



Cavity Risk Assessment

Tooth decay is largely preventable, yet it's the single most common chronic childhood disease caused by bacteria used with food and drinks that create acid and damages the enamel on your child's teeth, causing decay overtime.

Use the risk assessment chart below to learn if your kid is at risk for developing cavities. Please keep in mind as you answer "yes" to statements marked with a warning symbol, this may suggest that your child is at high risk for tooth decay or other dental conditions.

After completing this cavity risk assessment, whether your child is at high or low risk, we recommend scheduling a dental visit. Click [here](#) to find a dentist near you.

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<p>⚠️ Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⚠️ Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Existing primary dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Drinks fluoridated water or takes fluoride supplements (if recommended by dentist) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>⚠️ White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⚠️ Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⚠️ Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Source: [American Academy of Pediatrics](#)