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COVID-19-positive questionnaire:

Questionnaire regarding oral symptoms during covid-19 disease:

Thank you for participating in the questionnaire.

This survey is part of a study conducted by the oral medicine unit.

This study aims to recognize the oral symptoms arising during the disease, in order to understand it better.

This is an anonymous questionnaire that may take 3 minutes of your time. You may answer part of the questions.

The leading researcher, got permission from the CEO of the medical center to conduct this study.

By answering this questionnaire, you agree to participate in the study.

- Please check below:

Agree

Disagree

- When were you tested positive for COVID-19?

(date)

- Where were you during the disease?

At home

In a COVID-19 motel

In the hospital without mechanical ventilation

In the hospital with mechanical ventilation

Somewhere else

- Gender:

Male

Female

I prefer not to say

- Were you pregnant at that time?

Yes

No

- Which week of pregnancy?

(number)

- Your age:

18-30

31-49

50-69

70 and over

- Previous illnesses and risk factors:

Cardiovascular diseases

Hypertension

Diabetes Mellitus

Smoking for 10 years or more

Body Mass Index of 30 or more

Hospitalization in the last 3 years (besides labor)

- Have you had a fever (over 37.5 degrees) before you tested positive and until recovery?

Yes

No

- Did you have a sore throat at that time?

Yes

No

The following questions are related to the oral symptoms in the 2 weeks before you were tested positive until recovery:

- Did you have mouth ulcers?

Yes

No

- Did you have oral blisters?

Yes

No

- Did you have gingival sensitivity?

Yes

No

- Did you have bleeding gums?

Yes

No

- Did you have bad breath?

Yes

No

- Did you have dryness of mouth?

Yes

No

- Did you have an unpleasant taste?

Yes

No

- Did you have changes in your ability to taste?

Yes

No

- any other strange oral symptoms during the COVID-19 disease?

Thank you for your time, Wishing you good health.

COVID-19-negative questionnaire:

We are approaching you since you had a COVID-19 test, that's result was negative.

Thank you for participating in the questionnaire.

This survey is part of a study conducted by the oral medicine unit in the Medical Center.

This study aims to recognize the oral symptoms arising during the disease, in order to understand it better.

This is an anonymous questionnaire that may take 3 minutes of your time. You may answer part of the questions.

The leading researcher got permission from the CEO of the medical center to conduct this study.

By answering this questionnaire, you agree to participate in the study.

- Please check below:

Agree

Disagree

- When were you tested for covid19?

(date)

- Gender:

Male

Female

I prefer not to say

- Were you pregnant at that time?

Yes

No

- Which week of pregnancy?

(number)

- Your age:

18-30

31-49

50-69

70 and over

- Previous illnesses and risk factors:

Cardiovascular diseases

Hypertension

Diabetes Mellitus

Smoking for 10 years or more

Body Mass Index of 30 or more

Hospitalization in the last 3 years (besides labor)

- Have you had a fever (over 37.5 degrees) prior to the test (not more than a week)?

Yes

No

- Did you have a sore throat at that time?

Yes

No

The following questions are related to the oral symptoms in the 2 weeks before you and 2 weeks after the test:

- Did you have mouth ulcers?

Yes

No

- Did you have oral blisters?

Yes

No

- Did you have gingival sensitivity?

Yes

No

- Did you have bleeding gums?

Yes

No

- Did you have bad breath?

Yes

No

- Did you have dryness of mouth?

Yes

No

- Did you have an unpleasant taste?

Yes

No

- Did you have changes in your ability to taste?

Yes

No

- any other strange oral symptoms during this period?

Thank you for your time, wishing you good health.

