

# Dental Risk Assessment Questionnaire



Parents and caregivers – use this form to tell us about the oral health of your child. This will be part of your child’s health record.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Child’s Name \_\_\_\_\_ Child’s Age \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Does your family drink water with fluoride in it or do your children take fluoride tablets?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child use a toothpaste with fluoride in it?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you help your child with toothbrushing?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or your children ever had a bad dental experience?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have any of your children ever had cavities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child complain of mouth pain?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child take a bottle to bed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your child walk around drinking from a bottle or cup?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How many times does your child eat a snack each day? _____  |                          |                          |
| 10. How many bottles does your child have each day? _____  |                          |                          |
| 11. How is your own dental health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |                          |                          |
| 12. Do you have any cavities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do your gums bleed?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Did you know?

**For every 100 school children, more than 5 days of school per year are lost due to dental disease.**

**Good dental health is important!**

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)