

WELL CHILD CARE AT 2 YEARS

At Today's Visit

- We will ask for an update on your child's health.
- We will discuss your child'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.
- 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.
- Your child will have a physical examination.
- You will have an opportunity to ask questions.

Things to Keep in Mind Between Now and the Next Visit

- **Promotion of Healthy and Safe Habits**
 - ▷ Help your child wash his hands after diaper changes or toileting and before eating. Continue to wash your own hands.
 - ▷ Clean your child's toys with soap and water.
 - ▷ Teach your child to wipe his nose with a tissue and then wash his hands.
 - ▷ Clean potty chairs after each use.
 - ▷ If your child is in child care, continue to provide personal items (e.g., blankets, cups) for individual use.
 - ▷ Limit television and video viewing to less than one hour per day. Be sure the programs are appropriate. Watch and talk about them with your child. After the show, ask them about what the characters were doing and how they were feeling. Children should not be allowed to watch shows with violence or sexual behaviors. Find other activities you can do with your child. Reading, hobbies, and physical activities are good alternatives to TV.
 - ▷ Continue to reinforce good sleeping habits. Maintain a regular bedtime routine.
 - ▷ Participate in physical activities as a family (e.g., taking walks, hiking, biking, playing tag).
 - ▷ DEET-containing insect repellents can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on the exposed skin, and not on your child's hands, or near the eyes or mouth. Wash the treated skin with soap and water after returning indoors.

▪ Injury Prevention

- ▷ Use a forward-facing safety seat if your child weighs at least 20 pounds (9 kg). Be sure that it is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.
- ▷ Never place your child's safety seat in the front seat of a vehicle with a passenger air bag. The back seat is the safest place for children of any age to ride.
- ▷ Test smoke alarms to be sure that they work properly. Change the batteries twice a year (e.g., with the time change in the spring and the fall). Conduct fire drills at home.
- ▷ Set the hot water heater thermostat at or below 120°F (the medium setting).
- ▷ Children should be supervised by an adult whenever they are near water.
- ▷ Be sure that swimming pools in your community, apartment complex, or home have a four-sided fence with a self-closing, self-latching gate.
- ▷ Continue to put sunscreen (SPF15 or higher) on your child before he goes outside. Use a broad-brimmed hat to shade his ears, nose, and lips.
- ▷ Continue to keep your child's environment free of smoke. Keep your home and car non-smoking zones.
- ▷ Keep cooking utensils, hot liquids, knives, and hot pots on the stove out of reach.
- ▷ Be sure there are no dangling telephone, electrical, blind, or drapery cords in your home.
- ▷ Keep small appliances out of reach and place plastic plugs in electrical sockets.
- ▷ Keep cigarettes, lighters, matches, alcohol, and electrical tools locked up and/or out of your child's sight and reach.
- ▷ Remove poisons and toxic household products from your home or keep them in locked cabinets. Have safety caps on all medications.
- ▷ Keep the number of your local poison control center near the telephone (1-800-222-1222) and call immediately if there is a poisoning emergency.
- ▷ Check your home for lead poisoning hazards (e.g., chipped lead paint, lead dust, lead water pipes, and poorly glazed pottery).
- ▷ Guard against falls. Continue to use locked doors or gates at the top and bottom of stairs, and safety locks and guards on windows. Supervise your child when he is on stairs.
- ▷ Bolt bookcases, dressers, or cabinets to the wall.
- ▷ Be sure that guns, if kept in the home, are unloaded and locked up and that ammunition is stored separately. A trigger lock is an additional important precaution.
- ▷ Teach your child to use caution when approaching dogs, especially if the dogs are unknown or are eating.
- ▷ Never leave the child alone in the bathtub, house, yard, or car.
- ▷ Do not expect young siblings to supervise your child.

- ▷ Supervise all play near streets or driveways.
- ▷ Be sure that your child always wears a helmet if riding in a seat on an adult's bicycle. Wear a helmet yourself.
- ▷ Be sure that playgrounds are safe and that equipment is in good condition. Check for impact- or energy-absorbing surfaces under playground equipment. Supervise your child during the play.
- ▷ Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.

- **Nutrition**

- ▷ Serve your child three nutritious meals a day. Provide a highchair or booster seat at table height during family mealtimes.
- ▷ Make mealtimes pleasant and companionable. Encourage conversation.
- ▷ Give your child two or three planned nutritious snacks a day. Be sure the snacks are rich in complex carbohydrates and limit sweets and high-fat snacks.
- ▷ Offer your child a variety of nutritious foods, particularly those containing iron, and let him decide what and how much to eat. Children will eat a lot one time and not much the next.
- ▷ Begin to serve your child low-fat dairy products, including milk (2% or less provided your child likes other fat-containing foods), yogurt, and cheese.
- ▷ Choose the menu; do not let your child dictate it. Most children will eat a considerable variety of foods.
- ▷ Enforce reasonable mealtime behavior, but do not force eating.
- ▷ Let your child experiment with food.
- ▷ Provide eating utensils that are easy to use and the appropriate size for your child's hands.
- ▷ It is very important for your child to be completely off the bottle.
- ▷ Avoid engaging in struggles about eating.
- ▷ Be sure that your child's caregiver provides nutritious foods.

- **Oral Health**

- ▷ Begin brushing your child's teeth with a pea-size amount of fluoridated toothpaste.
- ▷ Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.
- ▷ Schedule a dental appointment for your child every six months or as indicated by your child's individual needs or susceptibility to disease (generally beginning at age 3).
- ▷ Bacteria that cause early childhood caries (baby bottle tooth decay) can be passed on to your child through your saliva. Practice good family oral health habits (e.g., brushing, flossing) to protect your child's teeth and prevent decay.

- **Sexuality Education**
 - ▷ Anticipate your child's normal curiosity about his body parts, including genitals.
 - ▷ Use correct terms for genitals.

- **Promotion of Social Competence**
 - ▷ Praise your child for good behavior and accomplishments.
 - ▷ Model appropriate language. Encourage your child's language development by reading books and singing songs to him and by talking about what you and he are seeing and doing together.
 - ▷ Spend individual time with your child, playing with him, hugging or holding him, taking walks, painting, and doing puzzles together.
 - ▷ Appreciate your child's investigative nature, and avoid excessively restricting his explorations. Guide him through fun learning experiences.
 - ▷ Promote physical activity in a safe environment.
 - ▷ Encourage parallel play with other children, but do not expect shared play yet. Give your child opportunities to assert himself.
 - ▷ Encourage self-expression.
 - ▷ Promote a sense of competence and control by inviting your child to make choices whenever possible. (Be sure you can live with the choices — e.g., “red pants or blue?”.)

- **Promotion of Constructive Family Relationships and Parental Health**
 - ▷ Take some time for yourself and spend some individual time with your partner.
 - ▷ Choose babysitters and caregivers who are mature, trained, responsible, and recommended by someone you trust.
 - ▷ If you are expecting another baby, talk with the health professional about how to prepare your child for the new baby.
 - ▷ Spend some time playing with your child each day. Focus on activities that he expresses interest in and enjoys.
 - ▷ Listen to and respect your child.
 - ▷ Show interest in your child's playgroup or child care activities.
 - ▷ Show affection in your family.
 - ▷ Spend some individual time with each child in your family.
 - ▷ Help your child express such feelings as joy, anger, sadness, fear, and frustration.
 - ▷ Create opportunities for your family to share time together and for family members to talk and play with your child.
 - ▷ Keep family outings relatively short and simple. Lengthy activities tire your child and may lead to irritability or a temper tantrum.

- ▷ Allow older children to have toys and other objects that they do not have to share with their younger sibling. Give them a storage space that your younger child cannot reach.
 - ▷ Acknowledge conflicts between siblings. Whenever possible, try to resolve conflicts without taking sides. For example, if a conflict arises about a toy, the toy can be put away. Do not permit hitting, biting, or other aggressive behavior.
 - ▷ Reach agreement with all family members on how best to support your child's emerging independence while maintaining consistent limits.
 - ▷ Talk with the health professional about your own preventive and health-promoting practices (e.g., using safety belts, avoiding tobacco, eating properly, exercising, and doing breast self-exams or testicular self-exams).
 - ▷ If you are thinking about having another baby in the next year or so, talk with the health professional about taking folic acid supplements.
- **Promotion of Community Interactions**
 - ▷ Learn about and consider participating in parent-child play groups. Discuss with the health professional possible programs for your child: preschool, early intervention programs, or other community programs.
 - ▷ Consider attending parent education classes or parent support groups.
 - ▷ Maintain or expand ties to your community through social, religious, cultural, volunteer, and recreational organizations or programs.
 - ▷ Talk with the health professional about your current child care arrangements and how they meet your family's needs.
 - ▷ Find out what you can do to make your community safer. Advocate for and participate in a neighborhood watch program.

Normal Development: 2 Years Old

- ***Each child is unique.*** It is therefore difficult to describe exactly what should be expected at each stage of a child's development. While certain attitudes, behaviors, and physical milestones tend to occur at certain ages, a wide spectrum of growth and behavior for each age is normal. These guidelines are offered as a way of showing a general progression through the developmental stages rather than as fixed requirements for normal development at specific ages. It is perfectly natural for a child to attain some milestones earlier and other milestones later than the general trend.
- ***If you have any concerns related to your child's own pattern of development, check with your child's pediatric healthcare provider.***
 - ▷ **Physical Development**
 - ◆ is constantly in motion
 - ◆ tires easily
 - ◆ runs and climbs
 - ◆ walks up and down stairs alone
 - ◆ begins to walk on tiptoes

- ◆ builds a tower of 3 to 5 blocks
 - ◆ progresses from random scribbling to somewhat more controlled movements
 - ◆ begins to button and unbutton large buttons
 - ◆ develops greater independence in toileting needs (still needs some assistance)
 - ◆ may have difficulty settling down for bedtime
- ▷ **Emotional Development**
- ◆ gets upset and impatient easily
 - ◆ shows anger by crying or striking out
 - ◆ becomes frustrated when not understood
 - ◆ wants own way
 - ◆ may assert self by saying "no"
 - ◆ reverts to baby behavior at times
 - ◆ gets upset when daily routine changes
 - ◆ shows sharp mood changes
- ▷ **Social Development**
- ◆ imitates with considerable realism
 - ◆ becomes more interested in brothers and sisters
 - ◆ knows gender
 - ◆ may have an imaginary playmate
 - ◆ enjoys playing among, not with, other children
 - ◆ does not share
 - ◆ claims everything is "mine"
 - ◆ may scratch, hit, bite, and push other children
- ▷ **Mental Development**
- ◆ dramatically increases interest in language
 - ◆ shows frustration if not understood
 - ◆ uses child grammar
 - ◆ uses three- to five-word phrases by end of second year
 - ◆ understands more words than can speak
 - ◆ is in the "do-it-myself" stage
 - ◆ cannot be reasoned with much of the time
 - ◆ cannot choose between alternatives

Socio-Emotional Development at 2 Years

▪ **“The Declaration of Independence”**

- ▷ During this phase of development, your child is undergoing major changes both physically and mentally. Although development varies, you should notice advancement in the areas of language, cognitive abilities, imagination and creativity. Coupled with an increase in physical activity, your child will likely also display a dramatic increase in the expression of intense emotionality. Responding to your child’s rapidly fluctuating and extreme emotions will require a great deal of energy, patience, resolve, and a good sense of humor.

- **Play Time**

- ▷ Interactions with your child can be exceedingly enjoyable during this developmental stage. Engage in “floor time” with your child and follow their lead and learn to be an attentive and appreciative audience. Use descriptive comments instead of asking questions (i.e., “I see that you are hugging your doll.”) when observing your child at play. Encourage your child to problem solve, and attempt to curb your desire to give too much help. Laugh often and have fun! (The Incredible Year, 1992)

- **Temper Tamers**

- ▷ Interactions with your child can also be exceedingly challenging during this developmental stage. Temper tantrums are a normative part of your child’s development and a good indicator that a strong sense of self is emerging. Your response to your child’s emotionality during this phase of development will vary based on the situational context.
- ▷ Temper tantrums are inevitable, but can be avoided some of the time. Parents should continue to understand that behavior in this stage of development is often affected by fatigue, hunger, and the environmental context. Know that unrealistic expectations of your child’s ability to respond appropriately, placing too many demands and expecting perfect compliance will likely result in emotional melt downs (yours and theirs). Preventive measures can reduce the frequency of temper tantrums. Get in the habit of defining what you would like your child to do, rather than using “stop...” commands (i.e. instead of saying “Stop playing with your food.” say “Let’s try eating with this colorful little spoon.”). Make directives simple and clear and avoid unnecessary or overcomplicated, multi-step directives. Comment on ordinary, but positive behaviors by making eye contact with your child and providing enthusiastic and specifically praise. Over the course of time, this will increase the chances that this positive behavior will be repeated. Consequences for misbehavior should be logical and age appropriate. For example, repeatedly mistreating a pet or toy means that the child loses the privilege of playing with the pet or toy.
- ▷ Determining the cause of tantrums can assist you in managing them more effectively. If your child seems over stimulated or overwhelmed, removal from the situation into a less stressful environment is warranted. If he or she is frustrated due to an inability to complete a task (i.e., attempting to keep up with older siblings or play with a toy that is too complicated, etc.), distraction to another more age appropriate activity will likely suffice.
- ▷ Expect your child to regularly test limits and attempt to manipulate your decisions. Resolve to maintain established boundaries and rules and to stay firmly in charge. Keep in mind that giving in to your child’s tantrums will result in the same or intensified behavior being used in similar future situations. If your child is clearly out of control (falls to the floor in a public place, screaming, causing harm to other or property), you may

consider firmly but gently restrain them and quickly escort or carry the child out of the environment or into a private area. Any attempt to reason or negotiate with your child during these incidents will be ineffective. A brief discussion (statement of the rule that was violated) and consequences (leaving the park, time out, etc.) for behavior can be addressed after your child has regained control. Avoid harsh punishments as they are ineffective in decreasing undesirable behavior and may actually increase aggressive behaviors.

▪ **The Anatomy of a Time Out**

- ▷ Parents may wish to consider a short time out for misbehavior. The central premise is to develop an understanding that inappropriate behavior results in an immediate removal of positive parental attention and the removal from the general positive reinforcement of the environment. Time out should be approached in a polite manner with the primary goal of teaching your child about consequences for misbehavior. Expect that repeated learning trials will be necessary.
 - ◆ Limits and rules should be clearly defined in simple terms “no hitting,” “no pushing.”
 - ◆ Warnings should be given in advance.
 - ◆ Remove your child from the situation. Establish eye contact and firmly state the rule in simple terms (i.e. “no hitting, pushing, etc.”).
 - ◆ Bring the child to a private area and briefly explain that they will stay in a time out for 1 to 2 minutes until they are ready to return and interact appropriately.
 - ◆ Do not engage in discussion with your child during time out.
 - ◆ Provide your child with assistance to stay in time out if necessary.
 - ◆ After time out is over, quickly offer new learning opportunities to be successful.

▪ **Interactions with Other Children**

- ▷ Your child may begin to show a provisional interest in cooperative and interactive play with other children. Continue to monitor your child’s interactions with other children closely and be ready to intervene if necessary. You may wish to model turn taking between siblings or other children by setting a timer for a short period of time (2 minutes or less). Having realistic expectations in this regard is important however, as the concept of sharing toys or empathetic responses (“How would you feel if someone took your toy?”) will continue to be challenging until your child reaches his or her third birthday.
- ▷ Do not be surprised if your child does not respond well to the introduction of a newborn sibling. Advance preparation before the arrival of a new sibling is recommended and there are a variety of books and classes available to address the topic. Despite preparation, some children respond with regression of previously mastered skills, intensified negativity and

aggressiveness and/or sadness. Do not minimize the real sense of rejection your child may feel with the addition of a new sibling. Empathetic responding, reassurance, positive feedback and special time with your child can be helpful in this regard.

- **Avoiding Toddler Burn-out**

- ▷ Even the most capable and dedicated parents may find themselves operating in a survival mode during this season of their child's life. To counter feelings of emotional and physical exhaustion, seek out and learn to accept the support of others on a regular basis. Continue to make parenting a cooperative effort or enlist the help of others if you are a single parent. Regularly set time aside for self care and to engage in activities that are personally enriching.
- ▷ 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.

- **Of Special Concern**

- ▷ The potential for neglect, emotional and physical abuse is highest during the toddler years and most life threatening injuries occur in children under the age of three. Emotional neglect can occur when parents find themselves so overwhelmed by the tasks of parenting that they become indifferent to providing consistent, fair limits or unwilling to provide praise. Verbal abuse may consist of angry outbursts, verbal attacks and/or degrading language directed at the child. Physical abuse most commonly involves striking out at a child in frustration or anger.
- ▷ Risk factors that may contribute to neglect and abuse include: chronic stress (marital, financial, vocational), a history of personal abuse/neglect, impairment from alcohol or drug use, and a lack of understanding regarding normative child development and appropriate behavioral management. Children who are considered at risk for abuse and neglect are often considered to have "difficult" temperaments (are chronically irritable or overly demanding), or may have behavioral challenges associated with developmental disorders such as ADHD, learning problems, or other developmental disabilities. Even "good parents" can find themselves acting in ways they thought unimaginable. Parents who are concerned about their interactions with their children should contact our office immediately for assistance.
- ▷ Prepare strategies to deal with night waking, night fears, and nightmares.
- ▷ Encourage self-quieting behaviors such as quiet play or the use of a transitional object (e.g., favorite toy or blanket).
- ▷ Recognize that toilet training is part of developmentally appropriate learning.

♦ **Toilet Training Problems, Prevention of**

DO:

1. Change your child's diaper frequently.
2. Teach your child to come to you when his diaper needs to be changed.
3. Let your child watch other children use the toilet or potty chair.
4. Read books about learning to use the toilet to your child.
5. At first, keep the potty chair in the room your child usually plays in. Easy access will greatly increase the chance that he will use it. Consider owning two potty chairs, one for his playroom and one for the bathroom.
6. Teach your child about how the toilet works.
7. Suggest using the toilet or potty chair only if your child gives a cue that he needs to go.
8. Give suggestions, not demands.
9. Give your child an active role and let him do it his way.
10. Be supportive.
11. Keep your sense of humor.
12. Keep the learning process fun. Be positive about any interest your child shows.

DON'T:

1. Don't try to start teaching your child to use the toilet when he is in a stubborn or negative phase.
2. Don't use any kind of punishment or pressure.
3. Don't force your child to sit on a potty chair or keep him on it against his will.
4. Don't flush the toilet while your child is sitting on it.
5. Don't lecture or remind your child.
6. Avoid friction about using the toilet.
7. Avoid battles or showdowns about using the toilet.
8. Don't try to control what you can't control.
9. Never escalate your response, you will always lose.

Please refer to the **addendum on toilet training** for additional information.*

■ **Additional Resources***

- ▷ Toilet Training Your Child: The Basics

How to Prepare for the Next Visit

- Please bring in questions and/or observations about your child that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please bring your vaccine record.
- *If your child is continent of urine, please bring in a first morning sample for analysis.*

What to Expect at the Next Visit

- Your toddler should return when he is **3 years old**.
- We will check your child's vision if he/she had not had or does not have access to a screening exam.
- Your child will have a physical examination.
- No immunizations are required for your toddler until kindergarten.

* =found on our website

QUESTIONS FOR THE 2 YEAR VISIT

PATIENT NAME: _____

DATE: ____ / ____ / ____

NUTRITION

Is your child drinking from:

- a cup (sippy or open) only cup (sippy or open) mostly and a bottle occasionally
 bottle mostly and a cup (sippy or open) occasionally 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, GATORADE, SPORTS DRINKS AND SODA POP 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 food mostly table foods and some baby food
 table foods without any baby food mostly baby foods and some table food

HOW DOES YOUR CHILD EAT SOLIDS?

- uses a spoon uses a fork uses a spoon and a fork with his/her hands and is not using utensils fed off a spoon

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

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

HOW MANY SNACKS DOES YOUR CHILD EAT IN A DAY?

- 0 1 1-2 2-3 >3

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 3-4 days every other day every day 1-2 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 THE 2 YEAR 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 parent(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 SLEEP?

- snoring restless sleep is poorly rested after a night of sleep night terrors difficulty falling asleep
 frequent nighttime awakenings pausing 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?

- NO YES, IT IS AN:

- 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

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

QUESTIONS FOR THE 2 YEAR VISIT

PATIENT NAME: _____

DEVELOPMENT

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

Says things like "all gone," "go bye-bye," or other 2 word sentences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Says about 50 words	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Takes off clothes such as pajamas (tops or bottoms) or pants. (diapers, hats, and socks do not count)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Runs without falling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Can go up and down stairs one step at a time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Can kick a ball	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Looks at pictures in a picture book	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Carries around a favorite book and pretends to read it to you	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Tells you what he/she wants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Repeats words that others say	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Imitates adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Points to at least one named body part	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Participates in play with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Shows increasing independence, wanting to do things his/her own way	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Can follow 2 step commands	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> evolving
Likes to collect or hoard things	<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: ____/____/____

Cholesterol Screening Questionnaire



PATIENT NAME: _____

BIRTHDATE: ___ / ___ / ___ AGE: _____ DATE: ___ / ___ / ___

Increasing evidence suggests that atherosclerosis (hardening of the arteries) and coronary heart disease (CHD) involve processes that begin in childhood and adolescence. Depending on family history, children at risk for hyperlipidemia (high fats in the blood) should be screened with a blood test (measuring either a cholesterol or LDL-C level depending on the risk factor) beginning at age two. Please complete this questionnaire to determine if your child has any of these risk factors. Screening can prevent complications by early recognition and treatment.

Respond to the following questions by circling the appropriate answer.

1.	Does your child have a parent or grandparent who was diagnosed with coronary atherosclerosis (based on coronary angiography), including those who have had balloon angioplasty or coronary artery bypass surgery \leq 55 years of age ?	Yes	No	Unknown
2.	Does your child have a parent or grandparent who has had a documented myocardial infarction (heart attack), angina pectoris (heart related chest pain), peripheral vascular disease (narrowing of the blood vessels within the body), cerebrovascular disease (narrowing of the blood vessels within the brain or having had a stroke), or sudden cardiac death \leq 55 years of age?	Yes	No	Unknown
3.	Does your child have a parent with a cholesterol level \geq 240 mg/dl ?	Yes	No	Unknown

Signature of Provider

_____/_____/_____
Date