

Below is the English translation of the questions:

1) Age:

- a) under the age of 30
- b) 30-39 years
- c) 40-49 years
- d) 50-59 years
- e) 60 years or above

2) Gender:

- a) female
- b) male

3) Place of work:

- a) village
- b) less than 50,000 inhabitants
- c) less than 100,000 inhabitants
- d) more than 100,000 inhabitants
- e) working in several localities with different populations

4) I practice orthodontics as:

- a) orthodontist specialist
- b) dentist in the course of specialization in orthodontics
- c) general dentist

5) Have you closed your orthodontic practice because of the COVID-19 pandemic?

- a) yes
- b) no

6) If the previous question was answered in the affirmative, please indicate how long the interruption in the patient admissions due to the COVID-19 pandemic lasted:

- a) less than a month

- b) 2 months
- c) 3 months
- d) longer than 3 months
- e) longer than 6 months

7) What was the reason for the work interruption during the COVID- 19 pandemic, if any (you can mark more than one answer)?

- a) insufficient direct protection measures during the first period of the pandemic
- b) fear of infection/disease
- c) referral to quarantine
- d) fear of death
- e) fear of infecting others/family
- f) fear of quarantine
- g) other

8) In your opinion, does the possible interruption of orthodontic treatment due to the COVID-19 has a negative impact on the outcome of treatment?

- a) yes
- b) no
- c) I don't know
- d) I did not have any break in my practice

9) What additional safety measures have been implemented (you may select several):

- a) telephone interview before the visit/ triage
- b) temperature measurement
- c) questionnaire/ epidemiological interview during the visit
- d) performing COVID-19 test (antigen, PCR) on patient
- e) masks with increased filtration
- f) visors, protective goggles
- g) better ventilation of the office
- h) increased time for the visit
- i) extension of orthodontic office hours
- j) postponement of orthodontic procedures that increase the amount of aerosol

k) there were no changes

l) other

10) Did you use teleconsultation during the pandemic?

a) yes

b) no

11) If the answer to the previous question was in the affirmative, please indicate when the teleconsultation was used during the pandemic?

a) patients undergoing orthodontic treatment

b) consultation before starting orthodontic treatment

c) patients undergoing treatment as well as patients wishing to start orthodontic treatment

12) Did you use teleconsultations before the pandemic - before March 2020?

a) yes

b) no

13) During the pandemic outbreak, were the patients only admitted to the office with emergencies, for example: braces failure, pain due to appliance?

a) yes

b) no

14) Do you treat patients (you can mark more than one):

a) adults

b) children

c) orthodontic national health program (insured patients under 12 years of age)

d) orthodontic national health program for children with developmental facial malformations

15) You treat mainly with:

a) removable appliances

b) fixed orthodontic appliances

c) aligners

16) Has orthodontic office income changed during the pandemic?

- a) increased
- b) decreased
- c) has not changed

17) Has the number of new orthodontic patients changed during the pandemic?

- a) increased
- b) decreased
- c) has not change significantly

18) Has the pandemic affected your general wellbeing (you can mark more than one, without contradictory answers)?

- a) no
- b) yes, I have sleeping problems
- c) yes, I'm worried about the future
- d) I have become more nervous
- e) I had to see a psychologist/psychiatrist
- f) I had more time for myself/family

19) Due to the duration of the pandemic, are you used to the new situation and working in the office during the COVID-19 pandemic?

- a) definitely not
- b) rather not
- c) I don't have an opinion
- d) rather yes
- e) definitely yes

20) Would you currently choose the orthodontic profession?

- a) definitely not
- b) rather not
- c) I don't have an opinion

- d) rather yes
- e) definitely yes

21) Does the new coronavirus variant Omicron cause you concern?

- a) definitely not
- b) rather not
- c) I don't have an opinion
- d) rather yes
- e) definitely yes

22) Did you suffer from COVID-19?

- a) yes
- b) no
- c) I don't want to answer that question

23) Are you vaccinated against COVID-19?

- a) yes
- b) no
- c) I don't want to answer that question