

## What is the likelihood of my child getting a cavity?

Circle your response to the questions below. If you have one or more answer in the “High” category, your child may be at risk for getting a cavity.

Risk Factors to Consider	Risk Indicators		
	High	Moderate	Low
Does your child have special health needs (especially any that would impact motor coordination or cooperation)?	Yes		No
Child has dry mouth or a condition that causes dry mouth?	Yes		No
Does your child go to the Dentist regularly?	None	Irregular	Regular
Does your child have tooth decay?	Yes		No
How much time has passed since your child's last cavity?	Less than 12 months	12 to 24 months	Over 24 months
Does your child wear braces or orthodontic/oral appliances?	Yes		No
Do you or any of your child's siblings have tooth decay?	Yes		No
What is your socioeconomic status?	Working Class	Middle Class	Upper Class
How often does your child eat sugary foods and drinks in between meals?	More than 3	1 to 2	Mealtime Only
How often does your child use fluoride (toothpaste with fluoride, drinking fluoridated water, fluoride supplements, etc)?	Rarely	Often	Always
How many times does your child brush his/her teeth a day?	Less than once	Once	2-3 times a day