



DESERT SUN SMILES

Cavity Risk Questionnaire

We are committed to helping you prevent cavities. The process of prevention begins with understanding the factors that cause cavities that are present for you. Some of these factors you will have control over and we are happy to discuss ideas to manage them. Other factors are beyond your control, but can be managed by the addition of things like special toothpastes, rinses and mints.

- 1) Do you get Fluoride in your water, toothpaste or at the dentist? Yes _____ No _____
- 2) Do you eat sugary foods or drinks between meals? No _____ Yes _____
- 3) Have you are a close family member had cavities in the last ____ months? >24 _____ 7-23 _____ <6 _____
- 4) Do you see a dentist regularly? Yes _____ No _____
- 5) Have You Had Chemotherapy or Radiation? No _____ Yes _____
- 6) Have you had a cavity in the ____ number of months? >36 _____ <36 _____
- 7) Have you ever lost a tooth due to a cavity in the last 3 years? No _____ Yes _____
- 8) Do you currently have braces? No _____ Yes _____
- 9) Do you have a dry mouth? No _____ Yes _____

To Be Completed With Your Dental Hygienist or Dentist

- 1) Unusual Tooth Shapes No _____ Yes _____
- 2) Visible Plaque No _____ Yes _____
- 3) Fillings Between Teeth No _____ Yes _____
- 4) Poor Fitting Fillings or Crowns No _____ Yes _____
- 5) Exposed Tooth Roots No _____ Yes _____
- 6) Medications Causing Dry Mouth No _____ Yes _____
- 7) Other Factors No _____ Yes _____

Total Low _____ Mod _____ High _____