



MOSST

MODIFIED ORAL STATUS SURVEY TOOL

TOOLKIT v1.0

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Introduction

This toolkit contains all tools necessary to administer the Modified Oral Status Survey Tool, referred as the MOSST in this protocol, and the MOSST Self Report Supplement, referred to as the MOSST-SRS. This toolkit includes protocols, tools, list of equipment needed and easy read guides. The MOSST protocol lists the recommended steps when completing data collection using the MOSST and MOSST-SRS.

The MOSST covers seven concepts that indicate oral status and oral function, making it possible to record a range of oral features that are important for policy makers and service providers. The MOSST was developed to be quick, acceptable, robust and administered by well-trained dentists / non-dentists without scribe. The MOSST also includes of a Self-Report Supplement (MOSST-SRS), details of which are provided below.

The MOSST has been developed so as content coverage is balanced with feasibility by ensuring that the tool produces a range of useful oral health data, is feasible for use across many contexts, and is not too onerous on participants or data collectors. The MOSST was developed over ten years in Trinity College Dublin, Trinity Centre for Ageing and Intellectual Disabilities and Dublin Dental University Hospital, in partnership with adults with intellectual disabilities (ID). The development team promote the sharing of the MOSST under Creative Commons Licensing.

Aim of MOSST

The aim of the MOSST is to collect data based on the following concepts: Functional tooth units, Aesthetics, vis a vis presence of the Front twelve teeth, Denture wear, Tooth count, Cavitated teeth, Gum condition, and, Oral cleanliness. The MOSST-SRS aims to collect data on selected aspects of oral healthcare utilization, oral health behaviours (homecare), and oral health related-quality of life.

Why use the MOSST?

The MOSST can be used for research or to inform local and national service planning and policy. The MOSST is **not** designed for use as an individual oral health assessment tool, a tool for diagnosis or clinical screening. The MOSST does not facilitate the practice of dentistry, or replace the need for regular dental assessment by a registered dental professional.

Which samples is the MOSST for?

The MOSST is designed for adults, who are traditionally excluded from oral health data collection. This may be due to limited data collection capacity on behalf of the sample or data collectors. The MOSST has been used successfully to record surveys among broad samples of people with disabilities in Ireland including those with severe and profound disabilities. The

tool has been developed and validated with people over 40 years of age with mild to profound disability. Further development has been achieved with people with profound and severe disability also. The tool is **not** designed for children. Further validation is required for use among other populations such as people of older age, people in low resource economies, etc.

Who can score the MOSST?

The MOSST can be scored by well-trained dental professionals or non-dental professionals. The MOSST should be applied once data collectors have completed training in its use. Training is online and in person. Training should be supported with calibration to ensure valid and reliable recording, as per WHO guidelines (WHO, 2013). Repeat training and calibration is recommended across examiners and over time, depending on the project to ensure reliability. The MOSST is designed to be scored directly onto a tablet without a scribe.

Disclaimer

Data collectors should ideally come from clinical professions, and have training and experience in research ethics, person-centred communication, clinical data collection and have high standards of infection control. Data collectors may need to ensure appropriate vaccination, as indicated. Data collection must align with local policies regarding infection control, waste management, risk assessment and other relevant policies. The developers have made every effort to support data collection in traditionally excluded populations. The developers do not take responsibility for use of the tool by others.

Training

All data collectors should be trained in its use prior to administration. Calibration is also recommended as part of training to ensure valid data collection. This should be completed prior to using the MOSST data collection. Data collectors may also need further training, such as in person centred communication, inclusive research methods, data management, infection control, and related fields as per local policy, and their project needs. Data collectors should assess their own need for further training relevant to the specific population for whom they collect data.

Ensuring participant-centred data collection

The comfort and safety of participants and data collectors are paramount. When carrying out the MOSST consider the risk-benefit to all involved when collecting data. If it is felt that oral data collection may be unsuitable or unsafe, return to the risk-benefit assessment and decide whether to continue data collection. To support participant inclusion, easy-read resources are available.

PROTOCOL

MOSST

Participant preparation

1. Open the MOSST survey format you are using (e.g. Qualtrics via QR code, or paper-based).
2. Follow principles of universal precaution (infection control).
3. Set up the assessment area as shown in the training set up (see training tool for guidance).
4. Prepare appropriate zones and placement of protective barriers on the light source / iPad / pen.
5. Welcome participant. Participants are encouraged to attend with a person who can support them, if needed.
6. Review process consent with accessible communication aides, if needed.
7. Ensure that the participant is seated with adequate light / light source as indicated. It is best for the participant to be seated near, and face a natural light source (window) when undertaking data collection.

Administration

1. Ensure hand hygiene, surface disinfection and wear of personal protective equipment including glasses, mask and gloves.
2. Complete MOSST according to coding criteria.
3. Score onto a tablet or using a pen with protective sheath aseptically.
4. At question 3, the participant is asked whether they have dentures. If the participant is wearing dentures, remove them now. If they do not remove dentures, do not count the dentures in the tooth count and complete rest of survey based on visible surfaces.

5. Use a disposable plastic mouth mirror as needed (non-metal / non-glass mirror only)
6. Use sterile gauze to clean surfaces that are covered in debris if necessary.
7. If placing fingers into the mouth, ensure that you avoid placing digits between the biting surfaces of the dentition to avoid accidental injury. The MOSST is designed to be completed without placing fingers between teeth.

After the MOSST

1. Give each participant an easy read summary outlining their results, which will contain advice if the participant should attend a dentist.
2. Remind participant that MOSST is NOT a dental examination, screening or treatment plan. It is important that participants are aware that the findings **do not amount to a dental examination**, screening, treatment planning or the practice of dentistry.
3. Participants found to answer YES regarding *Pain (MOSST-SRS)*, *cavitated teeth* or *Gum inflammation* should be advised to seek further advice. Participants are encouraged to attend with a person who can support them.
4. Thank the participant as they leave.
5. Following principles of universal precaution (Infection control), discard all protective barriers, gloves, mouth mirror, and wipes in the waste bag.
6. Clean and disinfect surfaces and set up for next participant

Tips for data collection

1. When using the MOSST, data collectors are encouraged to adopt creative approaches to data collection as best suits the person's preference and needs. This should be discussed with participants before and during data collection. Using reasonable adjustment can ensure a positive experience and increase participation. Linking in with support staff on how best to approach can be beneficial.
2. If a participant chooses not to participate in the MOSST or part of the MOSST it is recommended to record this: Select **not assessed** for all items not assessed.
3. It is good to have an oral health pack to thank participants for their time.

Item 1

Functional Tooth Units

MOSST

Concept Functional Tooth Units

Item How many pairs of functional tooth units are present?

Definition In this item, the data collector records the number of FTUs that are observable in maximum intercuspation (MIP). An FTU is defined as a pair of opposing teeth in occlusion in maximum intercuspation.

Display

Oral Function:
How many pairs of functional tooth units are present?
*please refer to protocol for guidance

0 1 2 4 5 6 7 8 10 11 12

Posterior functional tooth units

Not Assessed (97)

Categories, criteria, and codes

- Slider indicates the number of functional tooth units in total in the mouth (Right and Left combined); Range 0-12
- Only posterior teeth are scored.
- This includes natural teeth and/or artificial teeth (implant-supported, fixed and/or removable prostheses)
- A pair of premolars in contact are considered 1 FTU
- A pair of molars in contact are considered 2 FTUs
- Third molars and carious teeth with extensive coronal destruction are excluded
- Each tooth can only be counted once.
- Maximum = 12 FTUs
- Not assessed (Code = 97)

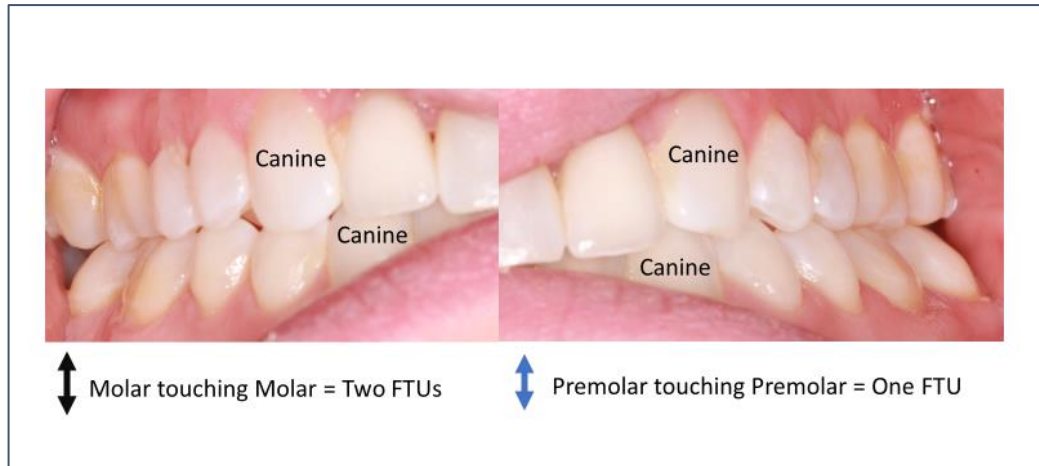
Instructions

- Use light source
- Ask participant to bite their back teeth together
- Retract cheek using hand mirror
- Identify canines
- Look at the teeth behind canine (eye tooth); observe whether teeth posterior to canines meet
- If there are posterior contacts score the number of FTU.
- Then, check on the other side
- Add the number of teeth contacts from right and left sides
- Record observation as single score

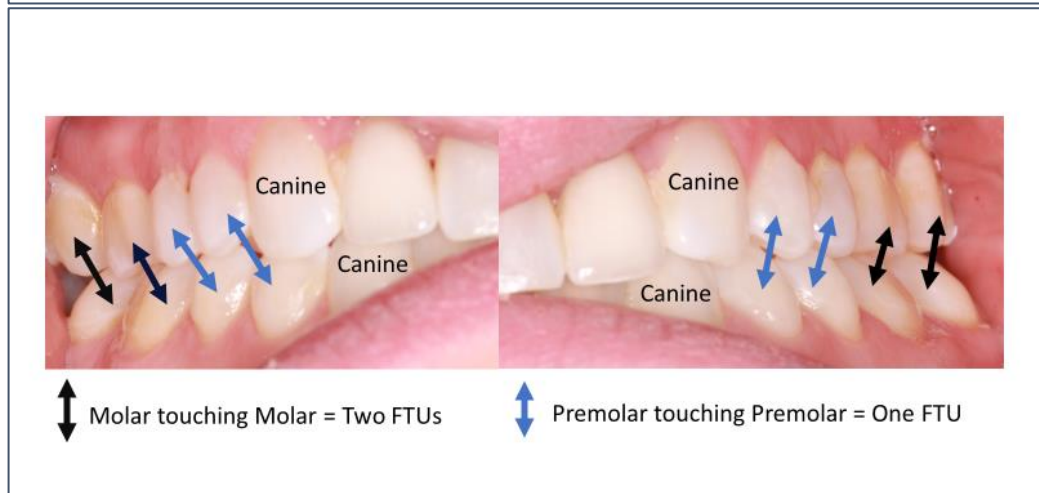
Tips

- Repeat request to bite back teeth if necessary. Often people mistakenly try to bite their front teeth when asked to occlude. Often this is corrected with “no, the other back teeth”
- It is helpful to pick one arch to count (either the upper or lower). It’s easier.
- If the participant is unable to bite their teeth together, the data collector is asked to make a judgement on how many teeth would be in contact if occlusion was obtained based on the distribution of teeth in each arch and the alignment of the arches.

Example



FTU=12



Item 2

Front Twelve Teeth

MOSST

Concept Front Twelve Teeth

Item Are the participant's front 12 teeth present?

Definition A count of the 12 teeth at the front of the mouth. With 6 teeth on the upper arch and 6 teeth on the lower arch. These teeth lie between and include the canines on the upper and lower arches.

Display

E5 ★ x→ ...
 E5: Front Twelve Teeth:
 Are the participant's front twelve teeth present?
 No (0)
 Yes (1)
 Not assessed (97)

Categories, criteria, and codes

| Category | Criteria | Code |
|---------------------|---|-------------|
| No | Less than 12 inter-canine teeth present | (Code = 0) |
| Yes | All 12 inter-canine teeth present | (Code = 1) |
| Not assessed | Not assessed | (Code = 97) |

Instructions

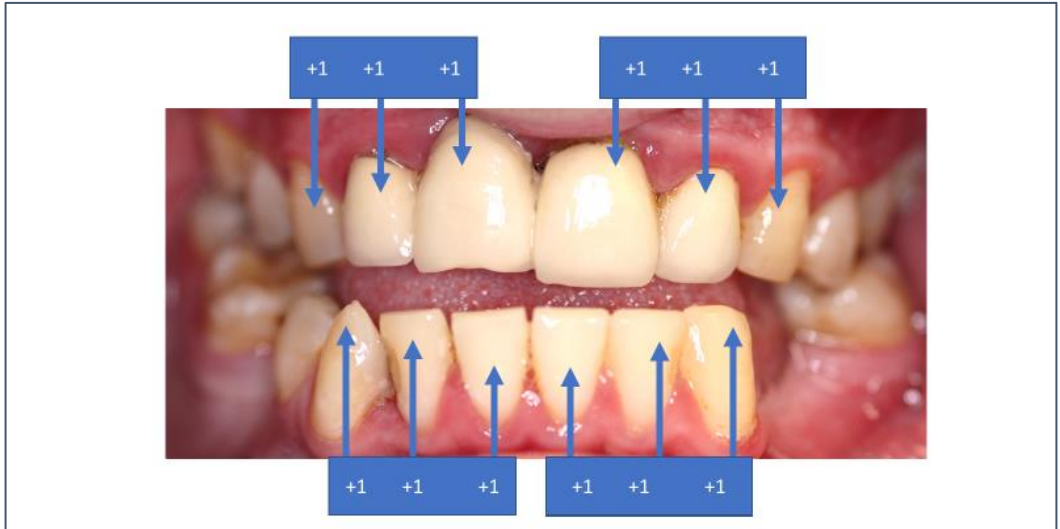
- Use light source and dental mirror.
- Ask participant to smile.
- Identify the centre line and count backwards three teeth each side, in each arch. The objective is to visualise if all 12 front teeth (canine to canine, top and bottom) are present
- Add number of teeth present and score as single score

Tips

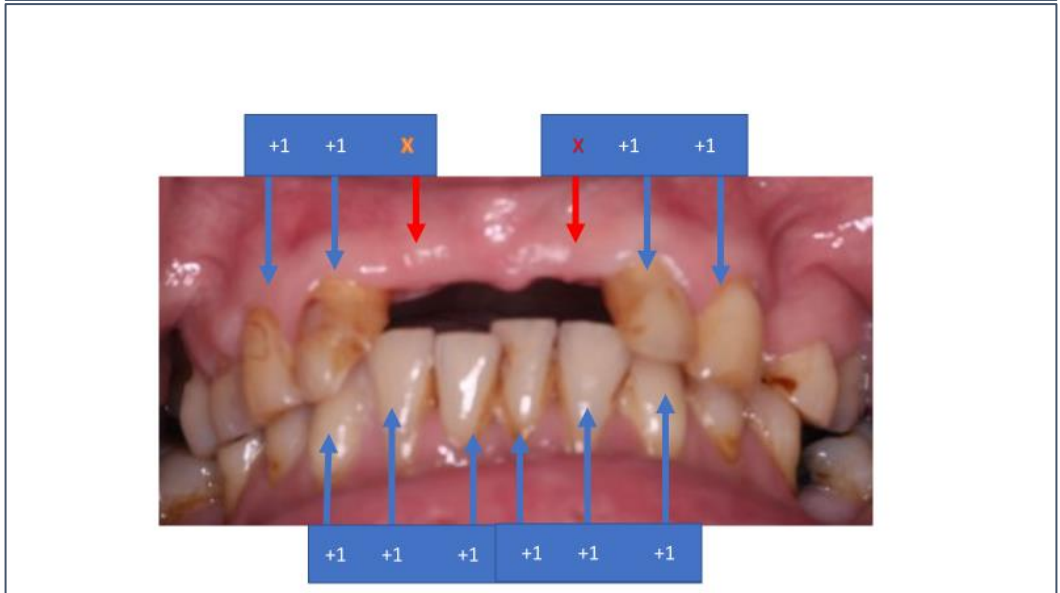
- This measure aims to count teeth present for aesthetic reasons
- For this item only: A tooth is considered present if, as compared to adjacent teeth, the crown more than 50% intact and considered absent if the crown is less than 50% intact
- If no teeth – score as no (0)
- Dentures are left in situ for this item.

Examples

Yes



No



Item 3

Denture Wear

MOSST

Concept Denture Wear

Item Is the participant wearing dentures now?
Upper denture (3a)
Lower denture (3b)

Definition A removable denture is present inside the mouth immediately before / at data collection.

Display

E1a

E1a: Denture Wear
Is the participant wearing dentures now?

| | | | |
|---------------------|-------------------------------------|--------------------------|--------------------------|
| | No (0) | Yes (1) | Not assessed (97) |
| Upper Denture (E1a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E1b

E1b: Denture Wear
Is the participant wearing dentures now?

| | | | |
|---------------------|-------------------------------------|--------------------------|--------------------------|
| | No (0) | Yes (1) | Not assessed (97) |
| Lower Denture (E1b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Coding and Criteria:

| | |
|------------------------------------|-------------|
| No= No denture present in arch now | (code = 0) |
| Yes = Denture present in arch now | (code=1) |
| Not assessed | (Code = 97) |

Instructions


- Use light source
- Ask participant to open their mouth
- Visualize the upper arch.
- Check if the participant is wearing dentures
- Repeat for lower arch.
- Record observations for upper and lower separately.

Tips


- Carefully manipulate soft tissues if necessary, with mirror.
- Exclude dentures not worn by participant when attending for data collection.
- Exclude false teeth that are not removable (e.g. crowns and bridges).
- Include partial and complete removable dentures.
- Code each arch separately
- If the participant cannot or does not want to remove their dentures- they can leave them in but ensure the dentures are not counted in Item 2 tooth count

Denture Wear**Examples**

Is this participant wearing dentures?




Yes




No

Is this participant wearing dentures?



Yes



yes

Item 4

Tooth Count

MOSST

| | |
|-------------------|--|
| Concept | Tooth count |
| Item | How many teeth are in each arch? Upper teeth (4a) Lower teeth (4b) |
| Definition | The number of teeth visible in the upper / lower arch |

Display

E1

E1: Tooth Count
How many teeth are in each arch?

Not assessed (97)

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
|-------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|--------------------------|----------|
| Upper Teeth (E1a) | | | | | | | | | | | | | | | | | <input type="checkbox"/> | 6 |
| Lower Teeth (E1b) | | | | | | | | | | | | | | | | | <input type="checkbox"/> | 6 |

Categories, criteria, and codes

- Discrete data
- Range 0-16 Slider indicates the number of teeth in each arch
- Not assessed (Code = 97)
- Upper and lower are scored separately

Instructions





- Use light source
- Ask participant to open their mouth
- Systematically count the number of teeth in one arch from one side to another.
- Repeat for the other arch.
- Record observations for upper and

Tips

- A tooth should be considered present when any part of it is visible.
- Tooth count includes false teeth that are fixed such as crowns, bridges.
- Tooth count excludes removable dentures.
- Code each arch separately

Examples

How many teeth do you count?

| | |
|--|--|
|  <p>9</p> |  <p>12</p> |
|  <p>11</p> |  <p>0</p> |

Item 5

Cavitated Teeth

MOSST

Concept Cavitated teeth

Item How many visibly cavitated teeth are present?

Definition The number of teeth with one or more cavities due to caries (decay), which can be detected by visual examination. Cavitation due to caries means a hole in a tooth due to tooth decay, where there is obvious breakdown of enamel creating a hole, leaving the underlying dentine visible and the underlying dentine is discoloured. When this occurs on the root surface, the dentine will be exposed and discoloured. In either instance, the underlying dentine is a different colour to the rest of the tooth- usually shades of brown.

Display

E8 ★ x→ ...

E8: Cavitated Teeth

How many visibly cavitated teeth are present?

3 or more (0)

1-2 (1)

None (2)

Not assessed (97)

Categories, criteria, and codes

| Category | Criteria | Codes |
|---------------------------|--|-------------|
| 3 or more cavitated teeth | 3 or more teeth with visible decay that is cavitated | (Code = 0) |
| 1-2 cavitated teeth | 1 or 2 teeth with visible decay that is cavitated. | (Code = 1) |
| None | No teeth with visible decay that is cavitated | (code=2) |
| Not assessed | Not assessed | (Code = 97) |

- Instructions**
- Using a light source
 - Ask the participant to open their mouth, use dental mirror to retract the cheek.
 - Use gauze to clean and dry teeth surfaces.

- Check the upper teeth from one side to another (systematic manner).
- Check all surfaces of teeth.
- Count the number of teeth with cavitated carious lesions
- Do the same for the lower teeth.
- Record the box that corresponds to the total number of decayed teeth on the form.

Tips

- This is a count of **teeth** with cavities, not a count of cavities themselves: a tooth with two (or more) cavities is still counted as one cavitated tooth.
- Holes next to fillings may be counted as cavities when they meet the definition above.
- This is a visual examination only
- This category excludes non-cavitated carious lesions.
- On root surfaces, the dentine will be exposed and discoloured. The underlying dentine must be exposed and a different colour to the rest of the tooth- usually shades of brown.
- If no teeth- score as Not assessed

Example

1-2
cavitated
teeth



Note the breakdown of enamel on the side of the tooth. There is a silver filling. That does not affect the score.

Item 6

Gum Condition

MOSST

Concept Gum condition

Item Are the gums healthy?

Definition The presence or absence of gingival redness, swelling, and/or bleeding

Display

E7
☆ x→ ...

E7: Gum Condition
Are the gums healthy?

No (0)

Yes (1)

Not assessed (97)

Categories, criteria, and codes

| Category | Criteria | Codes |
|--------------|--|-------------|
| No | Redness, swelling, bleeding of the attached / free gingiva in any area of the mouth. | (Code = 0) |
| Yes | Gums are Pink, moist, no bleeding on gums / under dentures | (Code = 1) |
| Not assessed | Not assessed | (Code = 97) |

Instructions

- Using a light source
- Ask the participant to open their mouth, use dental mirror to retract the cheek
- Clean debris with gauze where necessary.
- Observe the appearance of gum above the teeth, in between the teeth, on the ridge where there are no teeth and on the area under dentures.
- If NO teeth: score as NOT ASSESSED

Tips

- The term gums relate to the attached / free gingiva.
- This is a whole mouth score: If any part of the gingivae is inflamed, score as No
- If in doubt score Yes

Examples

Yes



No



Item 7

Oral Cleanliness

MOSST

Concept Gum condition

Item Are the participants' mouth / dentures clean?

Definition The presence or absence of food particles and plaque in the mouth or on dentures.

Display

E6
☆ x→ ...

E6: Oral Cleanliness

Is the participants' mouth / dentures clean?

No (0)

Yes (1)

Not assessed (97)

Categories, criteria, and codes

| Category | Criteria | Code |
|--------------|---|-------------|
| No | Not Clean: Obvious food particles, plaque in mouth or on dentures | (Code = 0) |
| Yes | Clean: No obvious food particles, plaque in mouth or on dentures | (Code = 1) |
| Not assessed | Not assessed | (Code = 97) |

Instructions

- Using a light source
- Ask the participant to open their mouth, use dental mirror to retract the buccal cheek, systematically visualise all surfaces of all teeth.
- Check for presence of food particles, and plaque on the teeth surface.
- Check/ examine dentures too.

Tips

- This item does not include tartar, the hard debris attached to the tooth. This can not be rubbed off with a gauze.
- If food debris from meal is present (even after lunch!) score NO

Examples

No:
Not Clean
(Code 0)



Yes:
Clean
(Code 1)

- Code 1 means...
 - clean and no food particles or plaque in mouth or dentures



Self Report Supplement

MOSST

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 | <ul style="list-style-type: none"> ● The MOSST-SRS collects data on selected aspects of oral healthcare utilization, oral health behaviours, and oral health related quality of life. |
| Instructions | <ul style="list-style-type: none"> ● 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 | <ul style="list-style-type: none"> ● 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) v0.1

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 | <input type="checkbox"/> 1 |
| Self-Report and Proxy | <input type="checkbox"/> 2 |
| Proxy Only | <input type="checkbox"/> 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 | <input type="checkbox"/> 1 |
| I/[He/She] go to the dentist at least once every two years | <input type="checkbox"/> 2 |
| I/[He/She] go to the dentist less often than once every two years | <input type="checkbox"/> 3 |
| I/[He/She] only go to the dentist if there is a problem (e.g. a tooth hurts) | <input type="checkbox"/> 4 |
| I/[He/She] never go to the dentist | <input type="checkbox"/> 5 |
| Not answered | <input type="checkbox"/> 97 |

Source (Adapted from IDS-TILDA)

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

- | | | |
|--|--------------------------|----|
| An HSE dentist | <input type="checkbox"/> | 1 |
| A MEDICAL CARD dentist or dental hygienist | <input type="checkbox"/> | 2 |
| A PRIVATE dentist or dental hygienist | <input type="checkbox"/> | 3 |
| Other* | <input type="checkbox"/> | 4 |
| Not answered | <input type="checkbox"/> | 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). | <input type="checkbox"/> | 1 |
| I/[He/She] need Nitrous oxide (e.g. laughing gas) | <input type="checkbox"/> | 2 |
| I/[He/She] need Oral sedation | <input type="checkbox"/> | 3 |
| I/[He/She] need IV sedation | <input type="checkbox"/> | 4 |
| I/[He/She] need General anaesthesia (e.g. fully asleep) | <input type="checkbox"/> | 5 |
| Other* | <input type="checkbox"/> | 6 |
| Not answered | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 The dentist does not have facilities to treat me (e.g. wheelchair tilter, general anaesthetic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 The dentist does not have training to treat me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 The dentist does not give me/them enough time at my appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.5 There is a long waiting list to see my dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.6 The dentist is too expensive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.7 It is difficult for me to accept dental treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.8 It is difficult for me to travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.9 I/ [He/she is] am afraid of the dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.10 I/ [He/she has] have no difficulty accessing my dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.11 Other* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.12 Not answered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.13 *Please specify: | <input type="text"/> | | |

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 | <input type="checkbox"/> | 1 |
| Easy | <input type="checkbox"/> | 2 |
| Hard | <input type="checkbox"/> | 3 |
| Very hard | <input type="checkbox"/> | 4 |
| Not answered | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 1 |
| 2 to 6 times per week | <input type="checkbox"/> | 2 |
| Once per week | <input type="checkbox"/> | 3 |
| Less than once per week | <input type="checkbox"/> | 4 |
| Never | <input type="checkbox"/> | 5 |
| Not answered | <input type="checkbox"/> | 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) | <input type="checkbox"/> | 1 |
| I/[He/She] clean(s) teeth with a little help (e.g. physical guidance, shared brushing) | <input type="checkbox"/> | 2 |
| I/[He/She] clean(s) teeth with a lot of help (e.g. all brushing by carer) | <input type="checkbox"/> | 3 |
| I/[He/She] do [does] not clean my/their teeth | <input type="checkbox"/> | 4 |
| I/[He/She] do [does] not have any teeth to clean | <input type="checkbox"/> | 5 |
| Not answered | <input type="checkbox"/> | 97 |

Source (IDS TILDA)

Beh Question 3

Do you have a mouthcare plan?

- | | | |
|--------------|--------------------------|----|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
| Not answered | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 1 |
| Once a day | <input type="checkbox"/> | 2 |
| Twice a day | <input type="checkbox"/> | 3 |
| Three times a day | <input type="checkbox"/> | 4 |
| Four times a day | <input type="checkbox"/> | 5 |
| Five-times a day | <input type="checkbox"/> | 6 |
| Six times a day | <input type="checkbox"/> | 7 |
| Seven or more times a day | <input type="checkbox"/> | 8 |
| Not answered | <input type="checkbox"/> | 97 |

Source (Whelton, 2007)

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

| |
|-------------|
| <hr/> <hr/> |
|-------------|

End of Survey



MOSST Health Evaluation Survey v1.0

See Protocol for instructions

| | |
|------------------------|--------------------------|
| Participant number | <input type="text"/> |
| Data collector code | <input type="text"/> |
| Date | <input type="text"/> |
| Tick if repeat measure | <input type="checkbox"/> |

1 Functional Tooth units

How many pairs of **Functional Tooth Units (FTUs)** are present? (Please circle)

0 1 2 3 4 5 6 7 8 9 10 11 12 Not Assessed (97)

2 Front Twelve Teeth

Are the participant's **Front Twelve Teeth** present?

| | | |
|--------------------------|--------------------------|--------------------------|
| No (0) | Yes (1) | Not assessed (97) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 Dentures

Is the participant wearing **Dentures** now?

| | | | |
|------------|--------------------------|--------------------------|--------------------------|
| | No (0) | Yes (1) | Not assessed (97) |
| Upper (3a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower (3b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Tooth countHow Many **Teeth** are in each arch? (Please circle)

Not assessed

| | | | | | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Upper arch | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 97 |
|------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

| | | | | | | | | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| Lower arch | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 97 |
|------------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|

5 Cavitated TeethHow many visibly **Cavitated Teeth** are present?

None (0)

1-2 (1)

3 or more (2)

Not assessed (97)

6 Healthy GumsAre the **Gums Healthy**?

No (0)

Yes (1)

Not assessed (97)

7 Oral CleanlinessIs the participants' **Mouth / Dentures Clean**?

No (0)

Yes (1)

Not assessed (97)

8 Comments (optional)

| |
|-------------|
| <hr/> <hr/> |
|-------------|






End of Survey



List of equipment for data collection

| |
|--|
| Items |
| Quiet relaxing area with chair and table. |
| iPad – for data collection |
| Paperwork as needed. |
| Light source/ headtorch |
| Nitrile gloves |
| Face mask |
| Protective eye wear |
| PDI Sani wipes (Tub of 200s)/ disinfection wipes |
| Purell advanced Handrub 500ml/ Alcohol gel |
| Protective barriers – Disposable shield No.1 10cm x 15cm |
| Disposable paper towel |
| Disposable home use dental mirror |
| Sterile gauze 10cm x 10cm |
| Black bin bag |
| Pen |

Easy Read Guide

| | | |
|----|---|---|
| 1. |  | We will ask to look inside your mouth and count your teeth |
| 2. |  | Please sit back and relax and let us know if you want to stop |
| 3. |  | We will look in with a light and mirror or toothbrush |
| 4. |  | we enter what we see on an iPad |
| 5. |  | This information will not be identified to you by name and will be confidential |