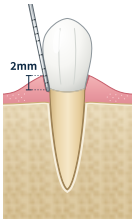
Those numbers are gum pocket depths.

"3, 2, 3, 4..." Most of the numbers read out are the depth, in mm, of the gap between the tooth and the gum (the periodontal pocket). They show how far gum disease has progressed.[1]

Pocket depth guide

Bleeding matters as much as depth

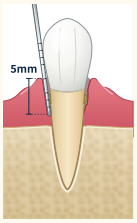


1–3 mm

Healthy

Healthy range

Healthy gums are about 1–2 mm.[1] If there's no bleeding, keep up your current care.

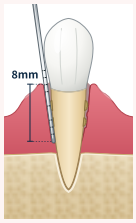


4–5 mm

Gum disease (moderate)

Take care

A sign of gum disease: mild to moderate.[2][3]



6 mm+

Gum disease (severe)

Needs treatment

Severe.[2]

Gum · Bone supporting the tooth · Gap (pocket) · Tartar

As gum disease progresses, the bone drops and the gap gets deeper. Shapes are simplified.

A thin instrument with a scale (a probe) is gently inserted to measure the depth.[1] How many spots are measured depends on the clinic and the type of exam; sometimes it's one spot per tooth.[2] Japan's national check-ups and the World Health Organization (WHO) also use 4–5 mm and 6 mm or more as cut-offs.[3]

Words you may hear with the numbers

Bleeding

Spots that bleed within 30 seconds of measuring are recorded.[2] It's a sign of gum inflammation. **Even if the pocket is shallow, bleeding means gingivitis.**[4]

Mobility how loose a tooth is

Graded from 0 to 3.[2] Grade 0 is within the normal range; the higher the number, the looser the tooth.

If you're told "4 mm"

47.9%

of people have a pocket of 4 mm or more (national survey, Japan)[5]

Early 20s: **about 2 in 10** 30s: **about 1 in 3** Late 40s–50s: **over 4 in 10**

Being told "4 mm" is not unusual. But it doesn't mean "everyone has it, so it's fine." **It's a number for stopping things from going further.** After gum treatment, the goal is "pockets under 4 mm with no bleeding."[2]

It's OK to ask what the numbers mean

We're glad when you ask

- **"How deep is the deepest spot? Which tooth?"**
- **"Has it changed since last time?"**
- **"Where did it bleed?"**
- **"Does this cavity need treatment, or can we watch it?"**

From your clinic A clinic stamp is fine for contact details

Phone _____ **Hours** _____ **Notes** _____

Today Deepest mm (tooth) Decay ☐ None ☐ C0/C1/CO ☐ C2 or worse

4 mm+ ☐ None ☐ Yes (spots) Bleeding ☐ No ☐ Yes Loose ☐ No ☐ Yes

Next visit ☐ Treatment ☐ Gum treatment ☐ Check-up Date: Time:

References [1] Ministry of Health, Labour and Welfare (Japan), e-health net. Periodontal examination. Updated Dec 2022. [2] Japanese Association for Dental Science. Basic approach to periodontal treatment (Mar 2026). [3] Ministry of Health, Labour and Welfare (Japan), e-health net. Community Periodontal Index (accessed Oct 2026). [4] Chapple ILC, et al. Periodontal health and gingival diseases and conditions on an intact and a reduced periodontium. J Clin Periodontol. 2018;45 Suppl 20:S68-S77. [5] Ministry of Health, Labour and Welfare (Japan). Survey of Dental Diseases 2022: summary. 2023.

Written by a practising dentist (Zubora Ha Lab, Japan) · November 2026 edition

If your clinic's instructions differ, follow your clinic. Free to use; terms of use: zubora-lab.com/sheets/ (Japanese)

C1 or CO: no hole usually means no drilling.

Decay and school check-up codes

Clinics and schools use slightly different codes

Code	Where	Meaning	What to do
C0 · CO	Both	No hole, but starting to decay (e.g. a cloudy white spot). At school check-ups: CO (tooth to watch)[6]	No drilling; watch it with fluoride and brushing[7]
C1	Clinic	Decay only in the outer layer (enamel)	No hole: no drilling, just watch. If there's a hole, a small filling may be done[7]
C2	Clinic	Decay has reached the inner layer (dentin)	Best treated
C3	Clinic	Decay has reached the nerve	Often needs nerve (root canal) treatment
C4	Clinic	Most of the crown is gone; only the root is left	Often needs extraction
C	School	Untreated decay with a visible hole[6]	See a dentist
○ / △	School	○ = treated tooth; △ = permanent tooth lost to decay[6]	—
×	School	Baby tooth to watch: whether to keep or remove it needs careful thought.[6] An × in a clinic's records can mean different things at different clinics	Ask a dentist. If your clinic uses it, ask on the spot
GO	School	Plaque and gum inflammation, but no tartar[6]	Review brushing and keep watching
G	School	Gum disease that needs a dentist's exam and treatment[6]	See a dentist
ZS	School	Tartar on the teeth, but no gum inflammation[9]	Have it removed at a dental clinic[9]

Early decay without a hole can stop and recover with fluoride. Once there is a hole, it moves on to treatment such as a filling.[7]

Common myths

Myth **"You can't tell you have gum disease until it's bad."** The numbers show it even without symptoms. The guide is 4 mm.[2]

Myth **"1–3 mm means there's nothing to do."** Even shallow spots that bleed when measured have gum inflammation.[4]

Myth **"A short burst of hard brushing will quickly fix my gums."** Gum disease with deep pockets needs step-by-step treatment and ongoing care afterward.[8][2] Aim for something you can keep up.

Myth **"C1 means they'll drill right away."** Usually not. But even a C1 may get a small filling if there's a hole.[7]

When to see a dentist

Talk about treatment

- **6 mm or more**, or a **loose tooth** → ask about gum treatment[2]
- **C2 or worse** → best treated

Review and keep check-ups

- **4–5 mm**, or spots that **bleed** → review your brushing
- **C0, C1 or CO** → no hole: no drilling, just watch. Use fluoride and have it checked at your next check-up[7]

Keep up your care

- **1–3 mm with no bleeding** → keep up your current care and regular check-ups

Clinic contact (stamp is fine)

Notes

References ([1]–[5] on page 1)

[6] Japan Association of School Dentists. Flow and key points of school dental check-ups (appendix to the activity guidelines for school dentists). Mar 2015. [7] Japanese Association for Dental Science. Basic approach to early enamel caries (Mar 2016). [8] Sanz M, et al. Treatment of stage I-III periodontitis—The EFP S3 level clinical practice guideline. J Clin Periodontol. 2020;47 Suppl 22:4-60. [9] Japan Association of School Dentists. School dental check-ups: current status, issues and outlook (material for a MEXT review meeting). Mar 2026.

Written by a practising dentist (Zubora Ha Lab, Japan) · November 2026 edition

If your clinic's instructions differ, follow your clinic. Free to use; terms of use: zubora-lab.com/sheets/ (Japanese)