

Caries Risk Assessment Form for Aged 6 Years Through Adult

Patient name: _____ Chart #: _____ Date: _____

Assessment date: _____ is this (please circle) baseline or recall

Disease indicators (Any one YES signifies likely "high risk" and to do a bacteria test*)	YES = CIRCLE	YES = CIRCLE	YES = CIRCLE
New/progressing visible cavitations or radiolucencies into dentin	YES		
New/progressing approximal enamel lesions by radiograph	YES		
New/active white spots on smooth surfaces	YES		
Restoration for caries lesion in the last three years (only for initial CRA exam; one year for recare)	YES		
Risk factors (biological predisposing factors)			
MS and LB both medium or high (by culture or other testing methods*)		YES	
Visible heavy plaque on teeth		YES	
Frequent snacking (> 3x daily between meals)		YES	
Deep pits and fissures		YES	
Recreational drug use		YES	
Inadequate saliva flow by observation or measurement (*if measured note the flow rate below)		YES	
Saliva reducing factors (medications/radiation/systemic)		YES	
Exposed roots		YES	
Oral appliances (i.e., orthodontic/prosthetics)		YES	
Protective factors			
Lives/work/school fluoridated community			YES
Fluoride toothpaste at least once daily			YES
Fluoride toothpaste at least 2x daily			YES
Fluoride mouthrinse (0.05% NaF) daily			YES
5000 ppm F fluoride toothpaste daily			YES
Fluoride varnish in last six months			YES
Office F topical in last six months			YES
Biofilm modification (antibacterials/pH) as directed in the last six months			YES
Xylitol gum/lozenges 4x daily last six months			YES
Calcium/phosphate supplementation during last six months			YES
Adequate saliva flow (> 1 ml/min stimulated)			YES

* Bacteria/saliva test results: _____ Date: _____

Count the number of "yes" responses and use the instructions on the next page to determine overall caries risk level and circle below.

Overall caries risk level (CIRCLE): EXTREME HIGH MODERATE LOW

** Note: extreme risk = high risk + severe salivary gland hypofunction.

Health care provider signature: _____ Date: _____

Patient signature: _____ Date: _____

A Simplified Guide to Determine Overall Caries Risk Levels

Simply note the “yes” responses on the Caries Risk Assessment form and use the guide to determine overall caries risk at the bottom of the form

Caries Risk Level	Rubric
Low	no disease indicators (no new or progressing caries lesions) and no risk factors
Extreme	Inadequate saliva flow by observation or measurement * in addition to high caries risk
High	1) One or more disease indicators ** (new or progressing caries lesions) 2) Or three or more risk factors in the absence of any disease indicators 3) Or just high acidogenic bacterial load by measurement alone in the absence of any disease indicators
Moderate	One or two risk factors in the absence of any disease indicators

*Note: If the patient used the recommended preventive treatment and shows no progression of existing lesions and no new lesions for at least one year, the patient may be considered as “extreme caries risk — controlled,” however they should remain on the treatment protocol unless saliva flow levels return to normal.

**Note: If there are any disease indicators, in addition make sure you look for the risk factor question “Inadequate saliva flow by observation or measurement” to rule out extreme caries risk.

Adjustment of Overall Caries Risk on Subsequent Recare Caries Risk Assessment Exams

Patients who use their prescribed products as directed showing improved oral health outcomes should have the caries risk levels adjusted accordingly if there is no progression of existing lesions and no new lesions for at least one year from their last CRA/exam.

Simply subtract one risk factor for each protective factor listed below.

Protective Factors (for each of these subtract one risk factor) ***
Fluoride mouthrinse (0.05% NaF) daily
5,000 ppm fluoride toothpaste daily
Fluoride varnish in last six months
Office F topical in last six months
Antibacterial rinse prescribed/used as directed in last six months
Xylitol gum/lozenges 5–10 grams throughout the day in last six months
pH neutralization throughout the day in last six months
Calcium and phosphate paste during in last six months

***Note: For purposes of changing overall caries risk of a patient we want to consider recommended interventions only (not baseline behaviors). Therefore, there are no “adjustment” for the following baseline protective factors:

- Lives/work/school fluoridated water.
- OTC fluoride toothpaste at least once daily.
- OTC fluoride toothpaste at least two times daily.
- Adequate saliva flow (> 0.7ml/min stimulated).