

Preventive Services Program (PSP) Survey

Screenings can only be conducted by a **Dentist, Hygienist, Dental and Hygiene Students.** Answer all questions, do not leave any questions unanswered. **Fill in circles with a pen or marker.** Do not use a pencil. *Comments in red italics may assist screeners with completing this form.*

PSP Screening Date: _____ County where School is located: _____

Name of School: _____ District Name: _____

1. Sex: *Assigned at Birth.*

- Male
- Female

2. Race: *Best guess. Mark all that apply.*

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian or other Pacific Islander
- White

3. Ethnicity: *Best guess.*

- Hispanic
- Non-Hispanic

4. Age:

- 0 to 11 Months
- 1 7 13
- 2 8 14
- 3 9 15
- 4 10 16
- 5 11 17
- 6 12 18

5. Grade:

- Preschool Sixth
- Kindergarten Seventh
- First Eighth
- Second Ninth
- Third Tenth
- Fourth Eleventh
- Fifth Twelfth

6. Oral Hygiene:

- Not Satisfactory: *Moderate-heavy plaque, red tissues.*
- Satisfactory: *Little to no plaque, pink firm tissues.*

7. Presence of Dental Sealants: *Only on permanent molars, includes partially retained sealants.*

- No Sealants
- Sealants

8. History of Rampant Caries: *Decay, restorations, missing teeth due to decay on 7 or more teeth.*

- No
- Yes

9. Treated Decay: *Any restoration, or missing teeth due to decay. Missing teeth not due to decay should not be included.*

- None
- Primary only
- Primary and Permanent
- Permanent only

10. Untreated Decay: *Must be visible, obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- None
- Primary only
- Primary and Permanent
- Permanent only

11. Treatment Urgency:

- No Obvious Problem: *Currently no need for treatment.*
- Early Dental Care: *Decay treatment within 4-8 weeks.*
- Urgent Dental Care: *Pain, infection, swelling, treatment within 24-48 hours.*