

PROFESSIONAL EDUCATION

Caries Risk Assessment Survey.

Category	Question	At Risk	Not at Risk
Caries History	Does the patient have current or past cavitated lesions or restorations due to caries?	Yes	No
New Caries History	Have new lesions appeared in the last 12 months?	Yes	No
Salivary Function	Does the patient report dry mouth or take medications associated with reduced salivary flow?	Yes	No
Sugar Intake	Does the patient consume sugary snacks or beverages more than 3 times per day?	Yes	No
Oral Hygiene Practices	Does the patient have inconsistent oral hygiene habits, such as skipping bedtime brushing, or not using fluoride toothpaste?	Yes	No
Fluoride Exposure	Does the patient have limited or no access to fluoride (toothpaste, rinses, water)?	Yes	No
Tooth Morphology/Alignment	Are there deep pits/fissures, crowding, or difficult-to-clean areas?	Yes	No
Socioeconomic Barriers	Does the patient face financial or educational barriers to accessing dental care?	Yes	No
Special Health Conditions	Does the patient have systemic or behavioral conditions that increase caries risk?	Yes	No
Parental/Caregiver History	For pediatric patients: Do parents/caregivers have a history of high caries?	Yes	No