Table 1: complete list of questions included in the online survey

|  |
| --- |
| 1. From March 1 2020 to March 22 2020 was your office open for?   Business as usual  Emergencies only  Completely closed |
| 1. What do you consider an emergency appropriate for the office during the COVID pandemic (select all that apply)?   Pain  Swelling  Oral surgery needed prior to radiation, transplant, or cardiac surgery  Prophylactic oral surgery to avoid future emergencies (pericoronitis, extractions of carious non-restorable teeth during 2nd trimester pregnancy etc)  Dento-alveolar trauma  Facial trauma – hard or soft tissue  Benign pathology  Malignant pathology  Dental implant placement |
| 1. When the COVID pandemic hit New Jersey - late february/early march - did you have appropriate PPE (n95 mask) for your self?   Yes  No |
| 1. When the COVID pandemic hit New Jersey - late february/ early March - did you have appropriate PPE (n95 mask) for staff?   Yes  No |
| 1. If you have an n95 mask or similar PPE do you have to reuse it?   Yes  No |
| 1. If you do not have appropriate PPE (n95 mask) are you willing to treat emergency patients during the current pandemic?   Yes  No  Not applicable I have PPE |
| 1. If you have PPE - what do you have (select all that apply)?   N95 mask  Gown  Eye/face shield  Goggles  Shoe cover  Head cover  Powered air purifying respirator (PAPR)  Not applicable – I do not have PPE |
| 1. Would you accept emergency office referrals during the pandemic from (select all that apply)?   Any dentist  Referring dentist  Another oral surgeon  A physician  A hospital  A walk in  Not applicable – I would not treat patients during the pandemic |
| 1. If you chose to close your office completely, what was your reason (select all that apply)?   Health and safety of myself, staff, and patients  Overall public health concerns - closing limits viral spread  Governor's Executive Order 107 to stay home  State Board of Dentistry ordinance to provide emergency care only effective March 20  None of the above |
| 1. If you kept the office open during the pandemic how did you screen for COVID 19? (select all that apply)?   Staff checked patient temperature prior to any treatment  Placed a notice on entrance not to enter if cough or fever  Listened to lungs  Sent patient for a viral swab at a testing site  Not applicable – I did not screen  Not applicable – I did not keep office open |
| 1. Did you utilize telemedicine during the pandemic to treat patients?   Yes  No |
| 1. If you utilized telemedicine - in what form (select all that apply)?   Telephone  Skype  FaceTime  WhatsApp video  Zoom  Webex  Other  Not applicable – I did not use telemedicine |
| 1. Did you have to lay off staff?   Yes  No |
| 1. If you laid off staff - did you lay off all staff or partial staff**?**   All  Most  Some  A few  None |
| 1. Were you able to help staff with obtaining unemployment benefits?   Yes  No  Not applicable – I did not lay off staff |
| 1. Please specify your work type?   Full time academic  Full time private practice  Part time academic and part time private practice  Military  Retired |
| 1. OMSNIC insured?   Yes  No |
| 1. Do you have hospital privileges?   Yes  No |
| 1. If you have hospital privileges did you have to take care of emergency cases during the pandemic?   Yes  No  Not applicable – do not have hospital privileges |
| 1. Do you feel that the media has accurately and fairly covered the pandemic?   Yes  No – media has overblown the pandemic  I do not listen to media |