

WELL CHILD CARE AT 18 MONTHS

At Today's Visit

- We will ask for an update on your toddler's health.
- We will discuss your toddler's growth and development.
- We will score and discuss the results of the ASQ developmental questionnaire.
- We will score and discuss the results of the autism-specific screening tool.
- Your toddler will have a physical examination.
- Your toddler will receive an immunization.
- You will have an opportunity to ask questions.

Things to Keep in Mind Between Now and the Next Visit

- **FEEDING**
 - ▷ Family meals are important for your child. Let him eat with you. This helps him learn.
 - ▷ Don't make mealtime a battle. Let your child feed himself.
 - ▷ Your child should use a spoon and drink from a cup at this time.

- **DEVELOPMENT AND DISCIPLINE**

- ▷ Children at this age should be learning many new words. You can help your child's vocabulary grow by showing and naming lots of things. Children have many different feelings and behaviors such as pleasure, anger, joy, curiosity, warmth, and assertiveness. It is important at this age to praise your child for doing things that you like. *You will see these characteristics in your toddler between 18 and 24 months:*

Daily Activities

- ◆ Begins to eat with fork
- ◆ Enjoys imitating parents

Motor Skills

- ◆ Walks proficiently
- ◆ Enjoys pushing and pulling toys while walking
- ◆ Runs awkwardly and falls a lot
- ◆ Walks backward a short distance

Cognitive Development (Thinking and Learning)

- ◆ Understands that something can exist even when hidden
- ◆ Can picture objects and events mentally

Language Development

- ◆ Speaks from 3 to 50 words
- ◆ Wants to name everything
- ◆ May use a few two-word combinations
- ◆ Repeats familiar and unfamiliar sounds and gestures

Emotional and Behavioral Development

- ◆ May begin to show frustration when not understood
- ◆ May show strong attachment to a toy or blanket
- ◆ May resist bedtime, prefers predictable pattern of bedtime events
- ◆ May respond with "no" constantly
- ◆ Likes to show some independence (feeds self, undresses self)
- ◆ Begins to develop a self-concept
- ◆ Responds to simple requests ("Bring me your book")

▪ **SLEEP**

- ▷ ***Nighttime ritual.*** Your going to bed procedure may vary slightly from day to day, depending on how tired and ready for bed your child feels; however, the basic elements should always be the same. Sometimes, you may skip the bedtime routine altogether, except for a clean-up, change, and good night kiss, when your child is exhausted after a long and action packed day. Mostly, however, you'll find the time to wind down, usually beginning with a warm bath, and leading into a quiet chat, music, and stories, saying goodnight to family pets, putting toys to bed, and if it's your family way, saying prayers. Avoid scary stories and games or activities that may be over stimulating. Turn off the TV and videos in the hour or so before bedtime and keep interactions calm and soothing.
- ▷ ***Setting limits.*** Children are less likely to develop problems of resistance when their parents set firm, fair limits. This applies to going to bed just as it does to other areas of development. Make it a rule that once it's time for sleep, she's to stay in bed until the morning. If she isn't sleepy, let her have a favorite toy or book to pass the time in her bed or crib. Bedtime is bedtime, after all, even if it's not quite sleep time. Of course, you must make exceptions and allow your child out when she needs a change or clean-up, comfort after a bad dream, or attention for sick symptoms.
- ▷ ***Dealing with fears and separation anxiety.*** No matter how far fetched they may seem, fears are normal and protective, they teach caution and hold children back from taking risks. Your goal, as parent, is to bolster your child's confidence so that he can sleep in his own bed without fear of harm. The way you achieve this is different from the approach you use to establish good sleeping habits or correct poor ones. A child who is frightened needs more time and attention than one who is merely testing the limits of his parent's patience. It's important to judge where to draw the line in dealing with fears, in order to promote good sleeping habits. If your child's sleep pattern was unsatisfactory before the start of the fear phase, you will have to continue working to improve it after the youngster

has mastered the fear. The best approach is to acknowledge the fears and explain that Mommy and Daddy are there to protect and comfort them. If your child is upset, sit in a chair beside his bed and rub his back if it calms him. Let him know you understand how he feels, but confidently and supportively reassure him. When he is calm, sleepy, but still awake, quietly leave the room, leaving the door open so that the child does not feel cut off and you can check on him, if necessary, without disturbing him. Once he's asleep, shut the door for fire safety as recommended by the AAP. Occasionally, your child is unusually upset and renews his frightened behavior whenever you try to leave the room. On these nights, you may find it best to sit in a chair next to his bed or even lie on the floor, if that's more comfortable. Try not to use this approach more than a few nights in a row or you may find yourself with a whole new set of difficulties. If a pattern of need is developing, consider using the vanishing chair routine.

- ▷ ***Vanishing chair routine.*** Sit in your child's room several nights in a row. Each night, move your chair a little farther away from your child's bed until you are sitting outside the room, in the passage way, still within earshot and prepared to respond to his cries, if need be. Finally, when he is used to seeing you go out of the room to get the chair, you will no longer have to keep sitting in the chair to reassure him. This method of gradual distancing may take a week or two to complete.
- ▷ ***Night owls.*** There are children, even toddlers and preschoolers, who take a long time to get to sleep after a regular going to bed routine, despite their parents own and their child's best efforts. If your child is one of these night owls, insist that although he may get out of bed, he must stay in his room. Leave a night light on for safety but do not allow other lights. A safety gate across the bedroom doorway may be necessary to reinforce your message. Even a child who can climb over barriers will respect a gate, provided instructions are clear and firm. When you find your child asleep in his bedroom floor, put him into bed. At least he'll be used to waking up in bed and in time he'll accept that bed is a comfortable place for going to sleep as well.
- ▷ ***Shifting the sleep phase.*** One way to solve your night owl's problem may be to shift his sleep phase so that he feels tired and goes to sleep earlier. However, shifting the sleep phase is not always easy and it can not be done in a single step. It's better to use a gradual approach. Start with the time your child usually falls asleep as your baseline and work back with a quarter-hour change about every 3 or 4 nights until your child has reprogrammed his pattern and is now sleepy at the bedtime you want. For example, if he regularly drops off at 10:00 P.M., start your new schedule by putting him to bed for the first night or two at 10:00 as usual. Then, for the next 3 or 4 nights, put him to bed at 9:45. By the final night, he should be adjusted to getting sleepy at the new time. Continue the reprogramming with a 15-minute change every 3 or 4 days until your child is ready for bed at your target bedtime. One month is usually long enough

for the adjustment. If you hit a snag at any quarter-hour stage during the process, don't give up or go back. Spend a few more days at the latest level you've reached, and then restart the process with that time as your new baseline. The wake up time is more important than the bedtime in shifting the sleep phase and regulating circadian rhythms. As you adjust your child's schedule, keep to a single wake-up time and do not vary it, even on the weekends.

- ▷ ***Early birds.*** Some youngsters wake up because they have had enough sleep and are naturally early risers. Other children wake up prematurely, before they've had the right amount of sleep. Often, the cause is something in the environment, such as bright early morning light, the sound of a neighbor's car starting up at the same time each morning, or the discomfort of a cold, sodden diaper. You will have an idea whether your child is getting enough sleep by the way he behaves throughout the day. If he's irritable and lacking energy, or needs to sleep within one or two hours after waking, he's probably not sleeping long enough. Most toddlers function best on 9 to 10 hours of sleep a night, plus daytime naps. If your child is getting less than this amount, you may need to take steps to help him sleep longer and more restfully. If early sunlight is waking your child sooner than necessary, install shades or curtains to keep the bedroom dark. Noise from inside or outside the house can often be covered up with white noise from an electric fan or even a tape recording. Heavy curtains may also help. Early waking caused by clammy, over soaked diapers may stop if you switch to ultra-absorbent diapers or pull-ups designed for nighttime use. You may be the parent of a naturally early riser. If your child is also early to bed and regularly sleeps the same number of hours a night, you may be able to reset her wake up time by encouraging her to stay up later (perhaps in 15 minute intervals as described in the shifting the sleep phase section). However, if you are unwilling to trade some of your free time in the evenings for more of your child's company, help her to understand that although she may be awake, others need to sleep longer. Therefore, she must learn to play quietly in her room without disturbing the family until its time to get up. Place a section of books and toys within reach. Perhaps leave a digital clock-radio by her bed and explain that when the radio switches on or the numbers read your predetermined time, it's time to call Mommy or Daddy. If your early riser "forgets" that she must stay in her room, install a gate that she can't climb over in her doorway.
- ▷ ***Staying up late.*** On special holidays and family celebrations, even the youngest members of the family often get to stay up late. Consider shortening your nighttime routine if your child is becoming overtired and getting grouchy. If you are away from home, consider washing your child, changing him into his sleep clothes, and brushing his teeth before leaving for home. If your child falls asleep during travel, put him directly to bed. If your child is unusually rigid, you may have to wake him up and

go through a modified version of your bedtime routine in order to get him to sleep through the night.

- ▷ ***Vacations and sleepovers.*** The key to having the whole family sleep well on vacations is to temper the novelty of a new environment with some of the familiar sensations that your child finds comforting. Remember to bring your child's transitional object. Whatever your child's age may be, during vacations, try to keep her on her normal sleep/wake schedule. If the vacation involves travel to a different time zone, adopt local time from the moment you arrive, but be prepared to allow for naps at odd times to make up for sudden onsets of fatigue. As soon as you get home, switch back immediately to your regular time. Children are adaptable. Once your youngster gets back to her usual schedule for play, meals, and sleep, any disturbance in her sleep/wake cycle will probably disappear within a few days.
- ▷ ***Spring forward, fall back.*** Try not to compensate by changing his behavior. This only prolongs the period required for adaptation. Keep to the usual bedtimes and wake-ups by the clock to make the adjustment smoother. If you run into difficulties on either side of the change, try the 15 minute schedule described in the shifting sleep phase section. Also, check the light level in your child's bedroom and make any necessary adjustments by installing window coverings or adding an extra lamp. Prolonged light in the evenings may make it hard to fall asleep for some children, just as darkness in the mornings may make it harder to get up.
- ▷ ***Nightmares.*** What a child dreams about is influenced by three factors: his level of emotional and physical development; the emotional conflicts the child is dealing with at his particular developmental stage; and daytime events that the child finds unusually threatening. Experts say that nightmares are normal and must be kept in perspective. A nightmare is a frightening dream that occurs during REM sleep. Nightmares tend to occur in the latter part of the night. Your child will likely be crying and fearful. After waking from a nightmare, your child is aware of his surroundings and is reassured by your presence. Your child may have trouble falling back asleep because of ongoing fears related to the nightmare's images. In the morning, your child will likely remember the dream and may relate the details to you. When your child's sleep is broken by a nightmare, give him physical comfort and soothing words. If he wants to talk about the frightening images, let him do so and reassure him that they can't hurt him. Otherwise, save discussions about scary images for the daylight hours. You may occasionally need to sit down next to him while he becomes drowsy. However, avoid making a habit of it because, if prolonged, it may bring on further disruption of sleep when you leave the bedroom.
- ▷ ***Sleep terrors.*** Also called night terrors, sleep terrors are seen most often in preschoolers and early school-aged children (ages 2 to 6). Sleep terrors occur when a child wakes incompletely out of a non-dreaming state. During a sleep terror, the child cries or screams and thrashes around in

bed. Her eyes are usually wide open and her facial expression is strange. Her heart may be racing and she may be drenched in sweat. Her movements may be so odd and forceful that it may appear that she is having a seizure. A parent's natural urge is to pick the child up and wake her out of what seems to be a bad dream. However, a child in the midst of a sleep terror does not calm down when her parents intervene. Even though she may have called out their names, she probably will not respond to their touch and will become even more agitated when they try to rouse her. Sleep terrors are much worse for the parent than the child. Even though a child may scream in apparent fear or call out, "No,no!" or "I can't" she may not be having a nightmare and will certainly remember nothing on waking. Episodes of sleep terrors last, on average, between 5 and 30 minutes and may recur several times a night. After an episode is over, the child will probably calm down, if she has awoken, and fall back to sleep. If you are able to awaken your child from a sleep terror, your own nervousness may upset her and prevent her from settling back to sleep. Simply allow the episode to run its course.

- ▷ ***Dealing with sleep terrors.*** The best way to deal with sleep terrors:
 - ◆ Gently hug or stroke your child, if she will tolerate the contact.
 - ◆ Be watchful and do not try to awaken a child during a sleep terror.
 - ◆ Don't shake the child, question her, or try to offer comfort except for a cuddle and a whispered, "I'm here."
 - ◆ Keep the lights dim and speak quietly.
 - ◆ Wait out the episode and stay with your child until she has calmed down and is settled for sleep.
 - ◆ Remove hazardous or unstable objects to prevent injury in case your child walks during a terror; check the rest of your home for safety.
 - ◆ Some children have sleep terrors when they are overtired. Putting your child to bed about a half an hour earlier may help prevent sleep terrors.

- **SAFETY TIPS**

- ▷ **ACCIDENTS ARE THE LEADING CAUSE OF SERIOUS ILLNESS AT THIS AGE.**
- ▷ ***Avoid choking and suffocation.*** Keep plastic bags, balloons, and small hard objects out of reach. Cut your child's food into small pieces. Store toys in a chest without a dropping lid.
- ▷ ***Prevent fires and burns.*** Avoid too much direct sunlight, and use sunscreen if outside (SPF 15 or higher, waterproof, broad-spectrum). Keep lighters and matches out of reach. Never leave hot liquids on low surfaces. Point pot handles toward the inside of stove surfaces. Set the hot water heater thermostat at or below 120°F (medium setting). Check your smoke alarms every six months. Protect your child from space heaters, radiators, and warm mist vaporizers.

- ▷ ***Prevent drowning.*** Toddlers cannot be trusted around water. Watch your child closely around pools. Your child can still drown in the bathtub or in a bucket of water. Do not leave any open pans or buckets of water unattended. Keep toilet seats down.
- ▷ ***Avoid falls and cuts.*** Avoid unsupervised play in the yard, driveway, or playground. Never leave your child alone in the house. Check drawers, furniture, and lamps for stability. Install window guards on windows above the first floor (unless this is against your local fire codes.). Make sure windows are closed or have screens that cannot be pushed out. Don't underestimate your child's ability to climb.
- ▷ ***Prevent poisoning.*** Keep all medications, vitamins, and household chemicals securely stored. Poison control's number is **1-800-222-1222** – keep this number on all your phones. Purchase all medications in containers with safety caps.
- ▷ ***Outdoor safety.*** DEET-containing insect repellants can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on exposed skin, and not on your child's hands, or near the eyes or mouth. Wash treated skin with soap and water after returning indoors.
- ▷ ***Guns kill children.*** If you have a gun at home, keep it locked and unloaded. Keep the bullets secured in a location separate from the gun.
- ▷ ***Pedestrian safety.*** Hold onto your child when you are near traffic. Provide a play area where balls and riding toys cannot roll into the street.
- ▷ ***Car/Car seat safety.*** Always use an appropriately sized car set. For more information you can call the National Highway Traffic Safety Administration at 1-888-327-4236 or check the Web site (<http://www.nhtsa.dot.gov>). Never leave your child alone in a car, or alone with siblings or pets.

- **GENERAL RECOMMENDATIONS**

- ▷ Continue reading to your toddler daily. Nursery rhymes and songs can also be taught at this age.
- ▷ Children at this age should be learning many new words. You can help your toddler's vocabulary grow by showing and naming lots of things.
- ▷ Talk with your toddler about what you are seeing and doing together.
- ▷ Limit TV time. The educational benefit is actually low. We suggest no more than 1 hour daily.
- ▷ Your toddler will enjoy continuing to learn body parts and toys that involve puzzles or building/stacking. Your child may also begin to learn to put away toys at this age.
- ▷ Do things together as a family, but keep family outings short and simple.
- ▷ Brush your child's teeth with a soft toothbrush and water only.

▷ **Toilet Training**

- ◆ Please do not attempt to toilet train your child too early. At 18 months, most toddlers are not yet showing signs that they are ready for toilet training. Most toddlers are not ready until 2-3 years of age. When toddlers report to parents that they have wet or soiled their diaper, they are beginning to be aware that they prefer dryness. This is a good sign and you should praise your child. Toddlers are naturally curious about the use of the bathroom by other people. Let them watch you or other family members use the toilet. It is important not to put too many demands on a child or shame the child during toilet training. Please refer to the **addendum on toilet training** for additional information.*

▷ **Socio-Emotional Development**

- ◆ During this stage of development, parents play a crucial role in assisting their children to regulate strong and often negative emotions by attending to their child's distress in a supportive and calm manner. Parents should continue to understand that behavior in this stage of development is often affected by fatigue, hunger, and the environmental context. Children often act out with aggression or even biting when they are overwhelmed with anger, fear or frustration. Keep in mind that lack of verbal skills, normative impulsiveness and self centeredness are factors that contribute to your child's aggression at this age.
- ◆ Affective states of families are bi-directional, meaning that mood is determined by the emotional energy contributed by both parent and child. When a positive mood has been induced in the child, the child is more likely to cooperate and comply with parent directives. Well functioning families will regularly include humor in their interactions with their child, which can diffuse conflict and tension.
- ◆ As your child acquires language, support their efforts to define their feelings states in very simple terms along with the context that is upsetting them. Provide an explanatory and problem solving framework for distressing events. For example, if your child takes a toy from another child, try to echo what he or she might be thinking (i.e. "You want the toy" "You are mad."). Validating your child will actually help him/her to calm down. Once he or she is calm enough to listen, you can use simple terms to communicate that grabbing toys away is not appropriate and demonstrate more appropriate behavior.

The Toddler's Creed

If I want it, it's mine

If I give it to you and change my mind later, it's mine

If I can take it away from you, it's mine

If I had it a little while ago, it's mine

If it's mine, it will never belong to anyone else, no matter what

If we are building something together, all the pieces are mine

If it looks like mine, it's mine

Dr. Burton L. White

▷ **Temperament and Goodness of Fit**

- ◆ Your child's temperament needs to be taken into account when considering your parenting strategies. Taking your child's individuality seriously means that it becomes difficult to generate exact prescriptions for "good parenting." Parenting goals may be accomplished one way with one child and in another way with another child, depending on the child's temperament. Your child's emotional responses to situations will vary, based on his or her unique behavioral style.
- ◆ Goodness of fit refers to the match between your child's temperament and the environmental demands the child must cope with. Goodness of fit is important to your child's adjustment. For example, consider a slow to warm up child who is pushed into new situations on a regular basis. A bad fit between your child's temperament and environmental demands can lead to adjustment problems.
- ◆ Some temperaments pose more parenting challenges than others. Structure your child's environment and tailor your expectations with your child's temperament in mind – know that a noisy crowded environment will pose a greater threat to a difficult or slow to warm up child and provide patient support with entry into such situations. Be sensitive and flexible in responding to your child's individual characteristics, and avoid negative labeling or comparisons with siblings or other children.

▷ **Shaping your Child's Behavior**

- ◆ Children thrive on parental attention. Parental attention and frequent verbal praise will increase your child's pro-social behaviors. Many parents ignore their children's positive behavior (assuming that it is expected), but quickly notice and intervene when their child misbehaves. ***Ignoring positive behavior and paying attention to negative behavior will result in an increase in negative behaviors!***
- ◆ Provide an environment with a steady and consistent flow of specific praise to shape your child's behavior in the desired direction. Comment on ordinary and simple positive behaviors (i.e. "I like the way you are").

- ◆ Praising your child in front of siblings and others will super-charge the effectiveness of reinforcement.
- ◆ Ignore minor misbehavior when it is safe to do so and does not involve harm to your child, others or property. Ignoring means completely avoiding eye contact and discussion and quickly returning your attention as soon as the misbehavior or undesired behavior stops.
- ◆ Children with difficult temperaments will require intensified levels of positive attention to strengthen appropriate behaviors.
- ◆ Be pro-active. Don't expect your child to understand the concept of sharing toys, waiting for her turn or playing cooperatively with other children. Monitor your child closely during interactions with other children and be ready to intervene if necessary.
- ◆ Use distraction. Because your child's attention span at this stage of development is short, you can often redirect your child and facilitate compliance or circumvent a potentially aggressive incident.
- ◆ Tell your child what is expected and do not phrase directives in the form of a question, which gives your child the opportunity to respond negatively. Say "It's time to take a bath" instead of "Do you want to take a bath?"
- ◆ Encourage cooperation. Give your child simple household responsibilities such as washing fruits and vegetables in the sink while standing on a chair or feeding the family pet. Giving your child a "job" can also defuse tantrum provoking situations. For example, have your child place items in the cart after you take them off the shelf in the grocery store.
- ◆ Encourage responsibility. If your child is throwing food off of his or her plate onto the floor, or has spilled, encourage them to help you clean up the mess. You can say "We made a mess, and now we are cleaning up." If food throwing continues, the meal can be ended.

▷ **Limit Setting**

- ◆ Children feel safe and loved when they know their parents are in charge and will provide firm, fair and consistent limits. At this phase of development, your child can understand simple rules. Expect that your child will regularly test and push the limits you have established. The duration of your child's negative or oppositional behavior will likely last at least 6 months, but will vary based on temperament.
- ◆ Limits and rules should be clearly defined in simple terms "no hitting," "no biting."
- ◆ If your child hits a sibling or another child, immediately intervene and remove the child from the situation. Establish eye contact and firmly state the rule in simple terms (i.e. "no hitting, biting, pushing, etc.").

- ◆ Parents may wish to consider implementing a short (30 seconds to 1 minute) “time out” for children starting at 18 months of age. Children at this age are beginning to understand that they are being removed from a particular situation due to their actions. Time outs should not be conveyed as a punishment, rather as time to regroup, calm down, and as a removal from positive reinforcement.
- ◆ Keep in mind that harsh punishments may actually increase your child’s aggressive behaviors.

▷ **Stress Management**

- ◆ Taking short, regular breaks can enhance your sense of competence as a parent and help you to regain control and perspective when managing your child becomes overwhelming. Learn to “scan” your body throughout the day for built up tension and take deep breaths and relax tense muscles. Become aware of negative or overly critical thought patterns and replace them with more realistic, encouraging statements. Regularly reinforce yourself (even out loud) for the positive, often mundane tasks that you accomplish throughout each day and night and regard the work you are doing as highly significant to your child’s development.
- ◆ Make parenting a cooperative effort, or enlist the help of others if you are a single parent. Sharing child-rearing responsibilities has positive effects on children’s development. Parental cooperation and warmth are clearly linked to children’s pro-social behavior and competence in future peer relations. In contrast, poor coordination and active undermining of the other parent or caregiver, or disconnection by one parent with over-involvement by the other are conditions that place children at developmental risk. Generally stated, good parenting takes a great deal of time, effort and coordination between caregivers.
- ◆ Parents who are feeling overwhelmed, who disagree about child rearing strategies or find their parenting strategies to be ineffective can benefit from supportive treatment to address these challenges. Our goal is to care for you and your family comprehensively. Please do not hesitate to call our office for assistance.

▪ **IMMUNIZATIONS**

- ▷ **At 18 months, your toddler will receive 2 shots including a:**
 - ◆ DTaP (diphtheria, tetanus, acellular pertussis,) Hib (Haemophilus influenza type B) , Polio combined within one shot (Pentacel)
 - ◆ Hepatitis A shot
 - ◆ *Please refer to your vaccine information statements (VIS) for complete details regarding each vaccine.*

- **IMMUNIZATION SIDE EFFECTS**
 - ▷ Your child may run a fever and be irritable for about 1-2 days after getting shots. Your child may also have some soreness, redness, or swelling at the vaccine sites. Acetaminophen (Tylenol) may help reduce fever and pain. For pain at the sites of the shots, put a cool, wet washcloth on the area as often and as long as needed for comfort.

- **ADDITIONAL RESOURCES***
 - ▷ Toilet Training Your Child: The Basics

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your toddler that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please complete the ASQ developmental questionnaire found on our website* within 1 week of your next well visit.
- Please complete the autism-specific screening tool found on our website* within 1 week of your next well visit.
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your toddler should return when he is **2 years old**.
- You will complete a questionnaire to determine if your child has risk factors for high cholesterol and a cholesterol level will be obtained if your child is at risk.
- We will score and discuss the results of the ASQ developmental questionnaire.
- We will score and discuss the results of the autism-specific screening tool.
- Your toddler will have a physical examination.
- *No immunizations are required for your toddler until kindergarten.*

* =found on our website

QUESTIONS FOR 18 MONTH VISIT

PATIENT NAME: _____

DATE: ____/____/____

Please answer the questions that apply to either your breast milk or formula fed infant.

NUTRITION

IS YOUR CHILD DRINKING FROM:

- a cup (sippy or open) only a cup (sippy or open) mostly and a bottle occasionally
 a bottle mostly and a cup (sippy or open) occasionally a bottle only

IS YOUR CHILD DRINKING MILK?

- yes no

If so, what type?

- whole 1% 2% skim soy rice other

HOW MUCH MILK DOES YOUR CHILD DRINK?

- <8 ounces 8 to <16 ounces 16 to 24 ounces 24 to 32 ounces >32 ounces

HOW MUCH JUICE DOES YOUR CHILD DRINK?

- 0 to 4 ounces 4 to 8 ounces 8 to 16 ounces >16 ounces

HOW MUCH WATER DOES YOUR CHILD DRINK?

- <8 ounces 8 to 16 ounces 16 to 24 ounces >24 ounces

WHAT TYPE OF WATER SOURCE DO YOU HAVE?

- city well bottled with fluoride bottled without fluoride

YOUR CHILD IS EATING

- baby foods without any table foods mostly baby foods and some table foods
 mostly table foods and some baby foods table foods without any baby foods

HOW MANY SOLID MEALS DOES YOUR CHILD EAT IN A DAY?

- 1-2 2-3 3-4 4-5 5-6

HOW DOES YOUR CHILD EAT SOLIDS?

- fed off a spoon uses fingers learning to use a spoon uses a spoon independently

HAS YOUR CHILD COMPLETELY ELIMINATED ANY OF THE FOLLOWING FOOD GROUPS?

- meats vegetables fruits breads

ELIMINATION

STOOL

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER BOWEL MOVEMENTS?

- pain fear holding large size or hard diarrhea blood in stool

FREQUENCY:

- every 3 to 4 days every other day every day 1 to 2 times per day >3 times per day

URINE

HOW MANY WET DIAPERS DOES YOUR CHILD HAVE IN A DAY?

- <3 3-6 >6

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

QUESTIONS FOR 18 MONTH VISIT

PATIENT NAME: _____

SLEEP

- Does your child have a transitional object for sleep? yes no
 Does your child have a fairly consistent bedtime? yes no
 Is your child using a pacifier? yes no

WHERE DOES YOUR CHILD FALL ASLEEP?

- in his/her own room in a room with a sibling in his/her parents(s) room other

YOUR CHILD SLEEPS IN:

- a crib a toddler bed his/her parent's bed a twin bed

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?

- <8 8-10 10-12 >12

HOW MANY NAPS DOES YOUR CHILD TAKE IN A DAY?

- 0 1 1-2 2 2-3

HOW MANY HOURS OF TOTAL NAP TIME DOES YOUR CHILD SLEEP?

- < 1 hour 1-2 hours 2-3 hours > 3 hours

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING REGARDING HIS/HER SLEEP?

- snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings paused or startled breathing during sleep teeth grinding nightmares

VISION

- Do you have any concerns about your child's vision? yes no

HEARING

- Do you have any concerns about your child's hearing? yes no

SAFETY

- Does your child ride in the car using a forward facing car seat with a 5 point harness? yes no

DO YOU HAVE A POOL?

- Above ground without a fence Above ground with fence around pool Above ground with fence around yard
 In ground without a fence In ground with fence around pool In ground with fence around yard

DEVELOPMENT

Please do not complete the following section if you have already completed the 18 month ASC developmental screening questionnaire.

- | | | | |
|-------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| Walks all the way across a large room without falling or wobbling from side to side | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Takes off shoes by him/herself | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Feeds self | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Looks to caregiver(s) in stressful situations | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Shows affection | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Is having temper tantrums | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Says at least 4-10 words | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Pretends to talk | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Points to pictures that you name in a book | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |
| Follows simple directions | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> evolving |

M.A.R. 2.2008 SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**CHILDHOOD LEAD RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____ ZIP CODE: _____

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

Respond to the following questions by checking the appropriate answer.

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? * Please reference list of high risk zip codes on the back of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____

**TUBERCULOSIS RISK
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: _____

BIRTHDATE: ____/____/____

AGE: _____

DATE: ____/____/____

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because exposure risks can change, we will ask you to update this questionnaire at the 6, 12, 18, and 24 month well child visits and then annually until 21 years of age.

Respond to the following questions by checking the appropriate answer.

Has a member of your family or a person who has contact with your child had tuberculosis disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has a family member had a positive tuberculin skin (TB) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was your child born in a country with a high rate of tuberculosis (places other than the United States, Canada, Australia, New Zealand, or Western European countries)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

MAR 2.2008

SIGNATURE OF PROVIDER: _____ DATE: ____/____/____