

## SUPPLEMENTARY MATERIAL

### Questionnaire For Nontuberculous Mycobacterial Pulmonary Disease

Survey Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Sex: Male/Female

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_ cm Weight: \_\_\_\_ kg

Address:

Area of living: Metropolis/Farming village/Fishing village/Mountain village

Type of dwelling: Apartment building/Town house/Office building/Detached house/Other

Underlying disease: ( ) COPD ( ) Asthma  
( ) Bronchiectasis ( ) Lung cancer  
( ) Interstitial lung disease ( ) Tuberculosis  
( ) Gastroesophageal reflux disease  
( ) Diabetes mellitus

Menopause: No/Yes (at \_\_\_\_\_ years old)

Smoking status: ( ) Never  
( ) Past \_\_\_\_\_ pack/day, duration \_\_\_\_\_ years  
( ) Current \_\_\_\_\_ pack/day, duration \_\_\_\_\_ years

Family history: ( ) Tuberculosis  
( ) Nontuberculosis mycobacterial disease

#### Soil Exposure

1. Farming: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ everyday

2. Gardening involving a flowerbed: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ everyday

3. Gardening involving flowerpots: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ everyday

#### Water Exposure

1. Showering at home

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day ⑥ ≥2 times/day

2. Public bath use: Yes/No

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day

3. Hot tub use: Yes/No

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day

4. Wet sauna use: Yes/No

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day

5. Swimming: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day

6. Use of a humidifier at home: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day

7. Dishwashing: Yes/No

- Duration: \_\_\_\_ years

- Frequency: ① 1-2 times/year ② 1-2 times/month ③ 1-2 times/ week  
④ 3-5 times/week ⑤ 1 time/day ⑥ ≥2 times/day

#### Pet Exposure

- Pet at home: Yes/No

- Duration: \_\_\_\_ years

- Type: ① Dog ② Cat ③ Fish ④ Bird ⑤ Others \_\_\_\_\_