Patient Name	File #
Age	Date of Evaluation

ATTITUDE & DISEASE STATUS
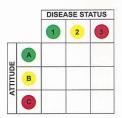
ATTITUDE (Patient Self Assessment)
Are you willing to change the way you care for your oral health?
YES = **A**   MAYBE = **B**   NO = **C**

DISEASE STATUS (Clinician Assessment)
1 = No current disease
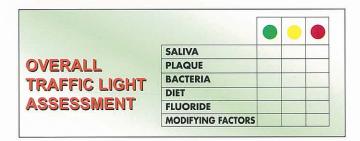2 = Need for repair, maintenance
3 = Active disease

	DISEASE STATUS		
	1	**2**	**3**
A			
B			
C			

(ATTITUDE — vertical label on left axis)

SALIVA

RESTING SALIVA			STIMULATED SALIVA		
HYDRATION	**VISCOSITY**	**pH**	**QUANTITY**	**pH**	**BUFFERING**
>60 secs ⬤ (red)	sticky / stringy ⬤ (red)	5.0-5.8 ⬤ (red)	<3.5ml ⬤ (red)	5.0-5.8 ⬤ (red)	0-5 points ⬤ (red)
30-60 secs ⬤ (green)	frothy / bubbly ⬤ (yellow)	6.0-6.6 ⬤ (yellow)	3.5ml-5.0ml ⬤ (yellow)	6.0-6.6 ⬤ (yellow)	6-9 points ⬤ (yellow)
<30 secs ⬤ (green)	watery / clear ⬤ (green)	6.8-7.8 ⬤ (green)	>5.0ml ⬤ (green)	6.8-7.8 ⬤ (green)	10-12 points ⬤ (green)

PLAQUE

PLAQUE pH	PLAQUE Maturity
≤pH 5.5 ⬤ (red)	BLUE STAIN ⬤ (red)
≈pH 6.0-6.5 ⬤ (yellow)	
≥pH 7.0 ⬤ (green)	RED STAIN ⬤ (green)

BACTERIA

S. MUTANS Count
> 500,000 cfu/ml ⬤ (red)
< 500,000 cfu/ml ⬤ (green)

DIET # of exposure in between meals

SUGAR	ACID
> 2 ⬤ (red)	> 3 ⬤ (red)
> 1 ⬤ (yellow)	> 2 ⬤ (yellow)
Nil ⬤ (green)	< 2 ⬤ (green)

FLUORIDE

☐ YES ☐ NO Do you use fluoride toothpaste?
☐ YES ☐ NO Any fluoride in drinking water?
☐ YES ☐ NO Received professional fluoride treatment?

| 0 YES ⬤ (red) |
| 1-2 YES ⬤ (yellow) |
| 3 YES ⬤ (green) |

MODIFYING FACTORS

☐ YES ☐ NO Any drugs which can decrease salivary flow? specify _____
☐ YES ☐ NO Any disease which can cause dry mouth? specify _____
☐ YES ☐ NO Any fixed or removable prosthesis, including orthodontic appliances? specify _____
☐ YES ☐ NO Is compliance likely to be poor?
☐ YES ☐ NO Does patient have a recent episode of active caries?

≥ 1 YES ⬤ (red)
= 5 NO ⬤ (green)

OVERALL TRAFFIC LIGHT ASSESSMENT

	⬤ (green)	⬤ (yellow)	⬤ (red)
SALIVA			
PLAQUE			
BACTERIA			
DIET			
FLUORIDE			
MODIFYING FACTORS			