***Online Appendix:***

The Microsoft Kinect was used to evaluate the detection and counting of movement patterns [1-6]. 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 detection2 or to monitor the movement of people with Parkinson's disease [3].

Microsoft Kinect’s usefulness has been endorsed in numerous movement recognition studies concerning postural control [4], neck angle [5], and spatial-temporal aspects of steps [6], 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 faces.

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) [7]. STAI has been successfully employed in health research and is widely used in the dental field [8,9]. The State 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 [10]. The internal consistency of the state-anxiety subscale in the present study was very (α = .75).

To evaluate perceived threat from COVID-19 was used the Brief Illness Perception Questionnaire version BIP-Q5 [11]. The BIP-Q5 was adapted to this disease (for example, “How much are you worried about being infected by the coronavirus (COVID-19)?” or “How much does infection by the coronavirus (COVID-19) affect you emotionally?” (That is, does it make you feel furious, afraid, angry or depressed?)”. The scale has 5 items answered using a Likert-type scale ranging from 1 to 10. The total score is obtained by summing the items (scores range from 10 to 50), and higher scores indicate a worst perception of COVID-19. The psychometric properties of the BIP-Q5 have been found satisfactory in prior research.11 The internal consistency of the BIP-Q5 in the present study was (α = .68).

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