# TABLE 2

## CAMBRA — Caries Risk Assessment Form for Age 0 to 5 Years

| Patient Name: ________________________________ | ID# __________________ | Age: ___________ | Date: ___________ |
| Assessment Date: ______________________________ | Please circle: BASELINE, three-month follow-up or six-month follow-up |

### NOTE: Any one Yes in Column 1 signifies likely “High Risk” and an indication for bacteria tests

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Comments:</th>
</tr>
</thead>
</table>

#### 1. Risk Factors (Biological Predisposing Factors)

- (a) Mother or primary caregiver has had active dental decay in the past 12 months
- (b) Bottle with fluid other than water, plain milk and/or plain formula
- (c) Continual bottle use
- (d) Child sleeps with a bottle, or nurses on demand
- (e) Frequent (>3 times/day) between-meal snacks of sugars/cooked starch/sugared beverages
- (f) Saliva-reducing factors are present, including:
  - 1. medications (e.g., some for asthma [albuterol] or hyperactivity)
  - 2. medical (cancer treatment) or genetic factors
- (g) Child has developmental problems/CSHCN (child with special health care needs)
- (h) Caregiver has low health literacy, is a WIC participant and/or child participates in Free Lunch Program and/or Early HeadStart

#### 2. Protective Factors

- (a) Child lives in a fluoridated community or takes fluoride supplements by slowly dissolving or as chewable tablets (note resident ZIP code)
- (b) Child drinks fluoridated water (e.g., use of tap water)
- (c) Teeth brushed with fluoridated toothpaste (pea size) at least once daily
- (d) Teeth brushed with fluoride toothpaste (pea size) at least 2x daily
- (e) Fluoride varnish in last six months
- (f) Mother/caregiver chews/dissolves xylitol chewing gum/lozenges 2–4x daily

#### 3. Disease Indicators/Risk Factors — Clinical Examination of Child

- (a) Obvious white spots, decalifications enamel defects or obvious decay present on the child’s teeth
- (b) Restorations present (past caries experience for the child)
- (c) Plaque is obvious on the teeth and/or gums bleed easily
- (d) Visually inadequate saliva flow

<table>
<thead>
<tr>
<th>Child’s Overall Caries Risk (circle): High</th>
<th>Moderate</th>
<th>Low</th>
</tr>
</thead>
</table>

| Child: Bacteria/Saliva Test Results: MS: LB: Flow Rate: Ml/min: Date: |

| Caregiver: Bacteria/Saliva Test Results: MS: LB: Flow Rate: ml/min: Date: |

Self-management goals:
1) _______________________________________
2) _______________________________________

*AAssessment based on provider’s judgment of balance between risk factors/disease indicators and protective factors.*