

RISK FACTORS FOR ORAL DISEASE	FACTORS THAT PROMOTE ORAL HEALTH
ORAL HEALTH HISTORY	
<ul style="list-style-type: none"> <input type="checkbox"/> Active untreated dental decay <input type="checkbox"/> Previous dental decay experience <input type="checkbox"/> Deep pits & fissures in teeth <input type="checkbox"/> Severely crowded teeth <input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Reduced saliva flow / dry mouth <input type="checkbox"/> Inadequate fluoride <input type="checkbox"/> Poor family oral health <input type="checkbox"/> No family dentist <input type="checkbox"/> Last visit to dentist over one year 	<ul style="list-style-type: none"> <input type="checkbox"/> No active decay / all teeth restored <input type="checkbox"/> No or minimal history of dental decay <input type="checkbox"/> Sealants on back teeth <input type="checkbox"/> Properly aligned and positioned teeth <input type="checkbox"/> Good oral hygiene <input type="checkbox"/> Mouth lining moist with clear saliva <input type="checkbox"/> Optimal fluoride <input type="checkbox"/> Good family oral health <input type="checkbox"/> Visits dentist for routine periodic exams <input type="checkbox"/> Visits dentist at least once a year
MEDICAL HISTORY	
<ul style="list-style-type: none"> <input type="checkbox"/> Poor diet <input type="checkbox"/> Metabolic disease (e.g., diabetes) <input type="checkbox"/> Infectious disease <input type="checkbox"/> Neoplastic disease (e.g., leukemia) <input type="checkbox"/> Medications that affect the mouth (e.g., Dilantin, sugary liquid medications) <input type="checkbox"/> Gastric reflux <input type="checkbox"/> Frequent snacks <input type="checkbox"/> Baby bottle at night for sleep, or at will 	<ul style="list-style-type: none"> <input type="checkbox"/> Healthy balanced diet <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Alternative medication if possible <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Occasional snacks: fruits & vegetables <input type="checkbox"/> Bottles only for routine feeding
CULTURAL / SOCIAL / FINANCIAL STATUS	
<ul style="list-style-type: none"> <input type="checkbox"/> Poverty, low income <input type="checkbox"/> No or inadequate dental insurance <input type="checkbox"/> Parents' education up to 12th grade <input type="checkbox"/> Tobacco or alcohol use 	<ul style="list-style-type: none"> <input type="checkbox"/> Income higher than 400% of poverty <input type="checkbox"/> Good dental insurance coverage <input type="checkbox"/> Parents' education beyond 12th grade <input type="checkbox"/> No tobacco or alcohol use