long do you walk in a day?
Please select one that best applies to you.

- 1 Almost no walking
- 2 Less than 30 minutes
- 3 30 minutes to less than 60 minutes
- 4 60 minutes or more

[for all]

SA Q23 How much time do you spend in strenuous exercise (e.g. physical labor, hard sports), including work in a normal day?
Please select one that best applies to you.

- 1 No
- 2 Less than 1 hour
- 3 1 hour or more

[for all]

SA Q24 How often do you eat or drink the following per week?
Please select one that best applies for each item.

Answer direction from left to right	H a r d l y	w e e k d a y s a	w e e k d a y s a	d a y m o s t e v e r y
1 Vegetables	1	2	3	4
2 Fish	1	2	3	4
3 Carbonated drinks	1	2	3	4

[for all]

NU Q25 How long do you usually sleep a day?

hoursminutes

[for all]

SA Q26 Do you currently take medications to lower blood pressure as prescribed by your physician?

- 1 Yes (I take medications)
- 2 No (I don't take medications)

[for all]

SA

Q27

Do you currently visit a dentist regularly?

1 Yes (I visit a dentist regularly)

2 No (I don't visit a dentist regularly)

[for all]

NU

Q28

If you know, please provide the blood pressure you have recently measured.

1 Maximum blood pressure

2 Minimum blood pressure

☐ I don't know

mmHg

mmHg

[for all]

SA

Q29

Do you think you receive a lot of stress in your daily routine?
Please select one of the following that best applies to you.

1 Less stressed

2 Moderately stressed

3 High stressed

[for all]

MA

Q30

Have you been diagnosed with or noticed the following diseases or sings/symptoms?
Please select all that apply.

1 Atopic dermatitis

2 Allergic rhinitis

3 Depressed state, Depression

4 Hyperglycemia

5 None apply

[for all]

SA

Q31

Do you have any family members who have been diagnosed with cancer?

1 Yes, I do

2 No, I don't

[for all]

SA

Q32

Have you ever tested positive for COVID-19?

1 Yes (I have tested positive)

2 No (I have never tested positive)

[for Q32=1 (those who have tested positive)]

NU

Q33

When did you receive a positive result for COVID-19?
If you received it more than once, please provide the most recent time.

Year

Month

☐ I don't remember/I don't know

[for all]

NU

Q34

Please provide your current height and weight. An approximate answer is acceptable. Please answer as far as you can tell.

1 Height

2 Body weight

cm

kg