

S1 Questionnaire

A COVID-19 and pediatric dentistry

A1. Were you open for business during the first lockdown?

- ☐ Yes
- ☐ No

A2. How had you opened your practice?

- ☐ Fully
- ☐ restricted
- ☐ only for emergency treatment

A3. Which measures did you offer?

- ☐ Oral hygiene measures and prophylaxis
- ☐ Check ups
- ☐ Endodontics in the primary dentition
- ☐ Caries treatment with rotary instruments
- ☐ Caries treatment using the ART technique
- ☐ temporary fillings
- ☐ definitive fillings
- ☐ extraction
- ☐ others

A4. Were you open for business during the second lockdown?

- ☐ Yes
- ☐ No

A5. How had you opened your practice?

- ☐ Fully
- ☐ restricted
- ☐ only for emergency treatment

A6. Which measures did you offer?

- ☐ Oral hygiene measures and prophylaxis
- ☐ only controls
- ☐ Endodontics in the primary dentition
- ☐ Caries treatment with rotary instruments
- ☐ Caries treatment using the ART technique
- ☐ temporary fillings
- ☐ definitive fillings
- ☐ extraction
- ☐ others

A7. Were appointments cancelled due to COVID-19?

- ☐ Yes
- ☐ No

A8. Who postponed the appointment?

- ☐ Patient
- ☐ Practice
- ☐ Equally patient and practice

A9. Why was the appointment postponed?

- ☐ Patient was concerned about possible infection with COVID-19 in the practice.
- ☐ Family/friends advised against visiting the practice due to increased risk of infection.
- ☐ doctor advised against visit because patient belongs to risk group.
- ☐ Other

A10. What type of appointment did this involve?

- ☐ Check up
- ☐ Oral hygiene, prophylaxis
- ☐ Endodontics in the primary dentition
- ☐ Caries treatment with rotary instruments
- ☐ Caries treatment using the ART technique
- ☐ temporary fillings
- ☐ definitive fillings
- ☐ extraction
- ☐ treatment under general anaesthesia
- ☐ nitrous oxid sedation
- ☐ others

A11. As a pediatric dentist, do you consider yourself well prepared to manage patient care in COVID-19 times?

- ☐ yes
- ☐ no

A12. What are your sources of information about the COVID-19 infection?

- ☐ RKI
- ☐ Dental associations in the form of letters or e-mails
- ☐ Collegial exchange
- ☐ Friends and family members
- ☐ Social media (internet or similar)
- ☐ Specialist literature
- ☐ Daily newspaper or magazine
- ☐ Others

A13. Are you aware of guidelines/guidelines on COVID-19 infection?

- ☐ yes
- ☐ no

A14. Have you attended a training course on COVID-19 infection control?

- ☐ yes
- ☐ no
- ☐ I would be interested in a training course
- ☐ I would not be interested in training

A15.

I would like to see training on dental treatment in times of a pandemic.

B. Well-being/safety

B1. To what extent do the following statements apply to you about current patient care during the COVID-19 pandemic?

Please select the appropriate answer for each point:

[illegible]

	strongly disagree	disagree	neutral	agree	strongly agree	No answer
FFP2 masks etc.) on the treatment side						
Appointment optimisation to ensure unnecessary patient contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
additional hand hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B3. Which of the following aspects affect you?

Please select the appropriate answer for each point:

	strongly disagree	disagree	neutral	agree	strongly agree	no answer
limited communication due to additional protective equipment (e.g. visor, mask)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
longer waiting time due to additional measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lack of facial expression due to additional protective equipment (e.g. visor, mask)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4. Were you at least at one time afraid of being infected with COVID-19 at the practice?

- ☐ Yes
- ☐ No

B5. Please indicate for each month how much fear you had of contracting COVID-19 at the practice.

	Large fear	rather fear	undecided	rather no fear	none fear
march	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
may	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B6. Do you think, that all hygiene rules related to infection control were followed in the COVID-19 pandemic in the following areas?

	never	sometimes	often	More often	always
patient registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
waiting rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
treatment /Dentists' room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B7. Do you perceive the increased hygiene rules and additional protective measures (e.g., wearing mouth/nose covering in the building, hand hygiene, keeping your distance, regular ventilation) as a burden during your stay at the practice?

- Yes, the measures are a burden for me.
- No, the additional measures are not a problem for me.

B8. Arrange the following actions in descending order of how they impact you the most (highest impact at the top, lowest impact at the bottom)

- | | |
|--|-----------------------|
| wear mouth-nose covering permanently indoors. | <input type="radio"/> |
| ventilate regularly | <input type="radio"/> |
| keeping distance from other people | <input type="radio"/> |
| limited use of elevator | <input type="radio"/> |
| hand hygiene | <input type="radio"/> |
| handlers' faces covered by additional protective measures (e.g. visors, masks) | <input type="radio"/> |

C. Procedure

C1. Please assess whether and to what extent pediatric patient care in the practice SINCE the COVID-19 pandemic with regard to the following aspects has changed compared to before the pandemic:

	shorter	unchanged	longer	I cannot judge
time required for patient organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting time for treatment in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occurrence of inconveniences (e.g. waiting outside, "traffic" in the registration area)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of patients in the practice at the same time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
time required for individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbers of patients being treated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C2. If you have to work with aerosol producing measures, which Mouth Covering do you use?

- ☐ FFP3
- ☐ FFP2
- ☐ Medical Mouth-nose covering
- ☐ Protective shield/visor
- ☐ Medical Mouth-nose covering and protective shield/visor

C3. How did you get protective equipment (masks etc.)?

- ☐ Dental depot
- ☐ Pharmacy

- Collegial contacts
- others

C4. How do you currently organise your daily practice with regard to parental support in patient care?

- Child may only come with one parent
- only 1 patient/parent in the waiting room
- several patients/parents in the waiting room, but with sufficient distance between them
- Patient appointments at long intervals without contact with other households

D. Knowledge

D1. The virus which has caused the current pandemic is called

- COVID-19
- new SARS-2 mutation
- severe acute respiratory syndrome (SARS)
- 2019-nCoV
- Severe acute respiratory syndrome (SARS-CoV-2)

D2. Which age groups are affected by COVID-19?

(Multiple answers possible)

- under 5 years
- between 5 and 14 years
- between 15 and 24 years
- between 25 and 34 years
- between 35 and 44 years
- between 45 and 54 years
- between 55 and 64 years
- between 65 and 79 years
- 80-100 years old

D3. COVID-19 can be transmitted by

- a handshake
- Coughing and sneezing
- Touching infected surfaces such as table and pet knobs
- others

D4. In my opinion, the most common symptom described with a COVID-19-infection is...

- Fever
- Cough
- Sore throat
- Diarrhoea
- Difficulty breathing
- Loss of smell and taste

D5. In my opinion, the incubation period of COVID-19 is ...

- 1-14 days
- 1-7 days
- 2-5 days
- 1-14 hours

D6. In my opinion, isolation is called....

- the separation of those who are ill and suspected of being infected with COVID 19 infected
- the separation of those who are not yet ill but have been exposed to COVID 19
- the same as quarantine

D7. What is the main feature of a rapid antibody test kit?

- Confirms that the person tested has been exposed to COVID-19 infection.
- Confirms that the person tested has been exposed to COVID-19 infection.
- Confirms that the person tested is not infected with COVID-19
- Test result takes more than 48 hours
- Test shows positive result within 24 hours of infection

Part E: Outlook

E1. For how long (month/s) do you think the COVID-19 pandemic will continue to change our patient care in the dental clinic?

E2. Would you be in favor of maintaining the additional protective measures after the COVID-19 pandemic with regard to other airborne infectious diseases (e.g. tuberculosis)?

Yes, always. ☐

Yes, depending on the situation (e.g. in the winter months or when there is an increased risk). ☐

I cannot judge ☐

no ☐

E3. What additional hygiene and protective measures would you recommend? (Multiple selection possible)

- questionnaire to query symptoms and stay in risk areas. ☐
- one-way street system and entry system ☐
- wearing face coverings throughout the whole attendance ☐
- Corona test before each treatment ☐
- additional protective equipment (visors, FFP2 masks, etc.) on the practioner's side ☐
- structural partitioning of the treatment boxes into individual "treatment rooms" ☐
- additional hand hygiene ☐
- others ☐

Part F Final questions

F1. What is your gender?

Please select only one of the following answers:

- ☐ male
- ☐ female
- ☐ inter / diverse

F2. Please state your age in years.

F3. How long have you been practising dentistry?

F4. Do you belong to the risk group with regard to a possible COVID-19 infection?

- ☐ Yes
- ☐ No

F5. Why do you belong to the risk group? (Multiple selection possible)

- | | |
|--|-----------------------|
| Age +50 years | <input type="radio"/> |
| chronic disease (e.g. diabetes, high blood pressure, heart, lung, liver or kidney disease) | <input type="radio"/> |
| smoker | <input type="radio"/> |
| immunosuppression | <input type="radio"/> |
| obesity | <input type="radio"/> |
| pregnancy | <input type="radio"/> |
| others | <input type="radio"/> |

F6. Have you ever been diagnosed with COVID-19?

- ☐ Yes
- ☐ No

F7: Where do you think you became infected with COVID-19?

- | | |
|---|-----------------------|
| in private environment (at home) | <input type="radio"/> |
| in private environment (vacation) | <input type="radio"/> |
| in professional environment (practice) | <input type="radio"/> |
| in professional environment (professional trip) | <input type="radio"/> |
| in professional environment (medical appointment) | <input type="radio"/> |

in professional environment (dental
appointment)

☐

in professional environment (stay in
hospital)

☐

others

☐

**F8. What else would you like to tell us? Use the space for further suggestions and
comments**