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 was .......... years 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