

CARIES (Tooth Decay) RISK ASSESSMENT SCREENING:

Instructions: To find out if your child is at risk for the disease “Dental Caries” that causes cavities, Parents/Guardians, please answer each of the following questions with a **YES or NO** response.

Circle the corresponding number in the **YES or NO** column.

	YES	NO
1. Has your child ever had a cavity?	3	0
2. Has your child complained about dental pain?	3	0
3. Does your child sleep with a bottle filled with other than water?	2	0
4. Do you brush or clean your child’s teeth or gums before bedtime?	0	3
5. Are your child’s teeth or gums brushed or cleaned at other times of the day?	0	1
6. Does your child have their own toothbrush?	0	2
7. Does your child eat snack foods and drink sweetened drinks between meals 3 or more times a day?	3	0
8. Does your child drink city water most of the time?	0	1
9. Has your child ever seen a dentist?	0	2

Circle the answer to each question.

Add up the number of circled responses in the YES and NO column.

Determine the Risk category based on the total number:

TOTAL

HIGH RISK – 12 to 20 points

MODERATE Risk – 5 to 11 points

LOW Risk – 4 or less

All children, even at Low Risk, should see a dental provider on a regular basis, beginning by age 1

If your child is at HIGH or MODERATE RISK:

1) **Make an appointment with a dentist.**

2) **If you need assistance locating a dentist in your area:**

- ❖ **And your child is a HUSKY member; call Connecticut Dental Health Partnership 1-866-420-2924 for the name of a dentist in your area.**
- ❖ **Or you have other dental insurance; you can call your insurance provider and ask for a list of dentists in your plan.**
- ❖ **If you do not have dental insurance, you can visit the CT Department of Public Health Office of Oral Health website www.ct.gov/dph/OralHealth to find a list of Community Health Center Dental Clinics.**