

CORE Registry Survey 2

[SURVEY LANDING PAGE]

Dear Colleague,

The National Dental Practice-Based Research Network (PBRN) invites you to participate in a questionnaire study called "National Dental PBRN COVID-19 Research (CORE) Registry." We estimate that completing this questionnaire may take up to 30 minutes for which you will receive 0.5 CE credits.

The purpose is to obtain information from dental practitioners regarding effective approaches used by practitioners to mitigate SARS-CoV-2 transmission risks, their costs, and assess practitioners' comfort levels with these approaches. We also seek to obtain information about COVID-19 screening and vaccination experiences.

The study team will prepare a report summarizing the data to share with study participants and conduct virtual webinars to present key results. Participants will be notified by email when the reports are available. We may also contact you via email to ascertain scheduling preferences for study webinars. Webinar participants will receive an additional 1.0 CE credits.

Your participation is voluntary and should you choose to participate, your responses will remain confidential. Only authorized study personnel will have access to these data. All information will be stored in a secure manner. Your information will not be sold, used for any reason other than research, released to any insurance company, or released to any other similar interest. Information from this questionnaire and other network studies that you complete or have completed, may be linked using your assigned PBRN practitioner ID number. This will allow us to see how characteristics from each study might be related to each other.

Study participants may directly benefit from receiving study results following completion of each questionnaire and from attending study webinars. The research results may help practitioners identify and better understand alternative approaches to mitigate SARS-CoV-2 transmission at dental offices and during patient care.

A possible risk of this study is loss of confidentiality. Authorized persons from the University of Alabama at Birmingham (UAB) Institutional Review Board have the right to review your research records. They will protect the confidentiality of those records to the extent permitted by law. The study sponsor (National Institutes of Health) also has the right to review your research records to ensure that we have followed proper procedures. Otherwise, we will not release your research records without your consent, unless we are required to do so by law or a court order.

Results may be published for scientific purposes, but your identity will not be revealed. Only statistical summaries will be presented. The University of Alabama at Birmingham (UAB) Institutional Review Board (IRB) maintains the authority to inspect completed questionnaires to ensure compliance with IRB procedures.

If you have any questions about the study. Contact the Study Principal Investigator, Jeffrey Fellows (Jeffrey.Fellows@kpchr.org). If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1- 855 860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached, or you wish to talk to someone else.

Survey Instructions:

- It is best to complete the questionnaire in one sitting, but if necessary, you can re-enter the questionnaire where you left off.
- Be sure to click the "Save & Return Later" button if you need to end and come back later - this will create
 - (1) a return code (which you need to save) as well as
 - (2) an e-mailed personalized link which together provides your key to return to your survey.
- If you lose your return code or need any additional assistance, you can contact your node coordinator.

Thank you for your participation in this important study.

Tips for completing the questionnaire:

- For single item responses: if you want to "uncheck" your response to pick a different response, click on the new response. If you want to "uncheck" your response and leave that item blank, you can click on the reset link that is to the right of the response list.
- If the font size is too small, click on the "Resize font" buttons in the top right-hand corner of this webpage to adjust to your preference.
- For check all that apply responses, clicking on the response a second time, will uncheck the response.
- For date fields, you have three options for responding.
 - Type the date in the text box
 - Click on the Today button and it will autofill today's date
 - Click on the calendar icon to bring up a small calendar where you can search for a date and click on it
- To move forward or backwards in the survey, click on the next page or previous page buttons at the bottom of the screen.
- You will be asked to submit each section of the survey you complete. At the end of each section, you will be asked to click the Submit button to advance to the next section. The end of a section will be clearly marked to inform you that you have completed a section and are moving to the next section.
- At the end of the survey, be sure to click on the final submit button to officially complete your survey and save all the data

SECTION 1: OFFICE VISIT MODULE

The following 14 questions are used to capture any modifications that your primary practice location has made to patient screening and flow, dental procedures, and any facility changes to reduce SARS-CoV-2 transmission risks.

If Survey 1 =1, ask Q1; else skip to Q2

Q1. Since March 1, 2021, has your practice made any changes to your previously reported methods to reduce the risks of SARS-CoV-2 transmission for the following:

- a. Patient screening for COVID-19 symptoms before an office visit, at arrival, or following a visit?
 - Yes/No/Don't know
- b. Modification to patient-accessible areas, such as waiting rooms and restroom facilities?
 - Yes/No/Don't know

If Q1a. = 1, ask Q2; else skip to Q3

Q2. As of today, please indicate if your practice conducts any of the following screening procedures for COVID-19 symptoms? (check yes or no for each question)

- a. Patients complete an online form assessing COVID-19 symptoms before the office visit
 - Yes/No
- b. We ask patients to contact the office before a visit if they have any COVID-19 symptoms or are not feeling well
 - Yes/No
- c. We contact patients by telephone 1-2 days prior to attending a dental visit
 - Yes/No
- d. We screen patients for COVID-19 symptoms on arrival
 - Yes/No
- e. We check patients' temperature on arrival
 - Yes/No
- f. We assess COVID-19 symptoms about 2 days after the dental office visit
 - Yes/No
- g. We ask patients about exposure to SARS-CoV-2 at home or at work
 - Yes/No
- h. We currently do not screen for COVID-19 symptoms or exposure risks
 - Yes/No

Q3. As of today, does your practice's COVID-19 screening assessment include any of the following information?

- a. We ask if patients have (or recently had) specific symptoms related to COVID-19, such as loss of taste or smell
 - Yes/No
- b. We ask if patients have ever tested positive for SARS-CoV-2 infection
 - Yes/No

- c. We update patients' medical histories to include chronic conditions related to increased risk of COVID-19
 - Yes/No
- d. We ask if patients have a household member or close (frequent) contact who has COVID-19 disease or symptoms
 - Yes/No
- e. We ask if patients have attended any large public gatherings in the past 10-14 days
 - Yes/No
- f. Other:
 - Yes/No
- g. Briefly describe
 - Text Field

Q4. As of today, please indicate if your practice conducts any of the following screening procedures for COVID-19 vaccination status? (check yes or no to each)

- b. We require patients to be vaccinated before attending a dental visit
 - Yes/No
- c. Patients complete an online form indicating receipt and date of a COVID-19 vaccine
 - Yes/No
- d. We assess COVID-19 vaccination status and date by telephone when scheduling a dental visit
 - Yes/No
- e. We assess COVID-19 vaccination status and date by telephone before a dental visit
 - Yes/No
- f. We assess COVID-19 vaccination status and date on arrival
 - Yes/No
- g. We do not assess COVID-19 vaccination status
 - Yes/No
- h. Other:
 - Yes/No
- i. Briefly describe
 - Text Field

If Q1a. = 1, ask Q5; else skip to Q6

Q5. Are the results of patient COVID-19 screening documented in the dental records/charts?

- Yes/No/Don't Know

Q6. During the past 30 days, did you provide care to any patients who reported having COVID-19 disease or symptoms within about 2 days before or at the time of the visit?

- Yes = 1
- No = 0
- Not Sure = 7

Q7. As of today, please indicate if your practice conducts any of the following activities to reduce exposure to SARS-CoV-2. (enter yes or no to each)

- a. Conduct dental visits remotely (using telephone or video technology) to limit in-person patient visits
 - Yes/No
- b. Prioritize dental care for patients with high oral-health risks
 - Yes/No
- c. Refer procedures to specialists more often
 - Yes/No
- d. Schedule specific days or times for patients with high-risks for SARS-CoV-2 or COVID-19 disease severity
 - Yes/No
- e. Minimize scheduling appointments that overlap your time across patients
 - Yes/No
- f. Require patients to wait in their vehicle or outside the dental facility until it is their turn for dental care
 - Yes/No
- g. Use separate doors for patients to enter and exit the dental office
 - Yes/No
- h. Provide care in a separate operatory for patients with COVID-19 disease or symptoms
 - Yes/No
- i. Limit operatories to essential staff
 - Yes/No
- j. Avoid aerosol generative procedures (AGPs) whenever possible
 - Yes/No
- k. None of the above
 - Yes/No

Q8. During the past 30 days, how often have your patients reported any of the following issues about COVID-19?

- a. Concerns or anxiety about attending an office visit
 - More than once per day = 5;
 - daily = 4;
 - multiple times per week but less than daily = 3;
 - about once per week = 2;
 - less than weekly = 1;
 - never = 0;
 - prefer not to answer = 9
- b. Skepticism about the existence of the COVID-19 pandemic
 - More than once per day = 5;
 - daily = 4;
 - multiple times per week but less than daily = 3;
 - about once per week = 2;
 - less than weekly = 1;

- never = 0;
 - prefer not to answer =9
- c. Skepticism that wearing face coverings can prevent virus transmission
- More than once per day = 5;
 - daily = 4;
 - multiple times per week but less than daily = 3;
 - about once per week = 2;
 - less than weekly = 1;
 - never = 0;
 - prefer not to answer =9
- d. Concerns or anxiety about the safety and effectiveness of the COVID-19 vaccines
- More than once per day = 5;
 - daily = 4;
 - multiple times per week but less than daily = 3;
 - about once per week = 2;
 - less than weekly = 1;
 - never = 0;
 - prefer not to answer =9

If Q1b. = 1, ask Q9; else skip to Q10

Q9. As of today, please indicate if your practice is using any of following methods to reduce the risk of SARS-CoV-2 transmission in patient-accessible areas, such as waiting rooms and restroom facilities - excluding patient care areas. (check yes or no to each)

- a. Closed the waiting room area
 - Yes/No
- b. Limit or exclude persons from the facility other than the patient
 - Yes/No
- c. Limited seating to maintain distances of 6 feet
 - Yes/No
- d. Installed barriers (e.g., screens) between chairs in the waiting area
 - Yes/No
- e. Removed books, magazines, toys, and other frequently touched items from waiting areas
 - Yes/No
- f. Added or enhanced clear barriers to separate patients and staff at the front desk
 - Yes/No
- g. Added HEPA filtration in waiting area
 - Yes/No
- h. Added fixed or portable UV-C filtration in waiting area
 - Yes/No
- i. Modified fixed ventilation system to increase air flow and air exchange
 - Yes/No
- j. Added disinfectant dispensers in patient areas
 - Yes/No

- k. Posted signs to provide instructions about hand hygiene and face mask use
 - Yes/No
- l. No changes have been made to the waiting area
 - Yes/No
- m. Other:
 - Yes/No
- n. Briefly describe
 - Text Field

Q10 As of today, please describe your practice's usual disinfectant practices for surfaces in patient-accessible areas. (includes disinfectant wipes, foggers, or hand-held UV sanitizers)

- a. >2 times per day (including after each patient visit)
- b. 2 per day
- c. 1 per day
- d. <1 per day
- e. Don't know

Q11. As of today, how many operatories do you have available for patient care at your primary practice location?

- Numeric

Q12. As of today, how many of your available operatories have the following characteristics?

- a. Enclosed room with a door
 - Numeric
- b. Enclosed room with no door
 - Numeric
- c. Open walls between operatories
 - Numeric
- d. Floor-to-ceiling barriers added to separate open operatories
 - Numeric
- e. Negative pressure rooms
 - Numeric
- f. Portable high velocity evacuator (HVE)
 - Numeric
- g. Fixed or portable HEPA filtration
 - Numeric
- h. Upper-room ultraviolet germicidal irradiation (UVGI)
 - Numeric
- i. Portable UV-C light sanitizers
 - Numeric
- j. Portable disinfectant foggers

- Numeric
- k. Clear screens at chairside between practitioners and patients
 - Numeric
- l. Video equipment to support remote prophylaxis checks or other chair-side consultations
 - Numeric

If Q1b. = 1, ask Q13; else skip to Q14

Q13. As of today, have you made any of the following modifications to your patient care areas as a result of the SARS-CoV-2 pandemic? (check yes or no to each)

- a. Dedicated specific operatories for patients with suspected COVID-19 or symptoms
 - Yes/No
- b. Dedicated specific operatories for aerosol-generating procedures
 - Yes/No
- c. Dedicated specific scheduled times for patients at high risk for COVID-19
 - Yes/No
- d. Portable equipment remains stationary in a specific operatory, including portable high-velocity evacuators (HVEs)
 - Yes/No
- e. Oriented dental chairs so patients' heads are away from corridors and near return air vents
 - Yes/No
- f. Removed non-essential equipment, furniture, and supplies from patient care areas, including operatories, radiograph and blood pressure stations
 - Yes/No
- g. Other:
 - a. Yes/No
- h. Briefly describe
 - a. Text Field

Q14. During the past 30 days, please indicate how often you have used any of the following approaches to minimize aerosol generation while performing dental procedures.

- a. Used antimicrobial mouth rinses
 - Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often = 3;
 - always = 4;
 - Not applicable = 7
- b. Used full mouth dental dams
 - Never = 0;
 - rarely = 1;
 - sometimes = 2;

- often =3;
 - always =4;
 - Not applicable = 7
- c. Used high velocity evacuation/suction
- Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often =3;
 - always =4;
 - Not applicable = 7
- d. Used manual scalers instead of ultrasonic scalers
- Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often =3;
 - always =4;
 - Not applicable = 7
- e. Minimized using air/water syringe
- Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often =3;
 - always =4;
 - Not applicable = 7
- f. Avoided using rotary polishers
- Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often =3;
 - always =4;
 - Not applicable = 7
- g. Used four-handed dentistry
- Never = 0;
 - rarely = 1;
 - sometimes = 2;
 - often =3;
 - always =4;
 - Not applicable = 7

SECTION 2: PERSONAL PROTECTIVE EQUIPMENT (PPE) USE

This set of 6 questions asks about personal protective equipment (PPE) use at your primary practice location.

During the past 30 days, how often did you use the following Personal Protective Equipment (PPE) while performing/assisting with:

Q15. Aerosol-generating dental procedures?

- a. N95 respirator or equivalent
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- b. KN95 respirator
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- c. Surgical mask
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- d. Plastic face shield
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- e. Eye goggles
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- f. Surgical gown that covers arms and chest
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- g. Surgical cap
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- h. Gloves
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7

Q16. Routine Dental Exams?

- a. N95 respirator or equivalent
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- b. KN95 respirator
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- c. Surgical mask
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- d. Plastic face shield
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- e. Eye goggles
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- f. Surgical gown that covers arms and chest
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- g. Surgical cap
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7
- h. Gloves
 - Never = 0; rarely = 1; sometimes = 2; often =3; always =4; Not applicable = 7

Q17. As of today, about how many of the following types of PPE does your primary practice use on a typical day? (leave blank if unknown)

- i. N95 respirator or equivalent
 - Numeric
- j. KN95 respirator
 - Numeric
- k. Surgical mask
 - Numeric
- l. Plastic face shield
 - Numeric
- m. Eye goggles
 - Numeric
- n. Surgical gown that covers arms and chest
 - Numeric
- o. Surgical cap
 - Numeric
- p. Gloves
 - Numeric

Q18. As of today, about how many weeks supply does your practice have for the following types of PPE?

- a. N95 respirators or equivalent
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- b. KP95 respirators
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- c. Surgical masks
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- d. Plastic face shields
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- e. Eye goggles
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- f. Surgical gowns that covers arms and chest
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7
- g. Surgical caps
 - < 1 week = 1; 1-2 weeks = 2; 3-4 weeks =3; 5-8 weeks = 4; Over 8 weeks = 5; don't know =7

Q19. As of today, how concerned are you that you can maintain an adequate supply of the following types of PPE for you, your staff, and your patients?

- a. N95 respirators or equivalent
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- b. KN95 respirators

- Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- c. Surgical masks
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- d. Plastic face shields
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- e. Eye goggles
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- f. Surgical gowns that covers arms and chest
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7
- g. Surgical caps
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned =4 ; extremely concerned =5; not sure/don't know = 7

Q20. As of today, how concerned are you about your ability to safely and effectively care for your patients because of COVID-19?

- Not at all concerned=0;
- slightly concerned =1;
- somewhat concerned =2;
- moderately concerned =3;
- extremely concerned =4

SECTION 3: PRACTITIONER AND STAFF MODULE

This set of 17 questions asks about staffing, workplace infection control policies, and COVID-19 experience (symptoms and vaccination) among staff at your primary practice location.

If Survey 1 =1, ask Q21; else skip to Q22

Q21. Since March 1, 2021, has your practice made any changes to your previously reported methods to reduce the risks of SARS-CoV-2 transmission for the following:

- a. **Changes to staff screening procedures for COVID-19 symptoms?**
 - Yes/No/Don't know
- b. **Policies for a staff person or member of their household report having COVID-19 disease or symptoms?**
 - Yes/No/Don't know
- c. **Facility changes or disinfectant practices to staff-only areas, such as break rooms and restroom facilities?**
 - Yes/No/Don't know

If Q21a. = 1, ask Q22 and Q23; else skip to Q24

Q22. During the past 30 days, how often did your practice screen staff members for symptoms of COVID-19?

- More than once per day = 5;
- daily = 4;
- multiple times per week but less than daily = 3;
- about once per week = 2;
- less than weekly = 1;
- we did not screen staff for symptoms = 0;
- don't know =7;
- prefer not to answer =9

Q23. Does the screening of dental office staff members routinely include the following information? (Check yes or no to each)

- a. Temperature checks
 - Yes/No
- b. Other symptoms, including loss of taste or smell
 - Yes/No
- c. Symptoms of household members or close contacts
 - Yes/No
- d. Attendance at large gatherings with limited social distancing
 - Yes/No
- e. Attendance at large gatherings where face mask use was uncommon
 - Yes/No
- f. Other:
 - Yes/No
- g. Briefly describe

- Text Field

If Q21b. = 1, ask Q24; else skip to Q25

Q24. As of today, indicate which of the following policies/practices are provided if a staff person or member of their household report having COVID-19 disease or symptoms. (check yes or no to each)

- Require staff to stay home until well
 - Yes/No
- Require staff to stay home until household member is well
 - Yes/No
- Provide paid leave for staff who are ill
 - Yes/No
- Provide paid leave for staff with ill household members
 - Yes/No
- Test all other staff for COVID-19 symptoms
 - Yes/No
- Consider closing the dental office temporarily
 - Yes/No
- Other:
 - Yes/No
- Briefly describe
 - Text Field

Q25. Since March 1, 2021, how many clinical and office staff at your primary practice location have tested positive for COVID-19 disease or symptoms? (enter 0 if none; leave blank if you don't know)

- Clinical staff including dentists, hygienists, and assistants
 - Numeric
- Non-clinical dental office staff
 - Numeric

If either Q25.a or Q25.b > 0, Ask Question 26; else skip to Q28

Q26. Since March 1, 2021, did your practice temporarily close because one or more staff had COVID-19 disease or symptoms?

- Yes/No

If Q26 =1, ask Question 27; else skip to Q28

Q27. As of today, how many times did your practice temporarily close because one or more staff had COVID-19 disease or symptoms?

- Numeric

Q28. Since March 1, 2021, did office staff, hygienists, assistants, or other dentists who work at your primary practice location decide to retire or decline to work because of the SARS-CoV-2 pandemic? (Check yes, no, or don't know to each)

- a. Office staff
 - Yes/No/Don't know
- b. Dental hygienist(s) and/or assistant(s)
 - Yes/No/Don't know
- c. Dentist(s)
 - Yes/No/Don't know

If Q28a, Q28b, or Q28c. =1, ask Question 29; else skip to Q30

Q29. Have you been able to fill job vacancies for the following staff positions? (Check yes or no to each)

- a. Office staff
 - Yes/No/Not applicable
- b. Dental hygienist(s) and/or assistant(s)
 - Yes/No/Not applicable
- c. Dentist(s)
 - Yes/No/Not applicable

Q30. As of today, does your primary practice require dental office staff to be vaccinated against COVID-19 for the following?

- a. All clinical staff including dentists, dental hygienists, and dental assistants
 - Yes/ No (optional) / Don't know
- b. Non-clinical staff including lab personnel and front desk personnel
 - Yes/ No (optional) / Don't know

If Q30a. = 1 AND Q30b. =1, ask Q31a. and Q31b.; else skip to Question 32

Q31. As of today, to the best of your knowledge are all clinical and non-clinical staff at your primary practice fully vaccinated against COVID-19?

- a. All clinical staff including dentists, dental hygienists, and dental assistants
 - Yes/ No / Don't know
- b. Non-clinical staff including lab personnel and front desk personnel
 - Yes/ No / Don't know

Q32. During the past 30 days, have any staff at your primary practice expressed concerns or anxiety about the safety and effectiveness of the COVID-19 vaccines?

- Yes/No/Don't know/Rather not say

Q33. As of today, has your practice reduced/removed any SARS-CoV-2 infection control measures after all staff have been vaccinated against COVID-19?

- Yes/No/Don't know/Not applicable

If Q21c. = 1, ask Q34 and Q35; else skip to Q36

Q34. As of today, please indicate if your practice is using any of the following methods to reduce the risk of SARS-CoV-2 transmission in staff-only areas. (check yes or no to each)

- Removed any non-essential items and surfaces from staff lunchroom, offices, supply rooms, and front desk areas
 - Yes/No
- Limited seating in staff areas to maintain distances of 6 feet
 - Yes/No
- Installed barriers between seating in staff areas
 - Yes/No
- Added HEPA filtration in staff areas
 - Yes/No
- Added fixed or portable UV-C filtration in staff areas
 - Yes/No
- Modified fixed ventilation system to increase air flow and/or air exchange cycles
 - Yes/No
- Added disinfectant dispensers in staff areas
 - Yes/No
- Posted signs to provide instructions about hand hygiene, cough etiquette and face use
 - Yes/No
- Minimized the number of staff who can be in a staff-only area at the same time
 - Yes/No
- Limit or exclude office staff from the facility during off (non-working) hours
 - Yes/No
- Limit the number of staff in the workplace at one time, including alternating work hours
 - Yes/No
- Other, briefly describe

Text Field

Q35. As of today, please describe your practice's usual disinfectant practices for surfaces in staff-only areas, such as the lunchroom and other common areas. (includes disinfectant wipes, foggers, or hand-held UV sanitizers)

- >2 times per day (including after every use)
- 2 per day
- 1 per day
- <1 per day
- Don't know

Q36. Please indicate your level of confidence in the following issues related to your practice's ability to prevent transmission of the SARS-CoV-2 virus at the dental office.

- a. The facility design and equipment can prevent transmission between patients and staff.
 - Not at all confident
 - Slightly confident
 - Somewhat confident
 - Moderately confident
 - Extremely confident
- b. Your office's disinfectant practices can prevent the transmission of the SARS-CoV-2 virus between patients and staff.
 - Not at all confident
 - Slightly confident
 - Somewhat confident
 - Moderately confident
 - Extremely confident

Q37. As of today, how concerned are you about possible transmission of SARS-CoV-2 at your dental office? Specifically, transmission from:

- a. Patient to staff
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned = 4 ; extremely concerned = 5; not sure/don't know = 7
- b. Staff to patient
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned = 4 ; extremely concerned = 5; not sure/don't know = 7
- c. Staff to staff
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned = 4 ; extremely concerned = 5; not sure/don't know = 7
- d. Patient to patient
 - Not at all concerned = 1; slightly concerned = 2; somewhat concerned = 3; moderately concerned = 4 ; extremely concerned = 5; not sure/don't know = 7

SECTION 4: WORK HOURS, PATIENT VOLUME, AND INFECTION CONTROL COSTS

This topic includes 8 questions about the average weekly hours worked and hours spent providing patient care, average weekly patient visits attended, and estimated monthly costs of PPE spent on infection control at your primary practice location.

The following 3 questions ask about your average weekly hours worked, hours spent in patient care, and the number of patient care visits you attended during the last 30 days and before the pandemic.

If Survey 1 = 1, ask only Q38a., Q39a., and Q40 (skip Q38b., Q39b., and Q40b.)

Q38. About how many total hours per week did you work at your primary practice location?

- a. During the past 30 days
 - Numeric
- b. During the 30 days prior to March 1, 2020
 - Numeric

Q39. About how many total patient care hours per week did you work to at your primary practice location?

- a. During the past 30 days
 - Numeric
- b. During the 30 days prior to March 1, 2020
 - Numeric

Q40. About how many total patient care visits per week did you attend to at your primary practice location?

- a. During the past 30 days
 - Numeric
- b. During the 30 days prior to March 1, 2020
 - Numeric

Q41. During the past 7 days, about how much additional time each day has office staff spent on average disinfecting surfaces in the dental office because of the SARS-CoV-2 pandemic? *(for staff who are involved with this activity; leave blank if you don't know)*

1. Numeric (minutes)

Q42. Are you aware of the total financial expenditures paid by your practice for facility changes, equipment, and PPE as a result of the SARS-CoV-2 pandemic?

- Yes/No

If Q42=1, ask Q43; else skip to Q44

Q43. As of today, about how much additional money does your practice spend each month for the following types of PPE ?

- a. N95 respirators or equivalent
 - Numeric (\$s)
- b. KN95 respirators
 - Numeric (\$s)
- c. Surgical masks
 - Numeric (\$s)
- d. Plastic face shields
 - Numeric (\$s)
- e. Eye goggles
 - Numeric (\$s)
- f. Disposable surgical gowns
 - Numeric (\$s)
- g. Cloth masks for staff and patients
 - Numeric (\$s)
- h. Surgical caps
 - Numeric (\$s)
- i. Gloves
 - Numeric (\$s)

Q44. As of today, how confident are you that your practice can maintain the current levels of patient volume, revenues, and expenditures on SARS-CoV-2 risk mitigation over the next 24 months?

- Not at all confident = 0;
- slightly confident = 1;
- somewhat confident =2;
- moderately confident =3;
- extremely confident=4

SECTION 5: EXTERNAL ENVIRONMENT

The External Environment Module includes 6 questions about your primary source(s)* of information related to clinical guidelines and recommendations for infection control, current prevalence of SARS-CoV-2 in your community, and your comfort levels with this information.

*A primary source is an organization or group that provided information or a clinical practice guideline or recommendation that was adopted for your practice or had a substantial influence on your approach to transmission risk mitigation.

Scientific information about SARS-CoV-2

If Survey 1 = 1, skip to Q46; else ask Q45

Q45. What is/are your primary source(s) of information about infection control in dental offices including SARS-CoV-2 and COVID-19 disease risk mitigation? (check yes or no to each)

- a. American Dental Association (ADA)
 - Yes/No
- b. American Dental Hygiene Association (ADHA)
 - Yes/No
- c. Centers for Disease Control and Prevention (CDC)
 - Yes/No
- d. Dental or medical schools
 - Yes/No
- e. Dental specialty associations (e.g., AAO, AAE, AAPD)
 - Yes/No
- f. Occupational Safety and Health Administration (OSHA)
 - Yes/No
- g. State dental associations
 - Yes/No
- h. State/local health departments
 - Yes/No
- i. State licensing board
 - Yes/No
- j. National Dental PBRN COVID-19 study reports and webinars
 - Yes/No
- k. World Health Organization (WHO)
 - Yes/No
- l. Other:
 - Yes/No
- m. Briefly describe
 - Text Field

Q46. As of today, when was the last time you reviewed any information or guidelines (written materials, online seminar/presentation) about infection control in dental offices that included topics on facility/equipment changes, disinfectant practices, and PPE use?

- 0-7 days =5;
- 8-14 days =4;
- 15-30 days = 3;
- 30-90 days = 2;
- more than 90 days ago = 1;
- Not sure = 7

Q47. How confident are you with your current scientific knowledge about novel coronavirus SARS-CoV-2 and the health consequences of COVID-19 disease?

- Not at all confident = 0;
- slightly confident = 1;
- somewhat confident =2;
- moderately confident =3;
- extremely confident=4

If Survey 1 = 1, skip to Q49; else ask Q48

Q48. What is your primary source(s) of information about the prevalence of SARS-CoV-2 infection or COVID-19 disease in your community? (check yes or no to each)

- Centers for Disease Control and Prevention (CDC)
 - Yes/No
- Dental or medical schools
 - Yes/No
- Johns Hopkins University COVID-19 tracking website
 - Yes/No
- Local news organizations
 - Yes/No
- State dental board
 - Yes/No
- State dental/dental hygiene associations
 - Yes/No
- State/local health departments
 - Yes/No
- Other:
 - Yes/No
- Briefly describe
 - Text Field

Q49. As of today, when was the last time you reviewed any information about the prevalence of SARS-CoV-2 infection or COVID-19 disease in your community?

- 0-7 days =5;
- 8-14 days =4;
- 15-30 days = 3;
- 30-90 days = 2;
- more than 90 days ago = 1;
- I have not reviewed scientific information about SARS-CoV-2 or COVID-19=0

Q50. As of today, how comfortable are you with your current knowledge about the existing prevalence of SARS-CoV-2 or COVID-19 disease in your community?

- Not at all comfortable=0;
- slightly comfortable =1;
- somewhat comfortable =2;
- moderately comfortable=3;
- extremely comfortable =4

SECTION 6: CONTINUING EDUCATION AND NEXT STEPS

Thank you for participating in this important Network study!

Q51. As a gesture of our appreciation for completing this questionnaire, would you like us to send you a Continuing Education certificate for 0.5-hour credit?

- Yes/No

Next steps:

We will share the initial results of the survey with you once the data have been processed.

We will then email you information about future dates for results webinars.

We may reach out to you by email to ask your preferences to help us schedule the webinar days and times that best fit your schedule.

Lastly, if you haven't yet done so, please take a few minutes to Register at the Network Coordinating Center (NCC) website. We also request that you update your Enrollment Questionnaire if you haven't reviewed your practice information since January 1, 2020. Click the link or copy the address into your web browser:

<https://www.kpchr.org/ndpbrn-hub>

Why is it important?

- Updated information will improve the quality of our evaluation of risk mitigation approaches, costs, and comfort levels.
- Registration establishes your own Network Home Page (a new feature), where you can access information about your studies, study results, and other activities

END