

Dental Risk Assessment Questionnaire

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Medical Provider: _____ Clinic: _____

- | | Yes | No |
|---|----------------------------------|---|
| 1. Did your child's first tooth come in before they were 6 months old? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your child ever been given daily liquid medicine for 3 weeks in a row or longer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child use a pacifier or suck their thumb? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child walk around drinking from a bottle or sippy cup? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child take a bottle or sippy cup to bed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child drink juice, pop, or other sweetened beverages more than once a day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child eat more than one snack between each meal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you help your child brush their teeth daily? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any concerns about your child's teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has your child been to the dentist within the past 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. What kind of water does your child drink? | Bottled <input type="checkbox"/> | Tap <input type="checkbox"/> |
| 12. Name of child's dental provider or dental clinic: _____ | | |
| 13. How do you rate your own dental health? | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

I give permission to Minnesota Oral Health Project to provide the Fluoride Varnish application to the above named child. I have been informed that the record will be kept at Southwest Health and Human Services, following SWHHS privacy practices.

Parent/Guardian Signature: _____ Date: _____

