

Figure 1*. Canadian Caries Risk Assessment Tool

<div style="border: 1px solid black; padding: 10px;"> <p style="margin: 0;">Canadian Caries Risk Assessment Tool (< 6 years)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">Child's Name:</td> <td colspan="2"></td> </tr> <tr> <td>Child's Date of Birth:</td> <td colspan="2"></td> </tr> <tr> <td>Date of Assessment:</td> <td colspan="2"></td> </tr> <tr> <th style="background-color: #669966; color: white;">Factors</th> <th style="background-color: #669966; color: white;">Yes</th> <th style="background-color: #669966; color: white;">No</th> </tr> <tr> <td>Teeth cleaned with brush (or cloth if infant) at least twice daily by parent or caregiver</td> <td><input type="checkbox"/> (0)</td> <td><input type="checkbox"/> (1)</td> </tr> <tr> <td>Daily exposure to fluoride (e.g. fluoridated toothpaste, fluoridated water)</td> <td><input type="checkbox"/> (0)</td> <td><input type="checkbox"/> (1)</td> </tr> <tr> <td>Feeding practices (one or more – please check all that apply):</td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> Bottle-feeding > 12 months of age;</td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> Use of bottle or sippy cup between meals with liquid other than water (e.g. pop, fruit juices, milk, chocolate milk)</td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> Bedtime/naptime bottle or sippy cup use</td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> No oral hygiene routine established after solid foods have been introduced while still breastfeeding or bottle-feeding after 12 months</td> <td colspan="2"></td> </tr> <tr> <td> <input type="checkbox"/> Sugary snacks and drinks between meals (e.g. cookies, candy, sugary cereal, chips, pop, fruit juices, chocolate milk)</td> <td colspan="2"></td> </tr> <tr> <td>Family is low income (e.g. "has difficulty making ends meet at the end of the month")</td> <td><input type="checkbox"/> (1)</td> <td><input type="checkbox"/> (0)</td> </tr> <tr> <td>Visible plaque and/or food debris on teeth</td> <td><input type="checkbox"/> (1)</td> <td><input type="checkbox"/> (0)</td> </tr> <tr> <td>Visible caries (including white spot lesions) and/or past evidence of dental treatment for caries (e.g. fillings, stainless steel crowns, extracted teeth)</td> <td><input type="checkbox"/> (3)</td> <td><input type="checkbox"/> (0)</td> </tr> <tr> <td>Total Score (please add up points from each row)</td> <td colspan="2"></td> </tr> </table> <p style="margin: 0;">Overall caries risk status: <input type="checkbox"/> High Risk (score ≥ 3) <input type="checkbox"/> Low Risk (score < 3)</p> <p style="margin: 0;">RECOMMENDATIONS (Please check all that have been reviewed with parent/caregiver)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">HIGH RISK:</td> <td>If overall caries risk status is high, recommend the following in addition to the below:</td> </tr> <tr> <td><input type="checkbox"/> Refer to dental office for treatment if there is caries present.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Apply fluoride varnish today.</td> <td></td> </tr> <tr> <td colspan="2">FOR ALL CHILDREN:</td> </tr> <tr> <td><input type="checkbox"/> Refer to dental office if child has not yet been to a dental office in the last year.</td> <td></td> </tr> <tr> <td colspan="2">Caregiver Information – Recommend:</td> </tr> <tr> <td><input type="checkbox"/> That adult brushes child teeth (< 8 years old) at least twice daily for 2 minutes with:</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste only for 0-3 years of age if total score = 0</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste for 0-3 years of age if total score > 0</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Green pea size of fluoridated toothpaste for 3-6 years of age</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lowering sugar consumption or limiting sugary drinks/snacks</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Avoiding overnight bottle and sippy cup use with liquids other than water</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Initiate weaning off bottle by 12 months of age</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Initiate switching to an open cup/diaperless sippy cup by 12 months of age</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table> <p style="margin: 0;">ADDITIONAL COMMENTS:</p> <p style="margin: 0;">Dental referral made to: _____ <input type="checkbox"/> Not required (child has already been to dental office)</p> <p style="margin: 0;">Provider signature: _____</p> </div>	Child's Name:			Child's Date of Birth:			Date of Assessment:			Factors	Yes	No	Teeth cleaned with brush (or cloth if infant) at least twice daily by parent or caregiver	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	Daily exposure to fluoride (e.g. fluoridated toothpaste, fluoridated water)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	Feeding practices (one or more – please check all that apply):			<input type="checkbox"/> Bottle-feeding > 12 months of age;			<input type="checkbox"/> Use of bottle or sippy cup between meals with liquid other than water (e.g. pop, fruit juices, milk, chocolate milk)			<input type="checkbox"/> Bedtime/naptime bottle or sippy cup use			<input type="checkbox"/> No oral hygiene routine established after solid foods have been introduced while still breastfeeding or bottle-feeding after 12 months			<input type="checkbox"/> Sugary snacks and drinks between meals (e.g. cookies, candy, sugary cereal, chips, pop, fruit juices, chocolate milk)			Family is low income (e.g. "has difficulty making ends meet at the end of the month")	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	Visible plaque and/or food debris on teeth	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)	Visible caries (including white spot lesions) and/or past evidence of dental treatment for caries (e.g. fillings, stainless steel crowns, extracted teeth)	<input type="checkbox"/> (3)	<input type="checkbox"/> (0)	Total Score (please add up points from each row)			HIGH RISK:	If overall caries risk status is high, recommend the following in addition to the below:	<input type="checkbox"/> Refer to dental office for treatment if there is caries present.		<input type="checkbox"/> Apply fluoride varnish today.		FOR ALL CHILDREN:		<input type="checkbox"/> Refer to dental office if child has not yet been to a dental office in the last year.		Caregiver Information – Recommend:		<input type="checkbox"/> That adult brushes child teeth (< 8 years old) at least twice daily for 2 minutes with:		<input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste only for 0-3 years of age if total score = 0		<input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste for 0-3 years of age if total score > 0		<input type="checkbox"/> Green pea size of fluoridated toothpaste for 3-6 years of age		<input type="checkbox"/> Lowering sugar consumption or limiting sugary drinks/snacks		<input type="checkbox"/> Avoiding overnight bottle and sippy cup use with liquids other than water		<input type="checkbox"/> Initiate weaning off bottle by 12 months of age		<input type="checkbox"/> Initiate switching to an open cup/diaperless sippy cup by 12 months of age		<input type="checkbox"/> Other: _____		<div style="border: 1px solid black; padding: 10px;"> <p style="margin: 0;">Canadian Caries Risk Assessment Tool (< 6 years)</p> <p style="margin: 0;">Signs of Plaque and Caries Lesions</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;"> Visible Plaque and/or Food Debris </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> Early Caries (White Spot Lesions) </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> Advanced Caries </td> <td></td> </tr> </table> <p style="margin: 0; text-align: center;"><i>Images courtesy of Dr. Robert Schroth</i></p> </div>	Visible Plaque and/or Food Debris		Early Caries (White Spot Lesions)		Advanced Caries	
Child's Name:																																																																																					
Child's Date of Birth:																																																																																					
Date of Assessment:																																																																																					
Factors	Yes	No																																																																																			
Teeth cleaned with brush (or cloth if infant) at least twice daily by parent or caregiver	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)																																																																																			
Daily exposure to fluoride (e.g. fluoridated toothpaste, fluoridated water)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)																																																																																			
Feeding practices (one or more – please check all that apply):																																																																																					
<input type="checkbox"/> Bottle-feeding > 12 months of age;																																																																																					
<input type="checkbox"/> Use of bottle or sippy cup between meals with liquid other than water (e.g. pop, fruit juices, milk, chocolate milk)																																																																																					
<input type="checkbox"/> Bedtime/naptime bottle or sippy cup use																																																																																					
<input type="checkbox"/> No oral hygiene routine established after solid foods have been introduced while still breastfeeding or bottle-feeding after 12 months																																																																																					
<input type="checkbox"/> Sugary snacks and drinks between meals (e.g. cookies, candy, sugary cereal, chips, pop, fruit juices, chocolate milk)																																																																																					
Family is low income (e.g. "has difficulty making ends meet at the end of the month")	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)																																																																																			
Visible plaque and/or food debris on teeth	<input type="checkbox"/> (1)	<input type="checkbox"/> (0)																																																																																			
Visible caries (including white spot lesions) and/or past evidence of dental treatment for caries (e.g. fillings, stainless steel crowns, extracted teeth)	<input type="checkbox"/> (3)	<input type="checkbox"/> (0)																																																																																			
Total Score (please add up points from each row)																																																																																					
HIGH RISK:	If overall caries risk status is high, recommend the following in addition to the below:																																																																																				
<input type="checkbox"/> Refer to dental office for treatment if there is caries present.																																																																																					
<input type="checkbox"/> Apply fluoride varnish today.																																																																																					
FOR ALL CHILDREN:																																																																																					
<input type="checkbox"/> Refer to dental office if child has not yet been to a dental office in the last year.																																																																																					
Caregiver Information – Recommend:																																																																																					
<input type="checkbox"/> That adult brushes child teeth (< 8 years old) at least twice daily for 2 minutes with:																																																																																					
<input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste only for 0-3 years of age if total score = 0																																																																																					
<input type="checkbox"/> Smear (grain of rice size) of fluoridated toothpaste for 0-3 years of age if total score > 0																																																																																					
<input type="checkbox"/> Green pea size of fluoridated toothpaste for 3-6 years of age																																																																																					
<input type="checkbox"/> Lowering sugar consumption or limiting sugary drinks/snacks																																																																																					
<input type="checkbox"/> Avoiding overnight bottle and sippy cup use with liquids other than water																																																																																					
<input type="checkbox"/> Initiate weaning off bottle by 12 months of age																																																																																					
<input type="checkbox"/> Initiate switching to an open cup/diaperless sippy cup by 12 months of age																																																																																					
<input type="checkbox"/> Other: _____																																																																																					
Visible Plaque and/or Food Debris																																																																																					
Early Caries (White Spot Lesions)																																																																																					
Advanced Caries																																																																																					

*Please visit cjdh.ca and select the February 2026 issue (vol 60, no 1) to view the assessment tool in full size.



December 20, 2019
Public Health Agency of Canada
Agence de la santé publique du Canada



December 20, 2019
Public Health Agency of Canada
Agence de la santé publique du Canada