

Preventive Services Program (PSP) Survey

Only individuals that meet the PSP criteria and successfully complete the online PSP Oral Health Review Calibration may conduct PSP oral health reviews. **Questions 2-12 relate to the child being reviewed. Answer all questions.**

Comments in **red** may assist reviewer with completing this form.

• Fill in circles • Do not use a ✓ or X • Use a pen or marker • Do not use a pencil

Event Date	Event Site Name	County Where Event is Located	District Name

1. Profession of Oral Health Reviewer:

- ☐ Dentist
- ☐ Dental Hygienist
- ☐ Dental/Hygiene Student
- ☐ Dental Assistant
- ☐ Licensed Medical Professional
- ☐ Medical Professional Student
- ☐ Community Health Dental or Care Coordinator

2. Sex of Child: **Assigned at birth.**

- ☐ Female
- ☐ Male

3. Race of Child: **Best guess. Mark all that apply.**

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

4. Ethnicity of Child: **Best guess.**

- ☐ Hispanic
- ☐ Non-Hispanic

5. Age of Child:

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

6. Grade of Child:

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

7. Oral Hygiene:

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

8. Presence of Dental Sealants:

- Only on permanent molars, includes partial sealants.**
- ☐ No
- ☐ Yes

9. History of Rampant Decay: **Cavities, fillings, missing teeth due to decay on 7 or more teeth.**

- ☐ No
- ☐ Yes

10. Treated Decay: **Any fillings, or missing teeth due to cavities. Missing teeth not due to cavities should not be included.**

- ☐ No
- ☐ Yes

11. Untreated Decay: **Must be visibly, obvious cavities. Retained roots, broken or chipped teeth are not considered unless cavities are present.**

- ☐ No
- ☐ Yes

12. 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 48 hours.**

13. Was fluoride varnish applied to this child's teeth?

- ☐ No
- ☐ Yes