

Canadian Caries Risk Assessment Tool (< 6 years)

Child's Name: _____
 Child's Date of Birth: _____
 Date of Assessment: _____

Factors	Yes	No
Teeth cleaned with brush (or cloth if infant) at least twice daily by parent or caregiver	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
Daily exposure to fluoride (e.g. fluoridated toothpaste, fluoridated water)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)
Feeding practices (one or more – please check all that apply): <input type="checkbox"/> Bottle-feeding > 12 months of age; <input type="checkbox"/> use of bottle or sippy cup between meals with liquid other than water (e.g. pop, fruit juices, milk, chocolate milk) <input type="checkbox"/> Bedtime/naptime bottle or sippy cup use <input type="checkbox"/> No oral hygiene routine established after solid foods have been introduced while still breastfeeding or bottle-feeding after 12 months <input type="checkbox"/> Sugary snacks and drinks between meals (e.g. cookies, candy, sugary cereal, chips, pop, fruit juices, chocolate milk)	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
Family is low income (e.g. "has difficulty making ends meet at the end of the month")	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
Visible plaque and/or food debris on teeth	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)
Visible caries (including white spot lesions) and/or past evidence of dental treatment for caries (e.g. fillings, stainless steel crowns, extracted teeth)	<input type="checkbox"/> (3)	<input type="checkbox"/> (0)
Total Score (please add up points from each row)		

Overall caries risk status: **High Risk** (score ≥ 3) **Low Risk** (score < 3)

RECOMMENDATIONS (Please check all that have been reviewed with parent/caregiver)

HIGH RISK:

If overall caries risk status is high, recommend the following *in addition* to the below:

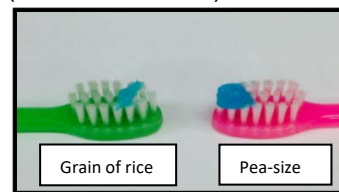
- Refer to dental office for treatment if there is caries present.
- Apply fluoride varnish *today*.

FOR ALL CHILDREN:

- Refer to dental office (if child has not yet been to a dental office in the last year).

Caregiver Information – Recommend:

- That adult brushes child's teeth (< 8 years old) at least twice daily for 2 minutes with:
 - Water or non-fluoridated toothpaste only for 0-3 years of age if total score = 0
 - Smear (grain of rice size) of fluoridated toothpaste for 0-3 years of age (if total score > 0)
 - Green pea size of fluoridated toothpaste for 3-6 years of age
- Lowering sugar consumption or limiting sugary drinks/snacks
- Avoiding overnight bottle and sippy cup use with liquids other than water
- Initiate weaning off bottle by 12 months of age
- Initiate switching to an open cup/lidless sippy cup by 12 months of age
- Other: _____



ADDITIONAL COMMENTS:

Dental referral made to: _____ Not required (child has already been to dental office)
 Provider signature: _____

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Signs of Plaque and Caries Lesions

**Visible
 Plaque
 and/or
 Food
 Debris**



**Early
 Caries
 (White
 Spot
 Lesions)**



**Advanced
 Caries**



Images courtesy of Dr. Robert Schroth