

Oregon Oral Health Coalition Caries Risk Assessment <6

Lifestyle Assessment

| | YES | NO |
|---|-----|----|
| Does the child's mother/primary caregiver have active decay? | | |
| Does the child consume carbohydrates between meals? | | |
| Does the child receive inadequate systemic fluoride? (fluoridated water, supplements) | | |
| Does the child use fluoride toothpaste less than twice daily? | | |
| Does the child receive fluoride varnish less than twice a year? | | |
| Does the child need a dental home? | | |
| Is the child receiving any services from WIC, Head Start or Medicaid? | | |
| Does the child have any special healthcare needs? (physical limitations, medications) | | |

Visual Assessment

| | YES | NO |
|--|-----|----|
| Are there visible white spot lesions or decay on the child's teeth? | | |
| Has the child experienced previous caries? (both treated or untreated) | | |
| Does the child have plaque? | | |

The child is at **high** risk if there are two or more YES responses.

Risk: _____ Low _____ High