

TOOTH DECAY RISK - SELF ASSESSMENT

NAME _____

Date _____

NO Sometimes Yes

_____	_____	_____	**DRY MOUTH (may be caused by medications, Snoring, Mouth breathing or Medical conditions)
_____	_____	_____	**CAVITIES WITHIN LAST 3 YEARS
_____	_____	_____	**INCIPIENT CAVITIES/DEMINERALIZATION (Have you been told you have small cavities starting or can see white spots on teeth?)
_____	_____	_____	**ORTHODONTICS (currently wearing braces)
_____	_____	_____	**RECREATIONAL DRUG USE
_____	_____	_____	**INFECTIOUS CONTACT (Contact with others with known cavities)
_____	_____	_____	HIGH SUGAR/CARBS DIET and/or FREQUENT SNACKING
_____	_____	_____	**FREQUENT ACIDIC DRINKS/FOODS (Soda pop, teas, Gatorade, fruit juices or lemons)
_____	_____	_____	GROWING UP WITHOUT HAVING USED FLUORIDE
_____	_____	_____	**REMOVALBE PARTIAL DENTURES or PERMANENT BRIDGES (Do you have missing teeth and wear replacement partial or denture)
_____	_____	_____	VISIBLE PLAQUE ON TEETH (Infrequent brushing, flossing or inaccurate brushing)
_____	_____	_____	**SMOKING
_____	_____	_____	**60+ YEARS OF AGE
_____	_____	_____	**MANY FILLINGS OR CROWNS
_____	_____	_____	GUM RECESSION
_____	_____	_____	USE A SLEEP MACHINE OR NIGHT TIME BITE GUARDS
_____	_____	_____	DEEP PITS OR GROOVES ON YOUR TEETH
_____	_____	_____	CAVITIES SEEN IN X-RAYS

**** Any one of these puts you at HIGH Risk for decay**

Your Probable Risk Level for Tooth Decay is: HIGH MODERATE LOW

Comments: