

Caries Risk Assessment Form

	Low Caries Risk	Moderate Caries Risk	High Caries Risk	Extreme Caries Risk
<p>Determining caries risk</p> <p>The checked box furthest to the right determines overall caries risk</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No active caries lesion/radiolucency (cavitated or non-cavitated) during past 24 months <input type="checkbox"/> Healthy lifestyle habits including diet with little to no consumption of simple sugars, infrequent snacking, no drugs or alcohol abuse <input type="checkbox"/> No visible plaque 	<ul style="list-style-type: none"> <input type="checkbox"/> No active caries lesion/radiolucency (cavitated or non-cavitated) during past 12 months <u>1-2 of the following (check boxes):</u> <ul style="list-style-type: none"> <input type="checkbox"/> Unhealthy lifestyle habits including occasional (≤ 2 times per day) between-meal snacks of simple sugars, drug or alcohol abuse) <input type="checkbox"/> Inadequate oral hygiene or visible plaque <input type="checkbox"/> Wearing dental or orthodontic appliances <input type="checkbox"/> Susceptible pits & fissures <input type="checkbox"/> Exposed root surfaces <input type="checkbox"/> Saliva reducing factors (medications, radiation, systemic diseases) 	<ul style="list-style-type: none"> <input type="checkbox"/> Any active caries lesion/radiolucency (cavitated or non-cavitated) during the past 12 months <input type="checkbox"/> High bacterial load by measurement or observation (heavy plaque) <u>3 or more of the following (check boxes):</u> <ul style="list-style-type: none"> <input type="checkbox"/> Unhealthy lifestyle habits including frequent (≥ 3 times per day) between-meal snacks of simple sugars, drug or alcohol abuse) <input type="checkbox"/> Inadequate oral hygiene <input type="checkbox"/> Wearing dental or orthodontic appliances <input type="checkbox"/> Susceptible pits & fissures <input type="checkbox"/> Exposed root surfaces <input type="checkbox"/> Saliva reducing factors (medications, radiation, systemic diseases) 	<ul style="list-style-type: none"> <input type="checkbox"/> High caries risk with hyposalivation by observation or measurement <input type="checkbox"/> High dependency on others for care
Circle Overall Caries Risk	Low Caries Risk	Moderate Caries Risk	High Caries Risk	Extreme Caries Risk
Recall Interval	12 months	6 months	3 months	3 months
Radiographs	24-36 months	18-24 months	6-18 months	6 months until no new lesions

EXAMPLE UOP CAMBRA PROTOCOL

Risk Level	Home Care Recommendations	Recall Interval	Radiographs
Low	OHI, individualized diet modification: frequency and exposure, OTC fluoride toothpaste (CariFree Gel 1100)	12 months	24-36 months
Moderate	<p><i>All the above plus:</i></p> <ol style="list-style-type: none"> Xylitol gum/mints throughout the day 0.05% NaF rinse (CariFree Maintenance Rinse) after meals if possible <p>Alternative therapy would be to use a 5000 ppm F toothpaste (CariFree PRO Gel 5000) twice daily instead of OTC toothpaste, and no mouth rinse</p>	6 months	18-24 months
High	<p><i>All the above plus:</i></p> <ol style="list-style-type: none"> 5000 ppm toothpaste (CariFree Pro Gel 5000) instead of OTC F-toothpaste morning and night *Antibacterial /pH neutralization (CariFree Treatment Rinse) before bedtime 	3 months	6-18 months
Extreme	<p><i>All the above plus:</i></p> <ol style="list-style-type: none"> pH neutralization (CariFree Neutralizing Spray), CariFree Xylitol Gum and/or Lollies throughout the day Ca/PO⁴ supplementation (CariFree Fluoride Free Gel) throughout the day and right before bedtime 	3 months	6 months until no new caries lesions

**Note: it is helpful to retest the bacteria after initial antibacterial treatment (about 1 month) to help motivate behavioral change.*