Online Appendix

Instruments:

The *Microsoft Kinect* was used to evaluate the detection and counting of movement patterns. This system was originally designed to locate movement for video game controls, but it has been used effectively in numerous health studies, including to assess stress patterns [1], to monitor breath for breast cancer detection [2] or to monitor the movement of people with Parkinson's disease [3]. In addition, previous studies have confirmed the reliability of kinematic measurements using Microsoft Kinect, even during walking or active movement [4].

Microsoft Kinect's usefulness has been endorsed in numerous movement recognition studies concerning postural control [5], neck angle [6] and spatial-temporal aspects of steps [7]. Microsoft Kinect comprises an RGB camera, a depth-detection system, and infrared and CMOS (complementary metal-oxide semiconductor) sensors, which allow mapping images and recognizing movements in 3 dimensions. Each pixel in the depth image is assigned a vector value (X, Y, D) where X and Y represent the coordinate values, and D represents the distance between the pixel and the sensor.

Microsoft Kinect can generate a virtual skeleton by locating and recording the movement of joints over time. It also has a facial recognition system to identify various key points on the head. In this case, it was configured to record the touches the patients made to their mask and eyes (considering the sum of both to be the number of facial contacts). The time in seconds of each contact and the time the patient spent in the waiting room were also monitored.

Anxiety symptomatology was evaluated as a trait using the trait anxiety subscale of the *State–Trait Anxiety Inventory* (STAI). The STAI is a self-report questionnaire comprising a state-anxiety subscale (how one feels in a particular time or situation) and a trait-anxiety subscale (a relatively stable anxious propensity that characterizes individuals who tend to perceive situations as threatening) [8]. STAI has been successfully employed in health research and is widely used in the dental field [9, 10]. The Trait Anxiety Scale comprises 20 items answered using a Likert-type scale ranging from 0 (almost never) to 3 (almost always). The total score is obtained by adding up the items while considering the inverted

reverse-scored items. The psychometric properties of the STAI are satisfactory [11, 12]. The internal consistency of the STAI in the present study was very good (α = 0.937).

Fear of COVID-19 was assessed using the *COVID-19 Fear Questionnaire* (FCV-19S), recently developed by Ahorsu and colleagues (March, 2020) [13]. The scale has 7 items answered using a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total score is obtained by summing the items (scores range from 7 to 35), and higher scores indicate a greater fear of COVID-19. The psychometric properties of the FCV-19S have been found satisfactory in prior research [14]. The internal consistency of the FCV-19S in the present study was very good (α = 0.862).

The short version of the *Dental Anxiety Inventory* (DAI) [15] was used to assess the physical reactions, thoughts, and behavioural aspects of people's dental fear. This version has 9 items that are answered from 1 to 5, and higher scores indicate greater dental anxiety. The total score is obtained by adding up the items. Each subscale has 3 items with scores ranging from 3 to 15. The psychometric properties of the DAI have been found satisfactory in prior research [16]. The internal consistency of the DAI in the present study was very good (α = 0.882).

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