



MORROW, LAI & KITTERMAN
PEDIATRIC DENTISTRY

Check Your Child's Risk for Dental Disease with this Quick 1-minute Assessment

Child's name:		Yes	No
Has a parent ever had cavities?			
Do your gums bleed?			
Does your child brush twice a day?			
Does your child floss once a day?			
Does your child use toothpaste with fluoride in it?			
Do you help your child brush?			
Does your child have three sugary snacks or drinks per day between meals?			
Does your child walk around drinking from a bottle or a sippy cup?			
Does your child go to bed with a bottle or a sippy cup of milk or juice?			
Does your child have a special health care need?			
Does your child drink water with fluoride in it or take fluoride tablets?			
Has your child ever had a bad dental experience? Have you?			
Have any of your children ever had cavities?			
Does your child visit a dentist twice a year?			

10+	High Risk
5-9	Medium
0-4	Low

Add up the number of
gray boxes you checked
and write the total here:

This is your child's score