Additional File 1

Section 1 – *Socio-demographic form (SSD)*

1. Current residence (region): _____
2. Current residence (city): _____
3. Current residence (province): _____
4. Gender: ☐ Male ☐ Female ☐ Other
5. Age: _____
6. Weight (kg): _____
7. Height (cm): _____
8. City of birth: _____
9. Province of birth: _____
10. Country of birth: _____
11. Marital status:
    ☐ Married/partner ☐ Separated/divorced ☐ Widower ☐ Single
12. Educational level:
    ☐ Primary School ☐ Junior High School ☐ High School ☐ Professional School ☐ University
    ☐ Other: _____
13. Currently student: ☐ Yes ☐ No
14. Currently worker: ☐ Yes ☐ No
15. After the pandemic outbreak did you lose your job? ☐ Yes ☐No
16. Job:
    ☐ Househusband/housewife ☐ Unemployed ☐ Employed ☐ Self-employed
    ☐ Healthcare provider ☐ Retired for age ☐ Retired for illness ☐ Other: _____
17. After the pandemic outbreak, how much are you gratified concerning your financial situation?
    ☐ It could not be worse ☐ Unsatisfied ☐ Quite unsatisfied ☐ Halfway
    ☐ Quite satisfied ☐ Satisfied ☐ It could not be better
18. How many people do you live with? (Including you) _____
19. After the pandemic outbreak, how much are you satisfied by the people you live with? Or how much are you satisfied by living alone (if you live by yourself)?
    ☐ It could not be worse ☐ Unsatisfied ☐ Quite unsatisfied ☐ Halfway
    ☐ Quite satisfied ☐ Satisfied ☐ It could not be better

20. After the pandemic outbreak, how much are you satisfied with the place where you live?
☐ It could not be worse ☐ Unsatisfied ☐ Quite unsatisfied ☐ Halfway
☐ Quite satisfied ☐ Satisfied ☐ It could not be better

21. After the pandemic outbreak, do you spend more time on the Internet? ☐ Yes ☐ No
22. For which activities do you use the Internet?

	Never	Rarely	Sometimes	Often	Always
Instant messaging	☐	☐	☐	☐	☐
Social network	☐	☐	☐	☐	☐
Search for information	☐	☐	☐	☐	☐
Entertainment	☐	☐	☐	☐	☐
Shopping on-line	☐	☐	☐	☐	☐
Booking of travel/social events	☐	☐	☐	☐	☐
Financial services	☐	☐	☐	☐	☐
Blog/debating on-line/forum	☐	☐	☐	☐	☐
Education/learning services	☐	☐	☐	☐	☐

23. How much time do you usually spend on the Internet (hours)? _____

24. Do you suffer from any physical disorder? ☐ Yes ☐ No

25. Do you suffer from any psychiatric disorder? ☐ Yes ☐ No

Section 2 – *Burning Mouth Syndrome Questionnaire*

1. How long have you been suffering from Burning Mouth Syndrome (months)?
_____

2. How many doctors have you been visited by before being diagnosed with Burning Mouth Syndrome?
_____

3. Which clinician(s) have you been visited by?
☐ Dentist ☐ Otolaryngologist ☐ General doctor
☐ Other (specify): _____

4. Has the Burning Mouth Syndrome always been steady since its first onset? ☐ Yes ☐ No

5. Did you already suffer from Burning Mouth Syndrome before the pandemic outbreak? ☐ Yes ☐ No
If yes, has the Burning Mouth Syndrome exacerbated after the pandemic outbreak? ☐ Yes ☐ No
If yes, how long has it been getting worse? _____

6. Has the Burning Mouth Syndrome currently reduced since its worsening or is it steady?
☐ Reduced ☐ Steady ☐ I have not had any worsening

7. Which areas of the oral cavity are involved by the symptoms?
☐ Tongue ☐ Gums ☐ Lips ☐ Cheeks ☐ Floor of mouth ☐ Palate
☐ Other (specify): _____

8. Please, read carefully each adjective below describing your pain. Place a "X" mark in the column that corresponds to your level of pain. Do this for <u>each</u> word.

	None (0)	Mild (1)	Moderate (2)	Severe (3)
1. Throbbing	☐	☐	☐	☐

2. Shooting	☐	☐	☐	☐
3. Stabbing	☐	☐	☐	☐
4. Sharp	☐	☐	☐	☐
5. Cramping	☐	☐	☐	☐
6. Gnawing	☐	☐	☐	☐
7. Hot-burning	☐	☐	☐	☐
8. Aching	☐	☐	☐	☐
9. Heavy	☐	☐	☐	☐
10. Tender	☐	☐	☐	☐
11. Splitting	☐	☐	☐	☐
12. Tiring-Exhausting	☐	☐	☐	☐
13. Sickening	☐	☐	☐	☐
14. Fearful	☐	☐	☐	☐
15. Cruel-Punishing	☐	☐	☐	☐

9. In addition to burning, do any of the following symptoms occur?
   - ☐ Dysgeusia
   - ☐ Xerostomia
   - ☐ Sialorrhea
   - ☐ Itching
   - ☐ Intraoral Foreign Body Sensation
   - ☐ Subjective Halitosis
   - ☐ Tingling Sensation
   - ☐ Change of Tongue Morphology
   - ☐ Change of Tongue Colour
   - ☐ Dysosmia
   - ☐ Oral Dyskinesia
   - ☐ Occlusal Dysesthesia
   - ☐ None of the above
   - ☐ Other (specify): _____

10. Are the symptoms steady throughout the day?
    ☐ Steady ☐ Milder in the morning and increased in the evening
    ☐ Fluctuating throughout the day ☐ Other:_____

11. Do the symptoms occur during the night? ☐Yes ☐ No

12. Have you ever taken drugs to reduce Burning Mouth Syndrome symptoms?
    ☐ Pharmacological therapy ☐ OTC drugs/supplements ☐ Nothing

13. How intense is the burning sensation?
    Consider "10" as the most intense pain you can imagine.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 3 - *Covid-19 Questions*

1. Did you get the COVID-19 infection? ☐ Yes ☐ No

2. Have you been isolated after contracting the infection? ☐ Yes ☐ No

3. Have you been isolated after getting in contact with someone positive? ☐ Yes ☐ No

Section 4 – *GHQ-12*

In the last year:

	More than usual	As usual	Less than usual	Much less than usual
1. Have you been able to concentrate well on what you were doing?	☐	☐	☐	☐
2. Have you lost much sleep over worry?	☐	☐	☐	☐
3. Have you felt that you are playing a useful part in things?	☐	☐	☐	☐
4. Have you felt capable of making decisions?	☐	☐	☐	☐
5. Have you felt constantly overwhelmed and stressed?	☐	☐	☐	☐
6. Have you felt like you cannot overcome difficulties?	☐	☐	☐	☐
7. Did you enjoy your day-to-day activities and get your free time?	☐	☐	☐	☐
8. Did you adequately cope with your problems?	☐	☐	☐	☐
9. Have you felt unhappy or depressed?	☐	☐	☐	☐
10. Have you lost confidence in yourself?	☐	☐	☐	☐
11. Have you thought that you are a person worthless?	☐	☐	☐	☐
12. Do you feel reasonably happy considering all the circumstances?	☐	☐	☐	☐

Section 5 – *DASS-21*

Please, read each sentence and mark how often the described situation has occurred in the last year. Consider that there are neither correct nor incorrect answers. Do not spend too much time on any statement, often the first answer is the most accurate. Thank you for your precious willingness and collaboration.

	Did not apply to me at all	Applied to me to some degree	Applied to me to a considerable degree	Applied to me most of the time
1. I felt a lot of nervous tension and I found it hard to wind down	☐	☐	☐	☐
2. I was aware of dryness of my mouth	☐	☐	☐	☐
3. I could not seem to experience any positive feeling at all	☐	☐	☐	☐
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	☐	☐	☐	☐
5. I found it difficult to work up the initiative to do things	☐	☐	☐	☐
6. I tended to over-react to situations	☐	☐	☐	☐
7. I experienced trembling (e.g., in the hands)	☐	☐	☐	☐
8. I felt that I was using a lot of nervous energy	☐	☐	☐	☐
9. I was worried about situations in which I might panic and make fool of myself	☐	☐	☐	☐
10. I felt that I had nothing to look forward to	☐	☐	☐	☐
11. I felt stressed	☐	☐	☐	☐
12. I found it difficult to relax	☐	☐	☐	☐
13. I felt down-hearted and blue	☐	☐	☐	☐
14. I felt intolerant of anything that kept me from getting on with what I was doing	☐	☐	☐	☐

15. I felt I was close to panic	☐	☐	☐	☐
16. I was unable to become enthusiastic about anything	☐	☐	☐	☐
17. I felt I wasn't worth much as a person	☐	☐	☐	☐
18. I felt that I was rather touchy	☐	☐	☐	☐
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	☐	☐	☐	☐
20. I felt scared without any good reason	☐	☐	☐	☐
21. I felt that life was meaningless	☐	☐	☐	☐

Section 6 – *ISI*

1. Please, rate the current (i.e., last year) severity of your insomnia problems.

	None	**Mild**	**Moderate**	**Severe**	**Very severe**
Difficulty falling asleep	☐	☐	☐	☐	☐
Difficulty staying asleep	☐	☐	☐	☐	☐
Problem waking up too early	☐	☐	☐	☐	☐

2. How satisfied/unsatisfied are you with your current sleep pattern?
   ☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Unsatisfied ☐ Very unsatisfied

3.

	Not at all	**A little**	**Somewhat**	**Much**	**Very much**
To what extent do you consider your sleep problem to interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?	☐	☐	☐	☐	☐
How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?	☐	☐	☐	☐	☐
How worried/distressed are you about your current sleep problem?	☐	☐	☐	☐	☐

Section 7 – *NSESS*

Please, mark how often did you feel like described in the following sentences during the last year.

	Not at all	**Rarely**	**Sometimes**	**Often**	**Always**
1. Having "flashbacks", that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	☐	☐	☐	☐	☐
2. Feeling very emotionally upset when something reminded you a stressful experience?	☐	☐	☐	☐	☐
3. Feeling detached from reality, your body or your memories?	☐	☐	☐	☐	☐

4. Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	☐	☐	☐	☐	☐
5. Being "super alert", on guard, or constantly on the lookout for danger?	☐	☐	☐	☐	☐
6. Feeling jumpy or easily startled when you hear an unexpected noise?	☐	☐	☐	☐	☐
7. Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	☐	☐	☐	☐	☐

Section 8 – *IES-R*

Below there is a list of difficulties people sometimes must face after stressful life events. Please, read each item and then indicate how distressing each difficulty has been for you during the last year with respect to the event. How much were you distressed or bothered by these difficulties?

	Not at all	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
1. I thought about the stressful event when I didn't mean to	☐	☐	☐	☐	☐
2. I tried not to think about it	☐	☐	☐	☐	☐
3. I was aware that I still had a lot of feelings about it, but I didn't deal with them	☐	☐	☐	☐	☐
4. I had trouble concentrating	☐	☐	☐	☐	☐
5. I felt watchful and on-guard regarding environment and people	☐	☐	☐	☐	☐
6. Other things kept making me think about it	☐	☐	☐	☐	☐

Section 9 –*PTGI – SF*

Please, read each statement and indicate the life change level occurred after a traumatic event, in a scale from 0 (no change) to 5 (very important life change).

	0	**1**	**2**	**3**	**4**	**5**
1. Change of life values	☐	☐	☐	☐	☐	☐
2. Greater appreciation for the value of my own life	☐	☐	☐	☐	☐	☐
3. Deep spirituality	☐	☐	☐	☐	☐	☐
4. Establishing a new life path	☐	☐	☐	☐	☐	☐
5. Greater sense of closeness with others	☐	☐	☐	☐	☐	☐
6. I know better that I can handle difficulties	☐	☐	☐	☐	☐	☐
7. I appreciate more every new day	☐	☐	☐	☐	☐	☐
8. I have a stronger religious faith	☐	☐	☐	☐	☐	☐
9. I discovered that I'm stronger than I thought I was	☐	☐	☐	☐	☐	☐
10. I learned a great deal about how wonderful people are	☐	☐	☐	☐	☐	☐

Section 10 – *Connor-Davidson Resilience Scale – CDRS-10 - short version*

Please, read each item and then indicate how you have been feeling in the last year in a scale that goes from 0 (rarely true) to 5 (about always true).

	0	**1**	**2**	**3**	**4**	**5**
1. I am able to adapt when changes occur	☐	☐	☐	☐	☐	☐
2. I can deal with whatever comes	☐	☐	☐	☐	☐	☐
3. I try to see humous side of problems	☐	☐	☐	☐	☐	☐
4. Coping with stress can strengthen me	☐	☐	☐	☐	☐	☐
5. I tend to bounce back after illness or hardship	☐	☐	☐	☐	☐	☐
6. I can achieve goals despite obstacles	☐	☐	☐	☐	☐	☐
7. I can stay focused under pressure	☐	☐	☐	☐	☐	☐
8. I am not easily discouraged by failure	☐	☐	☐	☐	☐	☐
9. I think of myself as strong person	☐	☐	☐	☐	☐	☐
10. I can handle unpleasant feelings	☐	☐	☐	☐	☐	☐