Table 2: complete list of questions included in the online survey

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| 1. Have you tested positive for COVID 19?   Yes  No |
| 1. Have you been ill with symptoms making you believe you have COVID?   Yes  No |
| 1. Has any of your staff tested positive for COVID?   Yes  No |
| 1. If you answered yes to question 3 how many staff members tested positive?   1  2  3  4  5 or more  Not applicable – no staff member tested positive |
| 1. If you had a staff member become ill did they require?   Quarantine at home  Emergency room visit  Hospital admission  Not applicable |
| 1. Do you have adequate PPE for when you are allowed to return to normal practice?   Yes  No |
| 1. Are you able to currently obtain the PPE, you and your staff need?   Yes  No |
| 1. Were you open for emergencies from March 20 - April 20?   Yes  No |
| 1. If you were open, how often did you see emergencies?   Multiple times a day  Once daily  Every other day  1-2 times per week  Not applicable office closed  Office open but saw emergencies less than once a week |
| 1. Do you feel the emergencies you saw were legitimate?   Yes  No  Not applicable did not see emergencies  Most emergencies were legitimate  Most emergencies were not |
| 1. The emergencies seen included (select all)?   Infection  Wisdom teeth  Dentoalveolar emergencies other than wisdom teeth  Dentoalveolar trauma  Maxillofacial trauma  TMJ pain  Other (please specify) |
| 1. Did you place any dental implants during March 20 - April 20?   Yes  No |
| 1. Did you do any operating room cases in the hospital between March 20- April 20?   Yes  No |
| 1. If you did do hospital cases what were they?   Trauma  Infection  Did not do hospital cases  Other (please specify) |
| 1. What PPE are you currently using or planning to use when return to work?(select al)   Surgical hat  N95 mask  Level 1 mask  Level 2 mask  Level 3 mask  Goggles  Face shield  Full length gown  Shoe covers  Rain boots  Gloves  Alcohol based disinfectant |
| 1. Do you have enough masks for your front desk staff?   Yes  No |
| 1. Will you provide your patients with masks?   Yes  No |
| 1. How will you have patients wait for their appointment?   Wait in car to be called in  Social distancing in waiting room  Normal pre-pandemic routine |
| 1. Once your office is open, will you have staff take temperatures on fellow staff and patients?   Yes  No |
| 1. What benchmark will you use to reopen? (select all that apply)   When ever I want  When the federal government instructs me  When NJ Governor Murphy gives the green light  When ADA says its ok to reopen  When NJDA says its ok to reopen  When NJ State Board of Dentistry gives the ok to open |
| 1. Are you concerned about aerosolization of viral particles during patient care?   Yes  No |
| 1. Are you considering purchasing equipment to decrease operatory aerosolization? (select all that apply)   Yes – an external oral suction unit  Yes – air purification system  Yes - building a negative pressure room  Yes - purchase a PAPR kit for myself and staff  Yes – ultraviolet lighting equipment  No - while I am concerned about aerosolization I am financially unable to invest in infrastructure beyond standard PPE  No – I am not concerned  Yes – other (please specify) |
| 1. Are you planning to space out appointments to allow operatory air to clear of possible virus?     Yes  No |
| 1. If you are planning to space out appointments, by how much?   1 hour  2 hours  3 hours  Unsure - awaiting AAOMS, ADA, or CDC recommendation  Will not be spacing out appointments |
| 1. Did you apply for a PPP or SBA loan?   Yes  No |
| 1. Did you receive a PPP or SBA loan?   Yes – PPP  Yes – SBA  No – applied but did not receive to date  No – did not apply |
| 1. Who do you feel is a reliable and trusted source of public information regarding the Pandemic? ( select all that apply)   President Trump  Governor Cuomo (NY)  Governor Murphy (NJ)  Dr. Anthony Fauci  Dr. Deborah Birx  None of the above  Other (please specify) |