CRASP

Caries Risk Assessment Share with Patient by JHCDA

CRASP form ver.3.0 English

Patient ID Name Date / / Age Classification: New / Recall

1. When do you brush your teeth?
   After waking up After breakfast After lunch After dinner At bath time Before bedtime

2. How often do you brush your teeth before bedtime in a week?
   Everyday Forget once or twice a week Almost never Never

3. Do you eat or drink after brushing before bedtime?
   No Yes

4. How often do you use fluoride toothpaste a day?
   Two times or more Once Never

5. Amount of Fluoride toothpaste
   More than picture Less than picture

6. Number of times after brushing
   Two times or less Three times or more

7. How often do you drink sugary drink between meals?
   Once or less Two times or more

8. Drinks
   Water Juice Coffee or Tea with sugar Coffee or Tea without sugar
   Energy drink Yogurt Lactic acid drink Sport drink Vegetable juice
   Soda drink Milk Alcohol drink Others

9. Do you eat sweets between meals?
   Once or none Two or more times

10. Sugary snacks
    Cookie Chocolate Ice cream Cake Fruits Candy Sweet pastries Others

11. Total times of meals, sugary snacks and sugary drinks per day
    5 times or less 6 times or more

12. Oral hygiene
    Good Insufficient Poor

13. New caries treatment within a year (Including non-cavity caries lesion)
    No Yes

14. CAT21 Date / / /
    0 0.5 1.0 1.5 2.0 2.5 3.0

15. Root exposure and Plaque on Root surface
    No Root exposure Root exposure with No plaque Root exposure and plaque

16. Dry mouth
    No Notice symptom with no visible dry mouth Visible dry mouth

17. Stimulate Saliva (5 minutes)
    _____ ml