

The study is carried out solely for scientific purposes by: Poznan University of Medical Sciences, Uniwersytet Medyczny im. Karola Marcinkowskiego w Poznaniu

PLEASE GIVE BACK THIS QUESTIONNAIRE TO VOLONTEER!!!! THANK YOU!!!!

Table S1: Self-designed questionnaire.

1	Did you suffer from COVID-19 in 2020/2021?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you been sent to quarantine in 2020/2021?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	<i>Did you work remotely due to pandemic reasons in 2020/2021?</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Did you have any dental appointment in 2020/2021?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	How many dental visits did you have in 2020/2021?	0 <input type="checkbox"/> teledentistry	1 2 3 4 <input type="checkbox"/> more
6	Were you afraid of a dental visit from epidemic reasons in 2020/2021?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	What were the reasons for a dental visit in 2020/2021? (you can choose more than 1 answer if needed)	<input type="checkbox"/> NO <input type="checkbox"/> toothache <input type="checkbox"/> gingivitis (pain/bleeding/swelling of gums) <input type="checkbox"/> dental examination (routine and non-invasive) <input type="checkbox"/> continuation of dental treatment <input type="checkbox"/> conservative treatment <input type="checkbox"/> surgical treatment <input type="checkbox"/> prosthetic treatment <input type="checkbox"/> orthodontic treatment <input type="checkbox"/> oral/tooth trauma <input type="checkbox"/> oral mucosa treatment	
8	Was there any problem with arranging a dental appointment due to the pandemic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	Did you postpone your dental appointment because of the pandemic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Do you <u>currently</u> have complaints in mouth? <i>(whether you have any complaints in oral cavity?)</i>	<input type="checkbox"/> toothache <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> gums bleeding <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> stains/calculus <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> lost of filling <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> tooth hypersensitivity <input type="checkbox"/> YES <input type="checkbox"/> NO	
11	Are you currently concerned about a dental visit due to the pandemic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12	Has the frequency of your meals increased daily?	<input type="checkbox"/> NO	x2 x3 x4 >5
13	Has the amount of consumed sweets/ sweet snacks increased per day?	<input type="checkbox"/> NO	x2 x3 x4 >5
14	Has the frequency of drinking a certain drink increased in 2020/2021? Whose?	<input type="checkbox"/> YES	<input type="checkbox"/> whose?..... <input type="checkbox"/> NO
15	Do you sweeten hot drinks with sugar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16	What is the time of the last meal in the evening	18:00	20:00 22:00 24:00

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	before bedtime?	
17	Do you smoke cigarettes? How many times a day?	<input type="checkbox"/> NO <input type="checkbox"/> YES, SMOKE < packet a day <input type="checkbox"/> YES, SMOKE > packet a day
18	How often do you drink alcohol?	<input type="checkbox"/> each day <input type="checkbox"/> several times a week <input type="checkbox"/> 1x week <input type="checkbox"/> occasionally (only special occasions, e.g. birthdays, holidays) <input type="checkbox"/> I don't drink at all
19	Please write the NAME of the most frequently used toothpaste?
20	How long do you brush your teeth usually?	0,5min 1min 2min 3min >
21	How many Times do you brush your teeth?	0 1x 2x 3x 4x
22	What type of toothbrush do you use usually?	<input type="checkbox"/> manual <input type="checkbox"/> electric <input type="checkbox"/> sonic <input type="checkbox"/> both (manual and other)
23	How often do you replace for new toothbrush?	each 2months each 3ms each 6ms 1 a year
24	During the pandemic, have you noticed a change in your oral hygiene?	<input type="checkbox"/> NO changes <input type="checkbox"/> YES, I cared for oral hygiene more than before <input type="checkbox"/> YES, I cared for oral hygiene worse than before
25	Do you use dental floss? How many times a day?	<input type="checkbox"/> NO, I do not use <input type="checkbox"/> 1x day <input type="checkbox"/> 2x day <input type="checkbox"/> after each meal
26	Do you use oral mouthwash? Please indicate the NAME of the most frequently used mouthwash?	<input type="checkbox"/> NO, I do not use <input type="checkbox"/> YES, I use :.....
27	Have you changed the frequency of using mouth rinse during the pandemic?	<input type="checkbox"/> NO changes <input type="checkbox"/> YES, I rinse more than before <input type="checkbox"/> YES, I rinse less frequent than before
28	Do you have to use dentures? Which one (please indicate)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> crowns, bridges <input type="checkbox"/> removable dentures: e.g. acrylic, metallic alloys <input type="checkbox"/> implants
29	How many years do you use this prosthesis?	<input type="checkbox"/> NO have <input type="checkbox"/> new <input type="checkbox"/> older how many years?.....
30	Does the prosthesis cause any discomfort (please read and choose examples)?	<input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> tightness in the mouth <input type="checkbox"/> pain <input type="checkbox"/> difficulty in eating <input type="checkbox"/> difficulty in speaking <input type="checkbox"/> lack of stabilization
31	For this reason, in 2020/2021 were you forced to correct the prosthesis yourself?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32	Age (years)	
33	Height (cm)	
34	Body mass (kg)	
35	Graduated Education	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Vocational <input type="checkbox"/> Higher
36	Sex	<input type="checkbox"/> MAN <input type="checkbox"/> WOMAN