

What is your decay risk?

A quick survey for discussion with your dental professional

Name: Date:

To manage your decay risk, your dental professional needs some information

Please answer the questions below

1.	How often do you brush your teeth?	6.	How often do you snack in between meals?
	Less than once a day		
	Once a day		Never
	Twice a day		One to three times a day
	More often		Four to six times a day
2.	How long do you brush?		More than six times a day
	Less than 1 minute	7.	Which of the following do you snack on at least 3 times a week?
	1 - 2 minutes		Soft drinks
	Longer		Chocolate / sweets
3.	What toothpaste do you use?		Fruit
	Non fluoride toothpaste		Sweetened yoghurt
	Regular strength toothpaste with 1000-1500 ppm fluoride		Biscuits / cakes
	High fluoride toothpaste with 5000 ppm	8.	Do you currently have or have you ever had?
	Other:		Orthodontic braces
4.	How often do you use dental floss?		Cancer
	Never		Diabetes
	Once a day		Sensitive teeth
	More than once a week	9.	What medications are you
	Less than once a week		currently taking?
5.	How often do you visit your dental professional?		
	Once a year or less		
	Twice a year		
	More than twice a year		



Clinical Evaluation

To be completed by your dental professional

Past experience of tooth decay or enamel lesions	Exisiting dental decay:	
Visible build-up of dental plaque	Quadrant 1 Quadrant	: 2
Appliances e.g. braces, restorations or other devices that increase plaque retention		
Reduced salivary flow / dry mouth		
Severe tooth destruction with inflammation and / or tooth infection (abscess)		
Gingival recession		
Previous restorations	Upper Jaw	
Exposed root surfaces	Lower Jaw	
Your risk group:		# H
High	Right Heft	,) J
Moderate		
Low	Quadrant 4 Quadrant	: 3

Recommendations for you Brush at least 2 times a day with a fluoride toothpaste Decrease number of snacks Use a fluoride mouthwash daily Use dental floss or an interdental brush daily