

1. Are you currently exposed to passive smoke indoors at home or at the workplace?  
☐ Yes ☐ No

↓

1-1. How many times have you experienced passive smoking indoors at home or at the workplace?  
☐ None (less than once a week) ☐ 1-2 times a week  
☐ 3-4 times a week ☐ 5-6 times a week ☐ 7 times a week (everyday)

1-2. How long do you normally experience passive smoking indoors in a day?  
About  hours  minutes a day

1-3. What is the total period of your passive smoking?  
About  years  months

**Supplementary Figure 1.** Questionnaire of secondhand smoke.