

Caries Risk Assessment for **children**

≥ 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»		☐
Child is a recent immigrant or with a family of low socioeconomic status Tick the box if «yes»		☐
Orthodontic appliances Tick the box if «yes»		☐
Heavy plaque load on teeth Tick 2 boxes if «yes»		☐ ☐
Sugar inputs (snacks, sweets etc.) Tick 1 box ≥ 4x per day Tick 2 boxes ≥ 6x per day		☐ ☐
Active white spot lesions/cavities/ fillings in the last 2 years Tick 1 box 1x Tick 2 boxes 2x Tick 3 boxes ≥ 3x		☐ ☐ ☐
Oral hygiene with fluoridated toothpaste Tick 1 box 1x per day Tick 2 boxes ≥ 2x per day	☐ ☐	
Professional prophylaxis Tick 1 box 1x per year Tick 2 boxes 2x per year Tick 3 boxes ≥ 3x per year	☐ ☐ ☐	
Additional home measures (fluoride rinsing, fluoride salt, Xylitol etc.) Tick the box if «yes»	☐	

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

