

Caries Risk Assessment for children

0–6 years of age (Qualified personnel ticks appropriate item)

Department of Preventive,
Restorative and Pediatric Dentistry

zmk bern

Zahnmedizinische Kliniken
der Universität Bern

Name of patient: _____ Date: _____

	Caries protecting factor	Caries promoting factor
Medicaments influencing oral health (sugar-containing medicaments, sirup etc.) Tick the box if «yes»		<input type="checkbox"/>
Child is a recent immigrant or with a family of low socioeconomic status Tick the box if «yes»		<input type="checkbox"/>
Night-time use of bottle containing natural or added sugar or child nurses on demand Tick the box if «yes»		<input type="checkbox"/>
Heavy plaque load on teeth Tick 2 boxes if «yes»		<input type="checkbox"/> <input type="checkbox"/>
Sugar inputs (snacks, sweets etc.) Tick 1 box ≥ 4x per day Tick 2 boxes ≥ 6x per day		<input type="checkbox"/> <input type="checkbox"/>
Active white spot lesions/cavities/fillings Tick 1 box 1x Tick 2 boxes 2x Tick 3 boxes ≥ 3x		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oral hygiene with fluoridated toothpaste Tick 1 box 1x per day Tick 2 boxes ≥ 2x per day	<input type="checkbox"/> <input type="checkbox"/>	
Professional prophylaxis Tick 1 box 1x per year Tick 2 boxes 2x per year Tick 3 boxes ≥ 3x per year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Additional home measures (fluoride salt, Xylitol etc.) Tick the box if «yes»	<input type="checkbox"/>	

Measures to reduce caries risk

(Always recommend when red exceeds green)

- _____
- _____
- _____

6 5 4 3 2 1 1 2 3 4 5 6 7 8 9 10

