

## Operational Implications and Risk Assessment of COVID-19 in Dental Practices

We invite you to fill this survey questionnaire for our study and thank you in advance for your participation.

Please indicate your consent: I have read the invitation letter and I have understood the nature of this proposed study. I Consent to participate in the study. I understand that my participation in this study will not lead to any financial benefits.

☐ Yes

☐ No

☐ Other

<b>Patients Bio-data</b>	
<b>Age</b>	
<b>Gender</b>	
<b>Occupation</b>	
<b>Patient M.R Number (if applicable)</b>	

## Dear patients,

We need your feedback on what we can do to serve you better

<b>Questionnaire items</b>	<b>Yes</b>	<b>No</b>
Did any restrictions placed by clinic's security regarding to wear a face mask and to limit the number of attendants?		
Did you receive any preventive measures at clinic entrance e.g., hand hygiene?		
Upon arrival, did you feel comfortable with the environment?		
Were you seated accordingly with proper distancing?		
Did it take long to wait for your appointment?		
Did you have any dental emergency?		
Was thermal scanning done before you entered the clinic?		
Did the dentist take any medical history before starting the procedure?		
When you entered the procedure room was the dentist wearing proper personal protective hygiene (PPE)		
Was the dental assistant wearing proper PPE as well?		
Were any PPE provided for your safety?		

How was the aerosol procedure performed, were the water droplets spreading in the air?		
Did the dentist guide the importance of proper hand hygiene?		
Were proper infection control measures followed in the waiting area?		
Are you satisfied with the services being provided to you?		

**Thank you.**