

Caries Risk Assessment for adults

(Qualified personnel ticks appropriate item)

Department of Preventive,
Restorative and Pediatric Dentistry

zmk bern

Zahnmedizinische Kliniken
der Universität Bern

Name of patient: _____

Date: _____

	Caries protecting factor	Caries promoting factor
Medicaments influencing oral health (psychotropic, sugar-containing medicaments etc.) Tick the box if «yes»		<input type="checkbox"/>
Salivary flow rate Tick 1 box subjective xerostomia Tick 2 boxes xerostomia with reduced salivary flow (unstimulated flow rate < 0.1 ml/min)		<input type="checkbox"/> <input type="checkbox"/>
Bleeding on probing (% measuring points) Tick 1 box ≥ 10% Tick 2 boxes ≥ 50%		<input type="checkbox"/> <input type="checkbox"/>
Exposed cervical area Tick 1 box ≥ 2 Tick 2 boxes ≥ 5		<input type="checkbox"/> <input type="checkbox"/>
Sugar inputs (snacks, sweets etc.) Tick 1 box ≥ 4x per day Tick 2 boxes ≥ 6x per day		<input type="checkbox"/> <input type="checkbox"/>
Active white spot lesions/cavities/ fillings in the last 2 years Tick 1 box 1x Tick 2 boxes 2x Tick 3 boxes ≥ 3x		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Oral hygiene with fluoridated toothpaste Tick 1 box 1x per day Tick 2 boxes ≥ 2x per day	<input type="checkbox"/> <input type="checkbox"/>	
Fluoride rinsing/highly fluoridated toothpaste (5000 ppm) Tick 1 box 1x per day Tick 2 boxes ≥ 2x per day	<input type="checkbox"/> <input type="checkbox"/>	
Professional prophylaxis Tick 1 box 1x per year Tick 2 boxes 2x per year Tick 3 boxes ≥ 3x per year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Additional special factors (protecting factors: e.g. saliva substitute with fluoride, Xylitol, interdental brushes, toothpaste containing arginine etc.; promoting factors: e.g. limitation of hand movements) Tick 1 box per factor	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Measures to reduce caries risk

(Always recommend when red exceeds green)

- _____
- _____
- _____

9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14

