**Appendix 1: STROBE Statement**

Checklist of items that should be included in reports of *cross-sectional studies*

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| --- | --- | --- | --- |
|  | Item No | Recommendation | Page No |
| **Title and abstract** | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract | Title, page 1 |
| (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | Abstract,  Page 1 |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | **Introduction**, Page 1-2 |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | **Introduction**, Page 2, paragraph 4 |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | Methodology, Page 3, paragraph 1 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | Methodology, Page 4, paragraph 2 |
| Participants | 6 | (*a*) Give the eligibility criteria, and the sources and methods of selection of participants | Methodology, Page 3, paragraph 2 |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | Methodology, Page 3, paragraph 4-5 |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | Methodology, Page 3, paragraph 4-5 |
| Bias | 9 | Describe any efforts to address potential sources of bias | N / A |
| Study size | 10 | Explain how the study size was arrived at | Methodology, Page 3, paragraph 2 |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | N / A |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | Methodology, Statistical analyses,  Page 4 |
| (*b*) Describe any methods used to examine subgroups and interactions | Methodology, Statistical analyses,  Page 4 |
| (*c*) Explain how missing data were addressed | N / A |
| (*d*) If applicable, describe analytical methods taking account of sampling strategy | N / A |
| (*e*) Describe any sensitivity analyses | Methodology, Page 3, paragraph 3 |
| Results | | | |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | Results, Page 4, paragraph 1 |
| (b) Give reasons for non-participation at each stage | N / A |
| (c) Consider use of a flow diagram | N / A |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | Results, Page 4, paragraph 1 |
| (b) Indicate number of participants with missing data for each variable of interest | Table 1 and Table 2 |
| Outcome data | 15\* | Report numbers of outcome events or summary measures | Results, Page 5, paragraph 2-5 |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | Methodology, Statistical analyses,  Page 4 |
| (*b*) Report category boundaries when continuous variables were categorized | N / A |
| (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | N / A |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | Methodology, Page 3, paragraph 3 |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | Discussion, Page 5, paragraph 1 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | Discussion, Page 8, paragraph 3- 4 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | Discussion, Page 5-8 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | Discussion, Page 5-8 |
| Other information | | | |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | **Declarations, “Funding”** |

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

**Appendix 2: Questionnaire**

**Socio-demographic Profile**

1) What is your gender?

( ) Male

( ) Female

2) How old are you?

3) In what state does most of your professional performance take place?

( ) Acre

( ) Alagoas

( ) Amapá

( ) Amazonas

( ) Bahia

( ) Ceará

( ) Distrito Federal

( ) Espírito Santo

( ) Goiás

( ) Maranhão

( ) Mato Grosso

( ) Mato Grosso do Sul

( ) Minas Gerais

( ) Pará

( ) Paraíba

( ) Paraná

( ) Pernambuco

( ) Piauí

( ) Rio de Janeiro

( ) Rio Grande do Norte

( ) Rio Grande do Sul

( ) Rondônia

( ) Roraima

4) How long have you been a dentistry graduate?

( ) 0-5 years

( ) 6-10 years

( ) 11-15 years

( ) 16 - 20 years

( ) > 20 years

5) How long have you been working in private practice?

( ) 0-5 years

( ) 6-10 years

( ) 11-15 years

( ) 16 - 20 years

( ) > 20 years

6) Have you completed a postgraduate course in Dentistry? Select the highest degree.

( ) No

( ) No, but I'm attending

(  ) Yes, improvement or the like

( ) Yes, specialization or residence

(  ) Yes, master's degree

( ) Yes, doctorate

**Knowledge and adherence of professionals to the new biosafety standards and care practices guided by the WHO/CFO during the COVID-19 pandemic**

7) Which of the following sources of information do you use most to inform yourself about COVID-19 and dental care during this period?

(  ) I'd rather not declare

( ) Do not access information

(  ) Social Media/ Internet

( ) Television

( ) Official bodies (e.g. WHO, Ministry of Health, ANVISA) or class associations (e.g. CFO, CRO)

(  ) University Sites, Research Centers or Scientific Literature

8) After the WHO/CFO statement to perform only emergency and urgent care in the office, you:

( ) I prefer not to declare

( ) Continued to meet normally, without restricting only dental emergencies and emergencies

( ) Continued to meet normally, without restricting only dental emergencies and emergencies, but with all the recommendations recommended by who/CFO

( ) It only calls for urgency and emergencies, with all recommendations recommended by the WHO/CFO

() You are not making any kind of care. He chose to close the office during this moment of the pandemic.

Questions 9 to 18 refer to the care adopted by you and your team in the waiting room of the office. Check yes or no in the options below, according to what you have done in your office.

9) Is patient triage being screened by phone?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

10) Are you postponing treatment in patients with suspected or diagnosed with COVID-19?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

11) Are you making spaced calls with an appointment?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

12) Have you installed carpet with bactericidal disinfectant at the entrance door of the waiting room?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

13) Does the disinfection of chairs and surfaces touched by the patient several times a day?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

14) Does it keep the space at least one meter between people?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

15) Does the waiting room and office ventilated between patient intervals (Preference of open windows for air circulation)?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

16) Do you ask the patient to wash hands with soap and water and subsequent friction with 70% alcohol when arriving at the office?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

17) Do you offer a hat, mask and shoe protector to the patient?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

18) Does it check the current health status of the patient, as well as his/her body temperature, when arriving at the office?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

Questions 19 to 34 refer to the measures adopted by you and your team during dental care. Check yes or no in the options below, according to what you have done in your office.

19) Do you and your team wash your hands and do subsequent friction with 70% Alcohol?

( ) I prefer not to declare

( ) No

( ) Yes. Always before and after each call

( ) Yes. Always before and after disinfection of the office

( ) Yes. Always before and after each care / before and after the disinfection of the office

( ) I am not attending during the pandemic

20) Does the removal of all mechanical barriers of dental equipment + disinfection of surfaces + Placement of new mechanical barriers to each new patient?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

21) Does disinfection of surfaces with substances recommended by CFO (1% sodium hypochlorite and/or 70% ethyl alcohol and/or quaternary ammonium and biguanide and/or Glucoprotamine)?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

22) Is each patient exchanged all disposable PPE and disinfected the goggles and face shield of the dentist and his assistant?

( ) I prefer not to declare

( ) I do not make any of the recommendations mentioned above

( ) Yes. I just exchange the disposable PPE

( ) Yes. I only disinfect the goggles and the face shield

( ) Yes. Exchange disposable PPE and disinfection of goggles and face shield

( ) I am not attending during the pandemic

23) Do you use the basic PPE routine (Lab Coat, Beanie, Goggles, Surgical Mask and Procedure Gloves)?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

24) Do you use water proof disposable apron of weight above 30g/m2?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

25) Do you use Shoe Protector (Propé)?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

26) Do you use Face Shield?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

27) Do you use N95 Mask or PFF2?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

28) Does mouthwash with 1% hydrogen peroxide or 0.2% polvidone before the dental procedure?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

29) Are you minimizing aerosol production (avoiding the use of ultrasound, high and low-speed pens and a triple syringe in its mist/spray form)?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

30) Are you using absolute isolation in every service that involves tooth opening and aerosol produce?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

31) Are you using vacuum pump during service?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

32) Are you performing 4-hand care?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

33) Are you avoiding intra-oral x-ray achievements?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

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34) Do you routinely follow all the measures recommended by the WHO/CFO for dental care during the COVID-19 pandemic?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I am not attending during the pandemic

**Dental care and its possible financial implications during the COVID-19 pandemic**

35) Has the COVID-19 pandemic, together with the new WHO/CFO recommendations, had a negative impact on patient flow and professional activity?

( ) There was no impact

( ) Mild impact

( ) Intermediate impact

( ) Strong impact

( ) Very strong impact

( ) I can't answer

( ) I prefer not to declare

36) Is the percentage reduction in patient flow and consequently the reduction in the percentage of monthly earnings negatively affecting the office's income and family income?

( ) I prefer not to declare

( ) No

( ) Yes, a little

( ) Yes, very

( ) Yes, extremely

( ) I can't answer

37) Do you think you will have to invest in the infrastructure of your office?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I don't know

38) How much do you think you will need to invest to adapt your office infrastructure?

( ) I prefer not to declare

( ) I will not need to invest

( ) R$ 0 to R$ 1,000

( ) R$ 1,000 to R$ 2,000

( ) R$ 2,000 to R$ 5,000

( ) Above R$ 5,000

39) Did PPE purchases lead to a percentage increase in how much in your budget?

( ) I prefer not to declare

( ) There will be no increase in office costs

( ) Up to 30%

( ) 30% - 60%

( ) 60% to 90%

( ) 90% - 100%

( ) I can't answer

40) How much do you think these new measures recommended by the WHO/CFO will result in a percentage increase in costs in your office (increase in your clinical time)?

( ) I prefer not to declare

( ) There will be no increase in office costs

( ) Up to 30%

( ) 30% to 60%

( ) 60% to 100%

( ) I can't answer

41) Are you willing to bear the possible increase in the cost of your clinical time?

( ) I prefer not to declare

( ) No. The prices of treatments/consultations for patients will be/have been adjusted

( ) Yes. The prices of treatments/consultations for patients will be/have been maintained

( ) I can't answer

42) Do you think you will need to apply for some line of credit (loan) to inject into your office?

( ) I prefer not to declare

( ) No

( ) Yes

( ) I can't answer

43) Are you worried about your professional future?

(  ) I'd rather not declare

( ) No

( ) Yes, little

( ) Yes, reasonably

( ) Yes, very

( ) I can't say

44) What worries you the most?

( ) I prefer not to declare

( ) Not knowing when this emergency will end

( ) The need for new procedures and new devices for the safety and prevention of infection

( ) Not knowing whether patients will be able to perform dental procedures/treatments after the end of the pandemic

( ) The closure of my office or the office where I work, due to the financial crisis after the end of the pandemic

**Evaluation of anxiety and fear of professionals to become infected during care**

45) Are you part of the riskgroup(advanced age, diabetes, hypertension, cardiovascular disease, lung disease, immunosuppression) for COVID-19?

( ) No

( ) Yes

46) Have you been diagnosed with COVID-19?

( ) I prefer not to declare

( ) No

( ) Yes

47) Do you know anyone very close (family, friend, patient) who had been diagnosed with COVID-19?

( ) I prefer not to declare

( ) No

( ) Yes

48) Are you afraid of being infected by COVID-19 while working in your office?

(  ) I'd rather not declare

( ) No

( ) Yes, little

( ) Yes, reasonably

( ) Yes, very

( ) I can't say

( ) I am not attending at the moment

49) Are you afraid to take the infection from the dental office to your family?

( ) I prefer not to declare

( ) No

( ) Yes

(  ) I'm not picking up right now.

50) How much do you feel prepared to treat patients during the COVID-19 pandemic?

( ) I do not feel prepared

( ) Unprepared

( ) Reasonably prepared

( ) Well prepared

( ) Very well prepared

( ) I can't say

( ) I prefer not to declare

51) Are you anxious to provide treatment to a patient who has symptoms or has been confirmed with COVID-19?

(  ) I'd rather not declare

( ) No

( ) Yes, little

( ) Yes, reasonably

( ) Yes, very

( ) I can't say

( ) I am not attending at the moment

The following questions revolve around how often the following problems may have bothered you in the last two weeks (GAD-7 test).

1) Be more nervous and/or anxious?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

2) Be unable to stop worrying?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

3) Be very worried about various things?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

4) Having trouble relaxing?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

5) Be agitated and unable to stand still?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

6) Get easily annoyed?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day

7) Afraid that something terrible might happen?

( ) Nothing, not at all

( ) Several days

( ) More than half the days

( ) Almost every day