Introduction

This protocol is recommended for the Self Report Supplement (MOSST-SRS). The development team promote the sharing of the MOSST-SRS under Creative Commons Licensing. Items were generated through a combination of researcher content selection and input from a PPI panel from the IDS-TILDA study. All PPI panellists had intellectual disabilities and conveyed what they felt was most important to capture in data collection. Content was then scraped from computer assisted personal interview and national oral data collection surveys in UK and Ireland, with modification as indicated by PPI panel and content development team. The MOSST SRS is designed for adults, who are traditionally excluded from oral health data collection, such as people with disabilities. To support participant inclusion, easy-read resources are available.

Concepts	● The MOSST-SRS collects data on selected aspects of oral healthcare utilization, oral health behaviours, and oral health related quality of life.
Instructions	● Undertake the MOSST SRS after the MOSST Health Evaluation Survey OR at a separate time ● The researcher reads the items out loud to the participant and reads out answer options. Participants can also read items as per preference. ● Data can be gathered via paper (form-based data collection) or online, for example, on Qualtrics. ● If needed, support can be sought from friends, staff or family member, with consent. ● Data collectors are encouraged to adapt their explanation of items, or use augmentative communication as required for each participant
Tips	● Items can be adapted with examples and simplified language for ease of understanding. ● Items can be adapted for ease of use when asking the questions (self-report) to people with intellectual disabilities or cognitive impairment. ● Additional questions can be adapted to gather further data as required as per researcher needs

MOSST Self Report Supplement (SRS) v1.0
Interviewer administered survey. See Protocol for instructions

Participant number	
Data collector code	
Date	

SRS Question 1
How will this survey be completed?

		Code
Self-Report Only	☐	1
Self-Report and Proxy	☐	2
Proxy Only	☐	3

Demographics items to be added here as per use of survey

Oral Health Service Use (SU):

SU Question 1
Which of the following best describes your oral health service use (e.g. going to the dentist or dental hygienist):

I/[He/She] go to the dentist at least once every year	☐	1
I/[He/She] go to the dentist at least once every two years	☐	2
I/[He/She] go to the dentist less often than once every two years	☐	3
I/[He/She] only go to the dentist if there is a problem (e.g. a tooth hurts)	☐	4
I/[He/She] never go to the dentist	☐	5
Not answered	☐	97

Source (Adapted from IDS-TILDA)

SU Question 2
When you need a routine dental visit who do you visit? (Select best option)

A HSE dentist	☐	1
A MEDICAL CARD dentist or dental hygienist	☐	2
A PRIVATE dentist or dental hygienist	☐	3
Other*	☐	4
Not answered	☐	97

*Please specify

Source: (Adapted from IDS-TILDA)

SU Question 3
When you get dental treatment (e.g. a filling), which of the following do you need? (Select best option)

I/[He/She] only need local anaesthesia (e.g. just numbing).	☐	1
I/[He/She] need Nitrous oxide (e.g. laughing gas)	☐	2
I/[He/She] need Oral sedation	☐	3
I/[He/She] need IV sedation	☐	4
I/[He/She] need General anaesthesia (e.g. fully asleep)	☐	5
Other*	☐	6
Not answered	☐	97

*Please specify

Source (Adapted from IDS-TILDA)

Barriers to care

SU Question 4

What barriers make it difficult for you to access your dentist or dental hygienist? (Yes/No answer options)

		Yes (1)	No (0)	Not answered (97)
4.1	I/[He/She] cannot find a dentist who is willing to treat me	☐	☐	☐
4.2	The dentist does not have facilities to treat me (e.g. wheelchair tilter, general anaesthetic)	☐	☐	☐
4.3	The dentist does not have training to treat me	☐	☐	☐
4.4	The dentist does not give me/them enough time at my appointment	☐	☐	☐
4.5	There is a long waiting list to see my dentist	☐	☐	☐
4.6	The dentist is too expensive	☐	☐	☐
4.7	It is difficult for me to accept dental treatment	☐	☐	☐
4.8	It is difficult for me to travel	☐	☐	☐
4.9	I/[He/She is] am afraid of the dentist	☐	☐	☐
4.10	I/[He/She has] have no difficulty accessing my dentist or dental hygienist	☐	☐	☐
4.11	Other*	☐	☐	☐
4.12	Not answered	☐	☐	☐
4.13	*Please specify:			

Source (Adapted from D'Addazio et al, 2021)

SU Question 5

How easy is it to get a dental appointment when you need one? (Select best option)

Very Easy	☐	1
Easy	☐	2
Hard	☐	3
Very hard	☐	4
Not answered	☐	97

Source (Adapted from IDS-TILDA)

Oral Health related Quality of Life (QoL)

QoL Question 1
Have you had (signs of) pain from your mouth in the last week? (Select best option)

Yes (as suggested verbally)	☐	1
Yes (as suggested behaviourally or physically)	☐	2
No	☐	3
Not answered	☐	97

Source (Adapted from IDS-TILDA)

Researcher prompt Oral pain suggested by behavioural signs (such as refused eating or certain food, chewing lips, pulling at face, aggression and self-injurious behaviours related to oral manipulation or function) or physical signs (swelling of cheek or gum, broken teeth, ulcers) in the last week (OSST, Mac Giolla Phadraig et al, 2021)

QoL Question 2
Do you have any difficulty chewing? (Select best option)

No	☐	1
Yes, with some type of food	☐	2
Yes, with all types of food	☐	3
Other*	☐	4
Not answered	☐	97

*Please specify

Source (Adapted from IDS-TILDA)

QoL Question 3
How do you feel about your smile? (Select best option)

Very happy	☐	1
Happy	☐	2
Unhappy	☐	3
Very unhappy	☐	4
Not answered	☐	97

Source (Adapted from OHIP-14)

Beh Question 1
How often do you brush your teeth or dentures (OR have them brushed)? OR (how often do you clean your mouth/have it cleaned for you?)

Once or more a day	☐	1
2 to 6 times per week	☐	2
Once per week	☐	3
Less than once per week	☐	4
Never	☐	5
Not answered	☐	97

Source (IDS TILDA)

Beh Question 2
What best describes the help you get from someone else to clean your teeth?

I/[He/She] clean(s) teeth without help (can include prompting, reminding, supporting)	☐	1
I/[He/She] clean(s) teeth with a little help (e.g. physical guidance, shared brushing)	☐	2
I/[He/She] clean(s) teeth with a lot of help (e.g. all brushing by carer)	☐	3
I/[He/She] do [does] not clean my/their teeth	☐	4
I/[He/She] do [does] not have any teeth to clean	☐	5
Not answered	☐	97

Source (IDS TILDA)

Beh Question 3
Do you have a mouthcare plan?

Yes	☐	1
No	☐	2
Don't know	☐	3
Not answered	☐	97

Source (Adapted from IDS-TILDA)

*Researcher prompt: A mouthcare plan is a specific document outlining a set of planned oral health behaviours on behalf of, and with, a person who needs support toothbrushing, flossing, arranging dental visits, denture care, etc.

Beh Question 4
How many times a day do you eat sweet foods or drink sweet drinks (such as biscuits, cakes, sweets, Coca-Cola, Pepsi cola, 7UP, tea with sugar etc.) between your meals? (Select best option)

Never	☐	1
Once a day	☐	2
Twice a day	☐	3
Three times a day	☐	4
Four times a day	☐	5
Five-times a day	☐	6
Six times a day	☐	7
Seven or more times a day	☐	8
Not answered	☐	97

Source (Whelton, 2007**)**

END SRS Question 1: Is there anything else you would like to tell use about your oral health?

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_____

End of Survey