



# MOSST

MODIFIED ORAL STATUS SURVEY TOOL

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 count

How 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 Teeth

How many visibly **Cavitated Teeth** are present?

None (0)

1-2 (1)

3 or more (2)

Not assessed (97)

#### 6 Healthy Gums

Are the **Gums Healthy**?

No (0)

Yes (1)

Not assessed (97)

#### 7 Oral Cleanliness

Is the participants' **Mouth / Dentures Clean**?

No (0)

Yes (1)

Not assessed (97)

#### 8 Comments (optional)

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**End of Survey**

