



Preventive Services Program (PSP) Survey

Screenings can only be conducted by a Dentist, Hygienist, Dental and Hygiene Students!

Do Not Leave Any Questions Unanswered!

Fill in the circles with a pen or marker. Do not use a pencil. Do Not use check marks or X's.

Comments in red italics may assist screeners with completing this form.

PSP Screening Date: _____

County Where Event Is Held: _____

School Name (Print or stamp only): _____

(Affix a label with school name above, if preferred.)

1. Gender:

- Male
Female

2. Race/Ethnicity: Best Guess.

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

3. Age:

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

4. Grade:

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

5. Oral Hygiene:

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

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

- No Sealants
Sealants

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

- No
Yes

8. 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

9. 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

10. Treatment Urgency:

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