A1 Please select, if you are a patient yourself or if your child is being treated by us.

- o I am a patient myself.
- o My child is a patient.

B1 I felt sufficiently informed about the dental care concept adapted to COVID-19 pandemic, by...

Please select the appropriate answer for each point:

| | strongly disagree | disagree | neutral | agree | strongly agree | no answer |
|---|---|---|---|---|---|---|
| information signs | ○ | ○ | ○ | ○ | ○ | ○ |
| internal information of the department (e.g. meetings, student council, online, personal information transfer) | ○ | ○ | ○ | ○ | ○ | ○ |
| external information of the department (e.g. university newsletter, webpage) | ○ | ○ | ○ | ○ | ○ | ○ |

B2. Please assess whether and to what extent patient care in the dental clinic SINCE the COVID-19 pandemic with respect to the following aspects has changed compared to before the pandemic:

| | less | unchanged | more |
|---|---|---|---|
| time required for central patient registration on the first floor (incl. Covid-19 anamnesis) | ○ | ○ | ○ |
| time required for patient registration in the departments | ○ | ○ | ○ |

| | less | unchanged | more |
|---|---|---|---|
| waiting time in the waiting rooms of the departments | ○ | ○ | ○ |
| waiting time for treatment appointments in general | ○ | ○ | ○ |
| time required for individual treatment sessions | ○ | ○ | ○ |

B3. Has your child or yourself had dental treatment postponed due to the COVID-19 pandemic?

- Yes
- No

B4. From which side was the above-mentioned appointment postponed?

- Patient (by yourself)
- Dental clinic

B5.Why did you postpone the appointment? (Multiple selection possible)

| | |
|---|---|
| concern about possible infection with COVID-19 in dental clinic | ○ |
| family/friends have advised against a visit to the dental clinic due to an increased risk of infection | ○ |
| family doctor advised against visiting dental clinic because patient belongs to risk group | ○ |
| others | ○ |

B6. What type of appointment was this? (multiple selection possible)

| | |
|---|---|
| preventive dental appointment/dental check-up | ○ |
| prophylaxis/professional tooth cleaning (also as part of supportive periodontal therapy) | ○ |
| oral surgical treatment (e.g. tooth extraction, implantation) | ○ |
| caries therapy, filling therapy, root canal treatment | ○ |
| orthodontic treatment | ○ |
| periodontal treatment | ○ |
| oral surgery treatment (e.g. tumor treatment) | ○ |
| others | ○ |

Was the appointment cancelled without replacement, or if not, by how many weeks?

- cancelled without replacement
- …..weeks was the appointment postponed?

C1. 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:

| | strongly disagree | disagree | neutral | agree | strongly agree | No answer |
|---|---|---|---|---|---|---|
| I think it is good that regular patient treatment is maintained with increased hygiene and protective measures and not only emergency treatment is provided. | ○ | ○ | ○ | ○ | ○ | ○ |
| I am afraid to infect MYSELF. | ○ | ○ | ○ | ○ | ○ | ○ |
| I am afraid to infect OTHERS. | ○ | ○ | ○ | ○ | ○ | ○ |
| I feel uncomfortable. | ○ | ○ | ○ | ○ | ○ | ○ |
| In my opinion, the practitioner feel uncomfortable | ○ | ○ | ○ | ○ | ○ | ○ |

C2. How useful do you think are the following measures with regard to protection against infection in the dental clinic/dental treatment?

| | strongly disagree | disagree | neutral | agree | strongly agree | no answer |
|---|---|---|---|---|---|---|
| questionnaire to query symptoms and stay in risk areas | ○ | ○ | ○ | ○ | ○ | ○ |
| wearing mouth-to-nose coverings throughout the whole attendance | ○ | ○ | ○ | ○ | ○ | ○ |

| | strongly disagree | disagree | neutral | agree | strongly agree | no answer |
|---|---|---|---|---|---|---|
| corona test before each treatment | ○ | ○ | ○ | ○ | ○ | ○ |
| additional protective equipment (visors, FFP2 masks etc.) on the treatment side | ○ | ○ | ○ | ○ | ○ | ○ |
| additional hand hygiene | | | | | | |

C3. Which of the following aspects affect you?

| | strongly disagree | disagree | neutral | agree | strongly agree | no answer |
|---|---|---|---|---|---|---|
| limited communication due to additional protective equipment (e.g. visor, mask) on the practioners´side | ○ | ○ | ○ | ○ | ○ | ○ |
| longer waiting time due to additional measures | ○ | ○ | ○ | ○ | ○ | ○ |
| COVID questionnaire | ○ | ○ | ○ | ○ | ○ | ○ |
| lack of facial expression due to additional protective equipment (e.g. visor, mask) | ○ | ○ | ○ | ○ | ○ | ○ |
| waiting time in the outside area of the dental clinic | ○ | ○ | ○ | ○ | ○ | ○ |
| no toys/books in the waiting area | ○ | ○ | ○ | ○ | ○ | ○ |

C4. Were you at least at one time afraid of being infected with COVID-19 at the dental clinic?

- o Yes
- o No

C5. Please indicate for each month how much fear you had of contracting COVID-19 at the dental clinic.

| | Large fear | rather fear | undecided | rather no fear | none fear |
|---|---|---|---|---|---|
| mar | ○ | ○ | ○ | ○ | ○ |
| apr | ○ | ○ | ○ | ○ | ○ |
| may | ○ | ○ | ○ | ○ | ○ |
| jun | ○ | ○ | ○ | ○ | ○ |
| jul | ○ | ○ | ○ | ○ | ○ |
| aug | ○ | ○ | ○ | ○ | ○ |
| sep | ○ | ○ | ○ | ○ | ○ |
| oct | ○ | ○ | ○ | ○ | ○ |
| nov | ○ | ○ | ○ | ○ | ○ |
| dec | ○ | ○ | ○ | ○ | ○ |

C6. 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 | ○ | ○ | ○ | ○ | ○ |
| waiting rooms | ○ | ○ | ○ | ○ | ○ |
| treatment /dentists´ room | ○ | ○ | ○ | ○ | ○ |

C7. 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 visit to the dentist?

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

D1. For how long (month/s) do you think the COVID-19 pandemic will continue to

change our patient care in the dental clinic?

D2. Would you advocate that the additional protective measures should also be maintained 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). | ○ |
| cannot judge | ○ |
| no | ○ |

D3. 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 of mouth-nose coverings throughout the whole attendance | ○ |
| corona test before each treatment | ○ |

additional protective equipment (visors, FFP2 masks, etc.) on the treatment side ○

Structural partitioning of the treatment boxes into individual "treatment rooms" ○

additional hand hygiene ○

others ○

E1. What is your gender or the gender of your child?

Please select only one of the following answers:

- male
- female
- inter / trans

E2. What age group do you or your child belong to?

0- to 4-year-olds ○

5- to 14-year-olds ○

15- to 24-year-olds ○

25- to 34-year-olds ○

35- to 44-year-olds ○

45 to 54-year-olds ○

55- to 64-year-olds ○

65- to 74-year-olds ○

75 to 100-year-olds ○

E3. How many years have you or your child been a patient at the dental clinic?

E4. Do you or your child belong to the risk group with regard to a possible COVID-19 infection?

- Yes
- No

E5. Why do you or your child 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 | ○ |
| overweight | ○ |
| pregnancy | ○ |
| others | ○ |