CARIES RISK ASSESSMENT QUESTIONNAIRE FOR CHILDREN

If there are NO teeth present in the child's mouth answer "no" to questions A through C.

VISUAL EXAM	INATION:	YES/NO
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Α.	Child has: one un-restored cavity	Y	N
	more than one un-restored cavity	Y	N
В.	Child has poor oral hygiene; visible plaque, gingivitis (redness or bleeding gums)	Y	N
C.	Child has enamel hypoplasia (white, chalky spots on teeth)	Y	N
HISTO	ORY: YES /NO		
Α.	Mother or sibling has un-restored cavities	Y	N
В.	Lack of adequate fluoride exposure (family's drinking water source is a private well or the family's drinking water source is a public water supply that is not fluoridated and/or the child is not receiving fluoride supplements including fluoride contained in toothpaste)	Y	N
C.	C. Frequent (3 or more) between-meal exposures to snacks or foods containing simple sugars strongly associated with tooth decay such as carbonated beverages, juices, cookies, cakes, candy, French fries, potato chips, pretzels (If infant or child is nursed with a bottle, does the caretaker allow the infant or child to sleep or nap with a bottle containing juice, milk, or carbonated beverages) Y		N
D.	Low socioeconomic status of parents (≤100% Federal Poverty Level)	Y	N
E.	Family does not have a Dental Home or seldom visits a dentist	Y	N
F.	Child has special health care needs because of a chronic physical, developmental, behavioral, or emotional condition	Y	N
G.	Child has condition(s) that impairs saliva flow (congenital or acquired: surgery, radiation, medication, or age-related changes in salivary function)	Y	N

SCORE	(total number of yes answers):
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This questionnaire is designed to help identify children at High Risk for dental decay. If the total number of "Yes" answers is ≥ 5 , the child is at High Risk and should be referred to a dentist for an oral evaluation and the establishment of a Dental Home. A *Dental Home* is an ongoing relationship between a patient and a dentist where comprehensive dentistry is continuously accessible in a family-centered way.