

## American Academy of Pediatrics Oral Health Caries Risk Assessment

Questions	Circle your answer:	
<p>1. Has the parent or primary caregiver of the child had active decay in the past 12 months?</p> <p><i>Answer YES if they have</i> <i>Answer NO if they have not</i></p>	Yes	No
<p>2. The child does not have an established dental home.</p> <p><i>Answer NO if they currently have a dentist</i></p>	Yes	No
<p>3. Does the child frequently use a bottle or sippy cup with beverages other than water? (SKIP if does not use)</p>	Yes	No
<p>4. The child does not drink fluoridated water or take fluoride supplements</p> <p><i>Answer YES if they do NOT use these forms of fluoride</i></p>	Yes	No
<p>5. Does the child frequently snack on sugary and/or sticky snacks?</p>	Yes	No
<p>6. The child has not received fluoride varnish in the last 6 months.</p> <p><i>Answer NO if they have received varnish.</i> <i>Answer YES if they have NOT.</i></p>	Yes	No

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7. The child does not have teeth brushed or brushes own teeth twice daily.  <i>Answer NO if teeth are brushed twice daily Answer YES if teeth are NOT brushed twice daily</i>	Yes	No
8. The child does not use fluoride toothpaste.  <i>Answer NO if fluoride toothpaste is used Answer YES if fluoride toothpaste is NOT used.</i>	Yes	No
9. The child is Medicaid eligible.	Yes	No
10. The child has special health care needs. <i>(i.e. physical limitations, medications, etc.)</i>	Yes	No