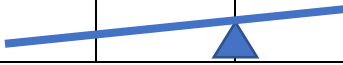


Updated CAMBRA*** Caries Risk Assessment Form for Patients Aged 0 to 5 (January 2019)
 (Refer to the second page of this form for instructions for use)

Patient name:
 Provider name:

Reference number:
 Date:

| Caries risk component | Column 1 | Column 2 | Column 3 |
|---|--|-------------------------------------|---|
| Biological or environmental risk factors* | | Check if Yes** | |
| 1. Frequent snacking (more than three times daily) | | | |
| 2. Uses bottle/nonspill cup containing liquids other than water or milk | | | |
| 3. Mother/primary caregiver or sibling has current decay or a recent history of decay (see high-risk description below) | | | |
| 4. Family has low socioeconomic/health literacy status | | | |
| 5. Medications that induce hyposalivation | | | |
| Protective factors** | | | Check if Yes** |
| 1. Lives in a fluoridated drinking water area | | | |
| 2. Drinks fluoridated water | | | |
| 3. Uses fluoride-containing toothpaste at least two times daily — a smear for ages 0–2 years and pea sized for ages 3–6 years | | | |
| 4. Has had fluoride varnish applied in the last six months | | | |
| Biological risk factors — clinical exam* | | Check if Yes** | |
| 1. Cariogenic bacteria quantity — Not currently available | | | |
| 2. Heavy plaque on the teeth | | | |
| Disease indicators — clinical exam | Check if Yes** | | |
| 1. Evident tooth decay or white spots | | | |
| 2. Recent restorations in last two years (new patient) or the last year (patient of record) | | | |
| | Column 1 total | Column 2 total | Column 3 total |
| Yes in Column 1 indicates high risk Yes in columns 2 and 3: Consider the caries balance as illustrated below | | |  |
| Final overall caries risk assessment category (check) determined as per guidelines below | | | |
| HIGH <input type="checkbox"/> | MODERATE <input type="checkbox"/> | LOW <input type="checkbox"/> | |

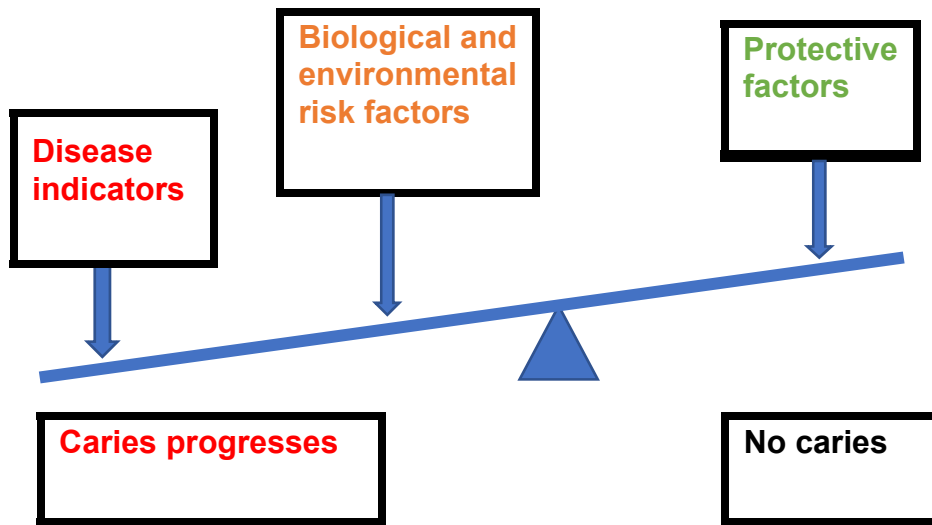
*Biological and environmental risk factors are split into a) question items, b) clinical exam.
 **Check the “yes” answers in the appropriate column. Shading indicates which column to place the appropriate “yes.”

Caries Risk Assessment Form for Patients Aged 0 to 5 (continued)

Determining the caries risk as high, moderate or low (Caries Risk Assessment form continued)

1. **High risk.** If there is a “yes” in column 1 (one or both disease indicators), the patient is at high risk. Even if there are no “yes” disease indicators the patient can still be at high risk if the risk factors definitively outweigh the protective factors. Mother or caregiver with current or recent dental decay most likely indicates high caries risk for the child. Use the “yes” checks for each of the risk factor and protective factor columns to visualize the caries balance as illustrated below. The balance clearly to the left indicates high caries risk, whereas clearly to the right the risk level is low.
2. **Moderate risk.** If there are no disease indicators and the risk factors and protective factors appear to be balanced, then a moderate caries risk determination is appropriate. If in doubt, move the moderate to a high classification.
3. **Low risk.** If there are no disease indicators, very few or no risk factors and the protective factors prevail, the patient is at low risk.

Any items checked “yes” may also be used as topics to modify behavior or determine additional therapy. Use the following modified caries balance to visualize the overall result and determine the risk level:



| Additional caries-related components for caregiver/patient counseling |
|---|
| Frequency of use of fluoride toothpaste and amount |
| Use of silver diamine fluoride in appropriate cases |
| Dietary counseling to reduce frequency and amount of fermentable carbohydrates, especially sucrose, fructose (high-fructose corn syrup) and continual fruit juice (e.g., apple juice) |
| Bottle used continually, bottle used in bed or nursing on demand |
| Child has developmental problems/child has special care needs (CHSCN) |
| Inadequate saliva flow and related medications, medical conditions or illnesses |

Self-management goals (discussed and agreed with parent/caregiver)

1. _____
2. _____