Table S1. Questionnaire used in order to analyze the Italian patient’s anxiety, concerns or willingness to undergo dental care treatments after SARS-CoV-2. This is the English version of the original questionnaire in Italian language.

| Questions                                                                 | Modalities                                      |
|---------------------------------------------------------------------------|-------------------------------------------------|
| 1. Select your age group                                                 | 18-24                                           |
|                                                                           | 25-34                                           |
|                                                                           | 35-44                                           |
|                                                                           | 45-54                                           |
|                                                                           | 55-64                                           |
|                                                                           | 65-74                                           |
|                                                                           | Over 75                                         |
| 2. Gender                                                                 | Female                                          |
|                                                                           | Male                                            |
| 3. Region of Residency                                                   | Open Answer                                     |
|                                                                           | Unmarried                                       |
|                                                                           | Married                                         |
|                                                                           | Separated                                       |
|                                                                           | Divorced                                        |
|                                                                           | Widowed                                         |
| 4. Marital Status                                                        | 1                                               |
|                                                                           | 2                                               |
|                                                                           | 3                                               |
|                                                                           | 4+                                             |
| 5. Including yourself, how many people are in your household?            | Primary School                                  |
|                                                                           | Middle School                                   |
|                                                                           | High School                                     |
|                                                                           | Bachelor’s degree                               |
|                                                                           | Master’s degree                                 |
|                                                                           | PhD/Specialization School                       |
| 6. What is your educational level?                                        | Employed in a public company                    |
|                                                                           | Employed in a private company                   |
|                                                                           | Self Employed/Freelance                         |
|                                                                           | Entrepreneur                                    |
|                                                                           | Housekeeper                                     |
|                                                                           | Unemployed                                      |
|                                                                           | Student                                         |
|                                                                           | Retired                                         |
| 7. What is your current employment status?                               | No, income remained unchanged.                  |
|                                                                           | Yes, income was reduced up to 20%               |
|                                                                           | Yes, income was reduced between 20 and 50%      |
|                                                                           | Yes, income was reduced over 50%                |
|                                                                           | Yes, household income reduced to zero           |
| 8. Did coronavirus pandemic reduce the income of your household?          | Not at all                                       |
|                                                                           | A Little                                        |
|                                                                           | Quite                                           |
|                                                                           | A Lot                                           |
|                                                                           | Extremely                                       |
| 9. How much do you fear being infected by SARS-CoV-2?                    | Not at all                                       |
|                                                                           | A Little                                        |
|                                                                           | Quite                                           |
|                                                                           | A Lot                                           |
| 10. How much do you fear SARS-CoV-2 could infect your dearest ones?      | Not at all                                       |
|                                                                           | A Little                                        |
|                                                                           | Quite                                           |
|                                                                           | A Lot                                           |
| Question                                                                 | Options                                      |
|-------------------------------------------------------------------------|----------------------------------------------|
| 11. How much do you feel comfortable when you go out from your home?     | Extremely, Not at all, A Little, Quiet, A Lot, Extremely |
| 12. With respect to the modalities of contagion from coronavirus…       | I feel anxious, I feel quiet, it is enough to respect the safety measures, I think the virus has lost its effect, it is less aggressive and contagious than before |
| 13. How much do you think that fear of being infected might generate or has generated collective hysteria? | Not at all, A Little, Quiet, A Lot, Extremely |
| 14. Further than information received from TVs and newspapers, did you look for more information on Covid-19? | Yes, No |
| 15. Through which channels did you get informed on Covid-19? You can select more than one option. | Newspapers/Online newspapers, TV/Radio, Social Media (Facebook, Instagram, YouTube…), Blog/Forum, Journals or Websites of Medicine, Health, Wellness, Family Doctor/Other Doctors/Chemist, Other |
| 16. How much do you think these channels are reliable to get information on Covid-19? Assign a value from 1 to 5, where 1 is not at all and 5 is Extremely. | 1 2 3 4 5 |
| 17. How much do you think you are informed about the modalities of contagion from SARS-CoV-2? | Not at all, A Little, Quiet, A Lot, Extremely |
| 18. How much do you fear a new diffusion of coronavirus after the reopening of activities? | Not at all, A Little, Quiet, A Lot, Extremely |
| 19. How much do you think the measures adopted to limit contagion are effective? | Not at all, A Little, Quiet, A Lot, Extremely |

At least 1 meter
| Question                                                                 | Options                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 20. What is the safety distance between two people who are NOT wearing a face mask? | 2 meters | More than 2 meters |
| 21. What is the safety distance between two people who are both wearing a face mask? | At least 1 meter | 2 meters | More than 2 meters | The safety distance is not needed |
| 22. If two persons are physically close and just one of them is wearing a face mask, is there a risk of infection? | Yes | No | It depends on the kind of face mask, some of them protect from contagion and at the same time don't allow to infect others | I don't know |
| 23. During Phase 2, do you think you will resume the activities you left behind at the beginning of the emergency? | As before the crisis, with no fear | As before the crisis, with fear | Less than before, with no fear | Less than before and with fear | With fear | I won't resume |
| 24. What is the main reason for your visits at the dentist? | I go for control visits or regular oral hygiene appointments | I am following a treatment plan | I don't go/I've never been to a dentist → if so, you can skip directly to question 30 |
| 25. Do you have a trusted dentist? | Yes | No |
| 26. Which kind of dentist clinic are you used to go to? | Private | Public | Low Cost Chain | Affiliated Private Clinic |
| 27. Where is the clinic you go to? | In the same Province and city I live in | In the same Province I live in, but in a different city | In a different Province but in the same Region I live in | In a different Region from the one I live in | Abroad |
| 28. Since how many years do you visit the same dentist? | Less than 1 year | 2-3 years | More than 3 years |
| 29. How often do you go to the dentist? | In case of necessity | At least once a year | A couple of times a year | Three times or more per year |
| 30. From March 9th to May 4th, 2020, did you need to undergo oral care? | Yes | No → if so, you can skip directly to question 34 |
| 31. What was your behavior? | I underwent without any problem | I underwent with fear | I postponed them to a date to be determined | The problem was solved telematically | The Clinic postponed or cancelled the appointment |
32. How much did these measures make you feel safe? You can choose more than one option.

| The Dentist was wearing Personal Protective Equipment |
|-----------------------------------------------------|
| I could smell the disinfectant |
| I was informed about the precautionary measures adopted |
| I looked for information on various channels |
| I fully trust my dentist |
| I was not feeling safe |

33. Having undergone the oral care treatment, how do you evaluate the experience?

| Positively |
| Negatively |
| I do not know |
| Other |

34. Do you have any scheduled appointment in the next months?

| Yes |
| No |

35. How will or would you behave if you have scheduled appointments at the dentist?

| I would undergo oral care without any problem |
| I would undergo oral care with fear |
| I would postpone the appointment |
| I would cancel the appointment |
| Fear of contagion |
| Non urgent cures |
| Lowered income |
| I'd rather the number of new cases to decrease more |
| Other |

36. What do you think might be the main reason to cancel a scheduled oral care appointment?

| Not at all |
| A Little |
| Quite |
| A Lot |
| Extremely |

37. During Phase 2, how comfortable would you feel in starting/going on with oral care?

| Not at all |
| A Little |
| Quite |
| A Lot |
| Extremely |

38. During Phase 2, how much do you think the risk of contagion could affect your next appointments?

| Not at all |
| A Little |
| Quite |
| A Lot |
| Extremely |

39. How urgent do you think it is urgent to resume with the cures you stopped?

| Not at all |
| A Little |
| Quite |
| A Lot |
| Extremely |

40. How much do you trust your dentist for what concerns sterilization and sanitization of tools and environment?

| Not at all |
| A Little |
| Quite |
| A Lot |
| Extremely |

41. Did your dentist give you all the information on the sanitization procedures adopted in the dental office?

| Yes |
| No |

42. Through which means of communication did you get the information? You can select more than one option.

| Phone Call |
| Talk |
| Message |
| Email |
| Social Network |
| I didn't receive any information |
| Other |
43. Will you look for further information to feel safer with concern to access to oral care?

| Option                                                   |
|----------------------------------------------------------|
| No, I feel safe and I won’t look for other information  |
| Yes, I will directly call the Clinic or the dentist      |
| Yes, I will browse the website of the Clinic            |
| Yes, I will browse websites specialized in medicine     |
| Yes, I will ask for information on social media          |
| Yes, I will get informed through friends and family      |
| Other                                                   |
Table S2. Reclassification of variables used for the analysis.

| New Variable                        | Answers                                           | Variable modality     |
|-------------------------------------|---------------------------------------------------|-----------------------|
| “Educational level”                 | Primary School                                   | Low/Medium            |
|                                     | Middle School                                    | Low/Medium            |
|                                     | High School                                       | Low/Medium            |
|                                     | Bachelor’s Degree                                 | High                  |
|                                     | Master’s Degree                                   | High                  |
|                                     | PhD/Specialization School                         | High                  |
| Question number 6 Table S1          |                                                   |                       |
| “Income reduction”                  | No, income remained unchanged.                    | < 50%                 |
| Question number 8 Table S1          | Yes, income was reduced up to 20%                 | < 50%                 |
|                                     | Yes, income was reduced between 20 and 50%        | ≥ 50%                 |
|                                     | Yes, income was reduced over 50%                  | ≥ 50%                 |
|                                     | Yes, household income reduced to zero             | ≥ 50%                 |
| “Contagion fear”                    | ≤ 3                                               | No                    |
| Question number 9 Table S1          | > 3                                               | Yes                   |
| “Feeling comfortable when going out of home” |                                                   |                       |
| Question number 11 Table S1         | I only go for emergencies                         | Regular visit         |
|                                     | I go for control visits or regular oral hygiene appointments | Regular visit |
|                                     | I am following a treatment plan                    | Regular visit         |
|                                     | I don’t go / I’ve never been to a dentist          | Urgent care           |
| “Dental attendance”                 | Private                                           | Private               |
| Question number 26 Table S1         | Public                                            | Public                |
|                                     | Low Cost Chain                                    | Low cost              |
|                                     | Affiliated Private Clinic                          | Public                |
| “Phase 2 Dental visit behavior”     | I would undergo oral care without any problem     | Attendance without fear |
| Question number 35 Table S1         | I would undergo oral care with fear                | Attendance with fear  |
|                                     | I would postpone the appointment                   | Postpone or cancel    |
|                                     | I would cancel the appointment                     | Postpone or cancel    |
| “Feeling comfortable to attend dental visit” |                                                   |                       |
| Question number 37 Table S1         | ≤ 3                                               | No                    |
|                                     | > 3                                               | Yes                   |
| “Impact of contagion risk on dental visit” |                                                   |                       |
| Question number 38 Table S1         | ≤ 3                                               | No                    |
|                                     | > 3                                               | Yes                   |
| “Trusting dentist on sanitization procedures” |                                                   |                       |
| Question number 40 Table S1         | ≤ 3                                               | No                    |
|                                     | > 3                                               | Yes                   |
| “Dentist information on sanitization procedures” |                                                   |                       |
| Question number 41 Table S1         | ≤ 3                                               | No                    |
|                                     | > 3                                               | Yes                   |