

Questionnaire study on working conditions of dentists during the first COVID-19 lockdown

1.) In which country do you predominantly work in?

- a. Austria
- b. Germany
- c. Switzerland
- d. South-Tirol

2.) How old are you? (Drop-down 23 - 85 years)

3.) In which field of work do you mainly work in (multiple answers possible)?

- a. Conservative dentistry
- b. Endodontics
- c. Prosthodontics
- d. Periodontology
- e. Oral surgery
- f. Pediatric dentistry
- g. Orthodontics
- h. Dental prophylaxis

4.) What employment relationship are you in (multiple answers possible)?

- a. Self-employed in your own practice
- b. Self-employed in a community practice
- c. Employment at a joint practice (e.g. further training assistant), outpatient clinic (e.g. an insurance company), or the like.
- d. Employment at a university clinic
- e. Employment at a general hospital
- f. Exclusively acting as substitute dentist (in A: Wohnsitz-Zahnarzt)
- g. no information

5.) How had your workflow changed due to the COVID-19 pandemic (during the lockdown) with regard to your **working hours** (multiple answers possible)?

- a. No change in working hours
- b. Extended office hours
- c. Restricted office hours
- d. Emergency service only in your own practice
- e. Participation in central emergency services
- f. Temporary practice closure
- g. Employment relationship with unchanged weekly hours
- h. Employment relationship with reduced weekly hours
- i. Employment relationship with increased weekly hours
- j. No information

6.) If you closed your practice completely during the lockdown, how long did it last?

- a. Drop-Down (1 - 10 weeks; no practice closure, practice is still being closed)

7.) How had your workflow changed due to the COVID-19 pandemic (during the lockdown) with regard to the type of treatments carried out (multiple answers possible)?

- a. No treatment due to interruption of work
- b. Telemedical care
- c. Pain management exclusively (e.g. extractions, trepanations, incisions, etc.)
- d. Extended emergency service (including pain management, replacement of broken fillings, provision of temporaries, denture repairs )
- e. All treatments as before the pandemic except professional dental hygiene
- f. All treatments as before the pandemic without restrictions
- g. no information

8.) With regard to personal protective equipment: Which protective equipment did you use as standard **BEFORE** the COVID-19 pandemic for every patient (multiple answers possible)?

- a. Surgical mask
- b. FFP1 mask
- c. FFP2 mask

- d. FFP3 mask
- e. Eye protection
- f. Face shield
- g. Gloves (one layer)
- h. Gloves (double layer)
- i. Protective clothing
- j. Protective hood
- k. Other protective equipment

9.) Which personal protective equipment did you use for every patient **AT THE PEAK** of the COVID-19 pandemic (multiple answers possible)?

- a. Surgical mask
- b. FFP1 mask
- c. FFP2 mask
- d. FFP3 mask
- e. Eye protection
- f. Face shield
- g. Gloves (one layer)
- h. Gloves (double layer)
- i. Protective clothing
- j. Protective hood
- k. Other protective equipment

10.) Which protective measures did you integrate into your daily routine **AT THE PEAK** of the COVID-19 pandemic (multiple answers possible)?

- a. Information at the entrance
- b. Screening questionnaire in which, for example, symptoms, contact with infected people, stay at risk area, etc. are queried
- c. Telephone and / or online consultations before the appointment
- d. Measurement of the patient's body temperature
- e. Measurement of the body temperature of the employees
- f. Disinfectants for the patients

- g. Mandatory masks in the waiting area
- h. Limitation of appointments
- i. Reduced capacity in waiting area
- j. Reduction of aerosol forming activities (e.g. oral hygiene with ultrasound)
- k. Periodic ventilation of the practice rooms
- l. Installation of ventilation systems
- m. Using rubber dam for aerosol-producing preparations
- n. None of the measures mentioned

11.) Which protective measures have you **CURRENTLY** integrated into your daily routine (multiple answers possible)?

- a. Information at the entrance
- b. Screening questionnaire in which, for example, symptoms, contact with infected people, stay at risk area, etc. are queried
- c. Telephone and / or online consultations before the appointment
- d. Measurement of the patient's body temperature
- e. Measurement of the body temperature of the employees
- f. Disinfectants for the patients
- g. Mandatory masks in the waiting area
- h. Limitation of appointments
- i. Reduced capacity in waiting area
- j. Reduction of aerosol forming activities (e.g. oral hygiene with ultrasound)
- k. Periodic ventilation of the practice rooms
- l. Installation of ventilation systems
- m. Using rubber dam for aerosol-producing preparations
- n. None of the measures mentioned

12.) Have you treated patients with a confirmed COVID-19 infection?

- a. Yes
- b. No
- c. No information

13.) Have you treated infectious patients, which were tested positive at some point after the treatment?

- a. Yes
- b. No
- c. Currently no cases known
- d. No information

14.) Have you treated patients with suspected COVID-19 infection (symptoms such as increased body temperature, cough, etc. or patients under quarantine)?

- a. Yes
- b. No
- c. No information

15.) Please estimate your financial loss in the most unprofitable month (how many percent did you earn less compared to the situation before the COVID-19 crisis)?

- a. 0-20%
- b. 20-40%
- c. 40-60%
- d. 60-80%
- e. 80-100%
- f. Cannot be estimated or finally calculated yet

16.) What are the consequences that resulted of these financial losses (multiple answers possible)?

- a. I didn't suffer any financial losses
- b. No consequences, operations can be resumed as usual after the COVID-19 crisis
- c. Employees have left
- d. Termination of employees was required
- e. Long-term restricted office hours
- f. Fee increase / surcharges for patients
- g. Not yet conclusively assessable
- h. Other consequences

17.) Which support options did you obtain during der COVID-19 pandemic (multiple answers possible)?

- a. Financial support from the state
- b. Financial support from an insurance provider
- c. Tax deferral
- d. Financial support to cover the wage costs of the employees (“Kurzarbeit”)
- e. Provided protective material
- f. guidelines / information material
- g. I obtained other support
- h. I did not receive any support

18.) Have you always had sufficient access to personal protective equipment since the first COVID-19 infections?

- a. Yes
- b. No
- c. No information

19.) If no, which protective equipment was/were missing?

- a. Surgical mask
- b. FFP1 mask
- c. FFP2 mask
- d. FFP3 mask
- e. Eye protection
- f. Face shield
- g. Gloves (one layer)
- h. Gloves (double layer)
- i. Protective clothing
- j. Protective hood
- k. Other protective equipment

20.) Do you currently have sufficient access to personal protective equipment (again)?

- a. Yes

- b. No
- c. No information

21.) If no, which personal protective equipment is/are you currently missing?

- a. Surgical mask
- b. FFP1 mask
- c. FFP2 mask
- d. FFP3 mask
- e. Eye protection
- f. Face shield
- g. Gloves (one layer)
- h. Gloves (double layer)
- i. Protective clothing
- j. Protective hood
- k. Other protective equipment

22.) Which personal protective equipment do you use for every patient **AT THE MOMENT** (multiple answers possible)?

- a. Surgical mask
- b. FFP1 mask
- c. FFP2 mask
- d. FFP3 mask
- e. Eye protection
- f. Face shield
- g. Gloves (one layer)
- h. Gloves (double layer)
- i. Protective clothing
- j. Protective hood
- k. Other protective equipment

23.) With the declining infection numbers, some state-induced measures have now been gradually withdrawn. How is this affecting your working hours at this point in time?

- a. Return to office hours as before the pandemic
- b. Other ordination times, but the same total number of hours per week as before
- c. Extended office hours, i.e. an increase in the total number of hours per week
- d. Ongoing restricted office hours, i.e. reduction of the total number of hours per week
- e. Persistent practice closure
- f. Not specified

24.) Do you feel adequately represented by your professional association? (Scale 0-10, 0: not at all to 10: optimal)

- a. Drop-Down (0 - 10, not specified)