

Multimedia Appendix 1. The questionnaire used in the crowdsourcing survey.

Profile Questions

P1) Age: 10-19 20s 30s 40s 50s 60s and/or above (___)

P2) Sex: Male Female

P3) Marital Status: Single Married

P4) Number of siblings: Only child 1 2 3 More (___)

P5) Do you have any allergies? :

Asthma Pollinosis Allergic rhinitis Atopic dermatitis Food allergy

Drug hypersensitivity Sick building syndrome None

Risk Questions (Seed)

Q1) Do(es) any of your family member(s) have an allergy?

Father Mother Elder brother Younger brother Elder sister Younger sister Son

Daughter Other (___)

Q2) Do you wear any piercings?

Yes No I used to.

Q3) Do you have any decayed teeth?

Yes, and had them treated (about ___ years ago). Yes, but I haven't gotten them treated. Never.

Q4) Do you have any false teeth?

Yes. No.

Q5) Where were you born?

Industrial area Urban area Suburb/countryside

Q6) When you were a child, did you often catch cold?

Yes. No.

Q7) Do (Did) you have a good relationship with your family?

Yes. I had/have a lot of stress.

Q8) Are you temperamental or moody?

Yes. No.

Risk Questions (Proposed)

Q9) Do you live in a newly built house?

Yes. No.

Q10)

Novel Risk-Proposal Question

R1) Please submit some of your own questions that you feel may help to detect the cause of an allergy.

(e.g.) Were you *ing when you were a child? [Please be as specific as possible.]

Were/Do/Did you () ?

[TEXT BOX] [TEXT BOX] [TEXT BOX] [TEXT BOX] [TEXT BOX]

Indicates a radio box (Single choice)

Indicates a check box (Multiple choice)

(Top) **Profile questions** (Middle) **Risk questions** (Bottom) **Novel risk-proposal question**

