

Block I: General variables related to the professional surveyed:

1. Sex:
 - a) Female
 - b) Male
2. Select your age group:
 - a) ≤ 30 years old
 - b) 31 – 40 years old
 - c) 41 – 50 years old
 - d) 51 – 60 years old
 - e) > 60 years old
3. Experience with dental implants (DIs) (in years):
 - a) ≤ 5 years
 - b) 6 – 15 years
 - c) 16 – 20 years
 - d) > 20 years
4. Are you an exclusive practitioner in your clinical practice in Oral Implantology?
 - a) Yes.
 - b) No.
5. Average number of DIs placed per year:
 - a) < 50 DIs.
 - b) 50 – 100 DIs.
 - c) > 100 DIs.
6. What is your education in Implant Dentistry?
 - a) Master's degree in Oral Surgery/Periodontics and Implantology.
 - b) Master's student in Oral Surgery/Periodontics and Implant Dentistry.
 - c) University Specialist Degree in Oral Surgery/Periodontics and Implant Dentistry.
 - d) Postgraduate certificates in Oral Implantology (clinical stays, courses of commercial firms, etc.).
 - e) None of the previous ones.
7. Which of the following answers represents your usual/fundamental daily practice?
 - a) Private practice (only).
 - b) Hospital/Multi-speciality clinic.
 - c) University lecturer.
 - d) Master's degree student in Oral Surgery/Periodontics and Implantology.
 - e) Not currently practising dentistry
8. How would you classify the area where you practice dentistry?
 - a) Rural.
 - b) Urban.
9. Did anyone close to you suffer the consequences of COVID-19 severely?
 - a) Yes, a close relative.
 - b) Myself.
 - c) Yes, co-workers and/or friends.
 - d) No one close and/or known.

Block II: Variables related to concerns about COVID-19 and the work- and care-related consequences.

1. What was the initial response to the COVID-19 pandemic?
 - a) Total closure.
 - b) Emergency treatment only.
 - c) No changes.

2. Has your practice recovered after the onset of the COVID-19 pandemic?
 - a) Fully recovered
 - b) Partially recovered
 - c) Still suspended
 - d) I retired during the pandemic
3. Are you concerned about being infected with COVID-19 during your practice as a dentist?
 - a) Yes, I am concerned
 - b) I am neither worried nor not worried at all
 - c) No, I am not worried.
4. If you are concerned, what is the main reason?
 - a) I am worried about my health
 - b) I am worried about my family's health.
 - c) I am worried about transmitting the virus to my patients or colleagues.
 - d) Other reasons
5. Has your concern about contracting COVID-19 decreased since the pandemic began?
 - a) Yes, it has gone down.
 - b) It has stayed the same.
 - c) No, I has increased.
6. Has COVID-19 affected workforce retention at your workplace (dentists, hygienists, assistants, etc.)?
 - a) Yes, the number of staff in the clinic has been reduced (reduction of hours), but no one has been laid off.
 - b) Yes, workers have been made redundant or have left the job.
 - c) No, there has been no reduction in staff.
7. In the last 9 months, what has been the number of DI patients per month compared to the first 9 months (March to November 2020) of the pandemic?
 - a) Fewer patients.
 - b) Approximately the same.
 - c) More patients.
8. Did you have any emergency DI or DI-prosthetic patients during the first 9 months of the pandemic?
 - a) Yes
 - b) No
9. Did you perform any DI surgery during the first 9 months of the pandemic?
 - a) Yes
 - b) No
10. Have you performed any DI surgery in the last 9 months?
 - a) Yes
 - b) No
11. During the first 9 months of the pandemic, did you perform any non-essential DI treatments (i.e., procedures that did not involve removing stitches, placing prostheses that were already completed, etc.)?
 - a) Yes
 - b) No

Block III: Variables related to preventive transmission control measures against COVID-19.

1. Are you informing patients of the risk of COVID-19 before their dental appointments? (multiple choice):
 - a) Yes, verbally.
 - b) Yes, it is included in the consent form.
 - c) Via social media and/or website.

- d) No.
- 2. What kind of preventive measures are you implementing before an appointment? (multiple choice):
 - a) Body temperature measurement.
 - b) Recent exposure risk questionnaire.
 - c) Results of a PCR test within the last 3 – 7 days.
 - d) Results of an antigen test within the last 3 – 7 days.
 - e) Other measures.
 - f) No measures, i.e., we treat the patient as we did before the pandemic.
- 3. What is the general opinion of patients about preventive measures?
 - a) They consider them necessary.
 - b) They do not consider them necessary or unnecessary.
 - c) They do not consider them necessary.
- 4. Do I think that my workplace has taken adequate actions to prevent the risk of exposure to COVID-19?
 - a) Yes.
 - b) Not sure.
 - c) No.
- 5. In the last 9 months, regarding the use of PPE (Personal Protective Equipment):
 - a) I use less PPE compared to the first 9 months of the pandemic.
 - b) I use the same PPE compared to the first 9 months of the pandemic.
 - c) I use more PPE compared to the first 9 months of the pandemic.
- 6. Did your workplace introduce additional aerosol prevention measures when the pandemic started (e.g., more hooovers, negative pressure rooms, etc.)?
 - a) Yes, and we still use them
 - b) Yes, but we are no longer using them.
 - c) No.