



Preventive Services Program (PSP) Survey

Screening Date:	School Name (Print, stamp, or affix a label):	Screener Name:
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DO NOT LEAVE ANY QUESTIONS UNANSWERED, fill in the circle, no √ marks or X's. Comments in Italics may assist screeners with completing this form.

1. Gender:

- Male
- Female

2. Race/Ethnicity: *Best Guess*

- White
- African-American
- Asian or Pacific Islander
- American Indian
- Multi-Racial
- Unknown (Non White)
- Hispanic

3. Oral Hygiene:

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

4. 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

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

- No Sealants
- Sealants

6. History of Rampant Caries:

Decay, restorations, missing teeth due to decay on 7 or more teeth.

- No
- Yes

7. White Spot Lesions: (White spots on at least one primary max. anteriors).

Only complete for children 5 years old and younger.

- No
- Yes

8. Age:

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

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 dental treatment*
- Early Dental Care: *Cavitated lesion, treatment within several weeks*
- Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

11. Early Childhood Caries: (Caries history on at least one primary max. anteriors). *Only complete for children 5 years old and younger. Decay, restorations, missing teeth due to decay.*

- No
- Yes