

**Supplementary Material 1. General questions and demographic data:**

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age		
Height (cm)		
Weight (kg)		
Country/ Address		
Level of education		
General health	Very good-excellent <input type="checkbox"/>	Fair-good <input type="checkbox"/> Poor <input type="checkbox"/>
Chronic illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoking	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Supplementary Material 2. Questions to measure oral hygiene status:

1. How many times do you brush your teeth?	No brushing. (0)	Once a day. (1)	Twice a day or more. (2)	
2. How do you clean your teeth?	Toothbrush, fluoride toothpaste & dental floss. (3)	Toothbrush, fluoride toothpaste. (2)	Toothbrush only. (1)	
3. How often do you change your toothbrush?	Once in 3 months. (2)		Once in 6 months or more. (0)	
4. Do you use mouthwashes containing fluoride?	Often. (2)	Sometimes. (1)	Rare or never. (0)	
5. Do you complain of halitosis (bad smell from your mouth)?	Often. (0)	Sometimes. (1)	Rare or never. (2)	
6. Do you complain of bleeding on brushing or gingival bleeding?	Often. (0)	Sometimes. (1)	Rare or never. (2)	
7. Do you suffer of teeth sensitivity?	Often. (0)	Sometimes. (1)	Rare or never. (2)	
8. Do you have toothaches?	Yes (0)		No (2)	
9. How often do you eat sugars?	Daily. (0)		Weekly or more. (2)	
10. Do you consume sugar rich drinks?	Often (0)		Rare (2)	
11. How often do you visit the dental clinic for check-up?	Once a year or more often. (2)		Once every few years or when there is pain. (0)	
12. What procedures do you do the most?	Scaling (2)	Restorations (1)	Extraction (0)	
13. How often do you get your teeth cleaned by a dentist?	Rare or never (0)	Once in a year (1)	Twice in a year (2)	
14. Are there restorations in your teeth?	No cavities at all (2)	1-2 cavities (1)	3 cavities or more (0)	Don't know (0)
15. Do you have any unrestored decayed teeth?	Yes (0)		No (2)	
16. Do you have teeth which are mobile?	Yes (0)	No (2)	Don't know (2)	
17. State your dental condition?	Contain missing teeth (0)	Contain missing teeth restored with fixed or removable prosthesis (1)	Contain no missing teeth (2)	
18. How were your oral hygiene measures during being infected with COVID-19?	Increased. (2)	Decreased. (0)	The same. (1)	

**Supplementary Material 3. Questions to assess the severity of COVID-19 illness:**

1. Did you test PCR positive for COVID-19?	Yes	No	
2. Did you complain of fever?	Yes	No	
3. Did you complain of cough?	Yes	No	
4. Did you complain of sore throat?	Yes	No	
5. Did you complain of malaise?	Yes	No	
6. Did you complain of headache?	Yes	No	
7. Did you complain of diarrhea?	Yes	No	
8. Did you complain of loss of taste &/ smell sensation?			
9. Did you complain of muscle pain?	Yes	No	
10. Did you experience dyspnea or shortness of breath?	Yes	No	Not sure
11. Did you do chest X-ray or CT chest?	Yes	No	
12. Did your chest X-ray or CT chest showed pneumonia?	Yes	No	Don't know
13. If your symptoms deteriorated, when that happened?	During the first week	During the second week or after	No deterioration
14. When your symptoms started to disappear?	After a week or less	After 1-2 weeks	other
15. When you felt totally free of symptoms (fully recovered)?	2 weeks	4 weeks	6 weeks
16. Did u need hospitalization?	Yes	No	
17. Did you experience high grade fever >39?	Yes	No	
18. Did you experience severe dyspnea with cyanosis?	Yes	No	Not sure
19. Did you experience chest pain?	Yes	No	
20. Did you experience increase in respiratory rate?	Yes	No	Not sure
21. Did you experience increase in heart rate?	Yes	No	Not sure
22. Did you experience decrease in blood pressure?	Yes	No	Not sure
23. Did your condition required entering intensive care unit?	Yes	No	
24. Did your condition required a ventilator?	Yes	No	
25. CRP values during the first week of illness			

**Supplementary Material 4.** Demographic data of the included participants with MEAN ± STDV of their age and BMI:

		N	%
<b>Gender</b>	Male	104	33.8
	Female	204	66.2
<b>Education</b>	High (Bachelor's, Master's & PhD degrees)	268	87
	Low (high school or below)	40	13
<b>Address</b>	Cairo	262	85
	Another Egyptian governorate	46	15
Age Mean ±SD	34.98±8.08		
BMI Mean ±SD	27.35±4.25		

**Supplementary Material 5.** Descriptive statistics for general health of the included participants corresponding to COVID-19 severity with insignificant difference as p value = 0.2 (the MEAN ± STDV of their age and BMI were clarified):

			COVID Severity		P Value
			Serious	Mild	
<b>general health description"</b>	Poor	N	2	8	0.2
		%	2.5%	3.5%	
	Fair –good	N	68	162	
		%	85.0%	71.1%	
	Good –excellent	N	10	58	
		%	12.5%	25.4%	
<b>Age</b>	Mean ±SD	37±8.5	34.28±7.8	0.08	
<b>BMI</b>	Mean ±SD	27.8±4	27.18±4.3	0.4	