

ADA Caries Risk Assessment Form Completion Instructions

Two downloadable ADA's Caries Risk Assessment forms were developed as practice tools to help dentists evaluate a patient's risk of developing caries. One form is for **patients ages 0-6 years** of age and the other is for **patients over 6 years** of age.

Please help us improve the forms by completing a **short survey**.

The forms can also be used as communication tools with the patient or patient's guardian to highlight potential risk factors. Dental offices are encouraged to share this form with their patients. The Caries Risk Assessment Forms may be downloaded, reproduced and republished for non-commercial purposes without first obtaining written permission from the ADA. All other 'Terms of Use' apply.

The forms were developed through the efforts of the Councils on Dental Practice (CDP) and Scientific Affairs (CSA), along with cariology subject matter experts, and with input from the Council on Access, Prevention and Interprofessional Relations (CAPIR). The ADA thanks these volunteer members for their efforts in developing the forms.

The caries risk assessment forms are not intended to include all possible risk factors. The risk factors selected are intended to provide patient with information that may help them lower the caries risk over time, while also providing a form that can be integrated into a busy practice setting. It is important to recognize that the scientific evidence related to caries risk assessment continues to develop. Some information included in these tools is based on expert opinion. The ADA will periodically update these forms based on: 1) member feedback regarding their usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions with the Councils on Dental Practice or Scientific Affairs.

These forms are not a substitute for a dentist's clinical judgment. The assessments cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's experience and judgment. Additional or more focused assessment may be appropriate for patients with specific oral health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's total health status.

Find more information on caries risk factors at: <http://ebd.ada.org/SearchResult.aspx?Search=caries%20risk>

General Instructions:

The forms are designed to include factors that are easily observed or discovered during routine oral health evaluations. The first two sections, "Contributing Conditions" and "General Health Conditions," can be completed by a dental team member as determined by the dentist. "Clinical Conditions" should be determined by the dentist.

Colors are used to indicate low risk (green), moderate risk (yellow) or high risk (red). For each risk factor, circle or check the boxes of the conditions that apply under the low, moderate or high risk columns. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present. Changes in the risk level may be tracked using the form with implementation of risk reduction strategies and with therapeutic intervention.

A patient's observed risk level may be modified (increased or decreased) based on the dentist's clinical judgment, review of the form and other pertinent information. For example, the observation of teeth missing due to caries may not be regarded as high risk for a follow-up assessment. Alternatively, the presence of risk factors not listed on the forms may indicate an increase in the overall risk of caries.

Caries Risk Assessment Form (Age 0-6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply		
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk:

☐ Low

☐ Moderate

☐ High

Instructions for Caregiver:

Caries Risk Assessment Form (Age 0-6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

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Additional Information for Specific Risk Factors

Fluoride Exposure

A patient can be exposed to fluoride by several means. Ask the patient, parent or guardian about all possible fluoride exposures. No exposure is regarded as a moderate risk for the development of caries.

Sugary Foods or Drinks

Sugary foods can influence caries development. Sugars are found in many processed and unprocessed foods, drinks and medicines. Consumers may be unaware that these products contain sugar.

The following table lists different forms of sugars used in processed foods:

Brown Sugar	Glucose	Malt Syrup
Corn Sweetener	High Fructose Corn Syrup	Molasses
Corn Syrup	Honey	Raw Sugar
Dextrose	Invert Sugar	Sucrose
Fructose	Lactose	Syrup
Fruit Juice Concentrate	Maltose	Table Sugar

Accessed from the USDA: www.health.gov/dietaryguidelines/dga2005/report/HTML/table_e20.htm

Special Health Care Needs

Patients with developmental, physical, medical or mental disabilities that prevent or limit routine, daily oral health care are at an increased risk for the development of caries.

Medications that Reduce Salivary Flow

Reduced saliva flow that results in a dry mouth is a common problem. It is caused by certain medical disorders and may be a side effect of more than 400 medications. Drying irritates the soft tissues in the mouth, which can make them inflamed and more susceptible to infection. Without saliva's cleansing effects, tooth decay and other oral health problems become more common.

Medications that may reduce salivary flow include: anti-allergy medications, anti-histamines, decongestants, central analgesics, sedatives, cardiovascular medications (angiotensin-converting enzyme (ACE) inhibitors and calcium channel blockers); muscle relaxants, drugs for urinary incontinence, Parkinson's disease medications, antidepressants, antacids and many others. For more information, please refer to: **Ciancio, Medications' impact on oral health, JADA 2004;135: 1440-1448.**

Educating Your Patients

A patient's risk for developing caries is a moving target. The risk assessment forms help to determine your patient's risk for caries on a particular day. Education and changes in behavior, with appropriate preventive care, are critical to reducing the patient's caries risk.

There are many sources for patient/parent information. The following resources can help:

For the Dental Patient

'For The Dental Patient' is prepared by the American Dental Association in cooperation with The *Journal of the American Dental Association* and the ADA Council on Scientific Affairs. Printed in *JADA*, they are available for download at <http://www.ada.org/993.aspx>. These pages may be photocopied as a handout for patients, without first obtaining reprint permission from the ADA Publishing Division. Any other use, copying or distribution, whether in printed or electronic form, is strictly prohibited without prior written consent of the ADA Publishing Division.

Children's Dental Health	Tooth Eruption: The Primary Teeth (November 2005); Tooth Eruption: The Permanent Teeth (January 2006); Baby's First Teeth (February 2002)
Fluoride	Fluoride Treatments in the Dental Office (March 2007); Fluoride: Nature's Cavity Fighter (December 2005); The Facts About Bottled Water (September 2003);
Diet	Dietary Guidelines for Americans and My Pyramid (September 2006); From Baby Bottle to Cup: Choose Training Cups Carefully, Use Them Temporarily (March 2004); Diet and Tooth Decay (April 2002); Eating Habits That Can Harm Teeth (December 2002)
Eating Disorders	Eating Habits That Can Harm Teeth (December 2002)
Salivary Insufficiency	Oral Moisturizers: Products That Can Help Relieve Dry Mouth (July 2007); How Medications Can Affect Your Oral Health (June 2005); Dealing with Dry Mouth (May 2005); Do You Have Dry Mouth? (October 2002)
Tobacco Habits	Tobacco-Use Cessation: Resources to Help You Quit (February 2007); Kicking the Habit: Keeping Your Smile Healthy (May 2003)
Drug Habits	Methamphetamine Use and Oral Health (October 2005)
Restorations	Does Your Filling Need Replacing? (March 2003); Dental Radiographs: A Diagnostic Tool (October 2006); When a Filling Needs to be Replaced (July 2005)
Chemo/Radiation Therapy	Oral Care for Cancer Patients (July 2002)
Exposed Root Surfaces	Sensitive Teeth: Causes and Treatment (December 2003)
Dental/Orthodontic Appliances	Thumb Sucking and Pacifier Use (August 2007); Braces: Straighter Teeth Can Improve Oral Health (April 2007); Grills, 'Grillz' and Fronts (August 2006)
Caries Experience of Mother	Pregnant? Tips for Keeping Your Smile Healthy (January 2004)

ADA Patient Education Brochures

Pamphlets are available on topics related to caries risk. Some titles are: **Happiness is a Healthy Smile: A Message for Parents**; **Early Childhood Caries**; **Healthy Smiles for Mother & Baby**; **Good Oral Care for Mother and Baby**; **Your Child's First Visit to the Dentist**; **Thumb Sucking, Finger Sucking and Pacifier Use**; **Why Baby Teeth Are Important**; **Dental Sealants: Protecting Your Teeth, Preventing Decay**; **Snack and Sip All Day? Risk Decay!**; **Antibiotics, Dental Treatment and Your Heart**; **Dry Mouth**; and **Get the facts about Oral Cancer**.

Visit www.adacatalog.org to view all of the pamphlets available or call 1.800.621.8099.

Caries Risk Assessment Form (Age >6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:

☐ Low

☐ Moderate

☐ High

Patient Instructions:

Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

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