

Appendix S1. *Questions from the questionnaire used to obtain information on the lifestyle variables piercing, tattooing, vegetarian/vegan diet, smoking habits, orthodontic appliance treatment, and atopy. (Translated from Swedish)*

1) Have you had your ears pierced or other parts of your body pierced for the purpose of wearing jewellery?

- No
 Yes → I got my first piercing in (describe the localization).....
When I wasyears of age.

I am also pierced in the following localizations:.....

2) Do you have a tattoo?

- No
 Yes → I got my first tattoo when I was years of age.
Describe the localization(s) of your tattoos:.....

3) Do you eat, or have you in the past eaten, a completely vegetarian or vegan diet?

- No
 Yes → From the age of years until I was years of age.

4) Do you currently smoke or have you smoked tobacco in the past?

- Never
 Earlier → From the age of years until I was years of age.
 Not now
 Occasionally
 Every day

5) Have you received any type of orthodontic appliance treatment?

- No
 Yes I first received orthodontic appliance treatment when I was years of age.

6) Do you have or have you ever had

Asthma?

- No
 Yes

Allergic rhinitis (e.g. to animals, grass or birch)?

- No
 Yes

Itching eczema in flexural folds on arms or legs (flexural fold eczema)?

- No
 Yes