



Diet assessment of cavity risk

Who/What/ When/Where	Probable response	Risk of Cavities due to behavior	What we want you to do
Number of meals/snacks	<6/day >6/day	Low Moderate-High	3-6/ day
Meal/snack structure	Structured-sitting down Unstructured/grazing or eating on the run	Low Moderate-High	Structured meal pattern-sit down as a family, PLEASE!
Amount of sugared drink consumed	<12 ounces/day 12-20 ounces/day >20 ounces/day	Low Moderate High	No more than 4 ounces of 100 percent juice or other sugared beverage/day NO Sugared soda POP!
When sugared drink is consumed	With meals With snacks Between meals/snacks	Low Moderate High	With meals ONLY! Drink water after if not able to brush right away
Number of drinks per day	<15 minutes 15-30 minutes >30 minutes	Low Moderate High	<15 minutes- rinse with water or brush
Drinking style	Straw Open container Swishing within mouth	Low Moderate High	Straw
Food types	Nuts, cheese, yogurt, raw veggies, protein Fruits, crackers, cereals processed foods, carbohydrates, sticky foods, candies	Low High	Eat Avoid

Sugared Drinks:

100 percent juice, juice drinks, soda pop (regular or diet), sports drinks, energy drinks, sugared coffee or tea