

## **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





	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"/>					
additional hand hygiene	<input type="radio"/>					
others	<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"/>					
longer waiting time due to additional measures	<input type="radio"/>					
lack of facial expression due to additional protective equipment (e.g. visor, mask)	<input type="radio"/>					
others	<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"/>				
apr	<input type="radio"/>				
may	<input type="radio"/>				
jun	<input type="radio"/>				
jul	<input type="radio"/>				
aug	<input type="radio"/>				
sep	<input type="radio"/>				
oct	<input type="radio"/>				
nov	<input type="radio"/>				
dec	<input type="radio"/>				
jan	<input type="radio"/>				
feb	<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"/>				
waiting rooms	<input type="radio"/>				
treatment /Dentists' room	<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 practitioner'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
- chronic disease (e.g. diabetes, high blood pressure, heart, lung, liver or kidney disease)
- smoker
- immunosuppression
- obesity
- pregnancy
- others

**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)
- in private environment (vacation)
- in professional environment (practice)
- in professional environment (professional trip)
- in professional environment (medical appointment)

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**