

WELL CHILD CARE AT 3 YEARS

At Today's Visit

- Your child's health care provider will ask for an update on your child's health.
- We will discuss your child's growth and development.
- We will check your child's vision if he/she has not had or does not have access to a screening exam.
- If your child is able to urinate, a urinalysis will be performed.
- 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 her hands after diaper changes or toileting and before eating. Continue to wash your own hands.
 - ▷ Teach your child to wipe her nose with a tissue and then wash her hands.
 - ▷ Clean potty chairs after each use.
 - ▷ If your child is in child care, continue to provide personal items (e.g., blankets, clothing) 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.
 - ▷ Take time out for family physical activities (e.g., walking, biking, swimming, playing outdoor games).
- **Reinforce Good Sleeping Habits**
 - ▷ *Maintain a regular bedtime routine.*
 - ▷ Children are less likely to develop problems with nighttime resistance if 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, your child should stay in bed until the morning. If he is not sleepy, let him have a favorite toy or book to pass the time in his bed. Bedtime is bedtime, after all, even if it's not quite sleep time.
 - ▷ Preschooler's typical fears include concepts regarding animals, the dark, separation, imaginary monsters, going to school (change; fear of the unknown). 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 a 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 the monsters aren't real. The monsters may not be real but the fears they stand for are real and troubling to youngsters. Reassure your child that Mommy and Daddy are there to protect and comfort them. It's not necessary to get to the bottom of the fears by questioning your child at bedtime; it may be better to save discussions for the bright light of the day. If your child is upset, sit in a chair beside his bed, rub his back if it calms him, and reply to his questions without speaking any more than you have to. 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 or odd jobs routine(s) to foster independent sleeping.

- ▷ ***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.
- ▷ Avoid triggering nighttime fears.
- ▷ Turn off the TV, VCR/DVD, and computer games in the hour or so before bedtime. Don't allow your child to watch violent programs. Monitor cartoons and news programs to shield your child from gratuitous violence and overexciting stimulation.
- ▷ Avoid roughhousing and vigorous play at bedtime.
- ▷ Read calming stories with happy endings and sing cheerful songs; avoid cliffhangers and tales that end sadly.
- ▷ Avoid talking about scary topics, including what your child finds frightening, at bedtime; hold such discussions in the light of day. Daytime

is also a good time to talk about how you will respond to your child's requests at night.

- ▷ For a child who is unusually sensitive to sounds after dark, try playing a tape of soothing sounds at a very low volume while he goes to sleep.
- ▷ If your child is afraid of the dark, leave a very dim lamp or night-light switched on; turn the light off after your child has fallen asleep.
- ▷ If the sight of a picture, drape, toy, or piece of furniture always bothers your child at night, consider moving it out of the bedroom.
- ▷ **“Odd jobs” routine.** If your child refuses to go to sleep unless Mommy or Daddy stays in the room until he is asleep, consider trying the odd jobs routine. Having a parent in the room provides a child with no incentive to go to sleep on her own. However, it may be too much to expect her to make a major change in one go. The odd jobs approach may be your answer. When you have completed your bedtime routine and settled your daughter into bed, tell her that Mommy and Daddy have things to do in another room. (Be specific: tell her the kitchen, the laundry, or any room you choose.) Tell her that you will listen for her and you'll be back in just 5 minutes. If she's upset with this plan, put a clock in her room and show her where the hands will be or what the numbers will say when it's time for you to come back. Leave the room and return in 5 minutes, no more or less. If she cries or calls for you, answer from outside her room, but don't go back in until the 5 minutes are up. When you go back in, praise her for staying in her bed, cuddle her if you like but don't let her get out of bed, then leave for another errand, for perhaps longer. Make this a practice for the next several nights. Find increasingly time-consuming tasks to do in another room, but always go back briefly to your daughter's bedroom at the time promised, even if you think she's asleep. She may resist your leaving the first few times. But as she becomes confident that you will return, she will relax, get drowsy, and eventually fall asleep.
- ▷ Preschoolers by and large are busy and active all day long. Most give up their daytime nap as they approach age 5. Some need an earlier bedtime when they first stop napping.
- ▷ Most will sleep for 10 to 12 hours a night.
- ▷ For the great majority, nighttime awakenings are unusual.
- ▷ This is the time, however, when sleep disturbances such as sleepwalking and night terrors are likely to appear in susceptible youngsters.
- ▷ Nightmares are common in this age group. 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.

▪ **Injury Prevention**

- ▷ Continue to use a weight-appropriate forward-facing safety seat that is properly installed in the back seat according to the manufacturer's instructions and the vehicle owner's manual.
- ▷ When your child reaches 40 pounds (18 kg), switch to a belt-positioning booster seat, which must be used with the vehicle lap and shoulder belt across the child in the back seat.
- ▷ 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.
- ▷ 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 she goes outside. Use a broad-brimmed hat to shade her 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. 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.

- ▷ 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.
- ▷ 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.
- ▷ Know where your child is at all times. She is too young to be roaming the neighborhood alone.
- ▷ Teach your child pedestrian safety skills.
- ▷ Be sure that your child wears a helmet when riding on a tricycle or in a seat on an adult's bicycle. Wear a helmet yourself.
- ▷ Be sure that playgrounds are safe and carefully maintained. Check for impact- or energy-absorbing surfaces under playground equipment.
- ▷ Choose caregivers carefully. Talk with them about their attitudes and behavior in relation to discipline. Do not permit corporal punishment.
- ▷ Teach the child not to talk to strangers.

▪ **Nutrition**

- ▷ Serve your child three nutritious meals a day. Provide a highchair or booster seat at table height during family mealtimes. Expect her to feed herself, but provide help when needed.
- ▷ Make family 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. Let her decide what and how much to eat.
- ▷ Serve your child low-fat dairy products, including milk, yogurt, and cheese.
- ▷ Continue to serve foods that your child may not accept at first. Prepare them in different ways and try again.
- ▷ Be sure that your child's caregiver provides nutritious foods.
- ▷ Help your child learn about food through stories and songs.
- ▷ How to feed your preschooler:
 - ◆ Preschoolers want to get better at eating.
 - ◆ Pressure to try new foods doesn't help.
 - ◆ Preschoolers want to learn to behave well at the table.
 - ◆ Eating, like everything else in your child's life, is a set of skills she builds gradually over time. What are we working toward? By the time your child is five or six years old and leaving the preschool period, she will come to the table willingly and behave nicely there. She will be interested in food and like a variety of food. She will know how to approach new food and learn to like it. She

will be able to eat the right amount of food to grow in a way that is right for her.

- ◆ Your preschooler wants to grow up, she wants to do the things she sees you doing. If you provide her with reasonable mealtime expectations, and have meals with a variety of food that you enjoy, your child will expect that someday she will learn to eat like you do. And she will.
- ▷ ***What your preschooler is like.*** Learning all of these eating skills is easier for the preschooler because she has set aside the toddler's struggle for independence and can settle down to learn. Your preschooler *wants to please you*. She thinks you're the best, and she imitates what you do. She'll develop her own ideas about eating from child care, friends, and TV. She'll want to pick out snacks at the grocery store. But what *you* say about food selection is all-important and she'll go along with you if you tell her no. Children have their food habits distorted by outside influences only if parents continually give in to their demands about food.
- ▷ ***Your preschooler is influenced by what you do.*** Because she thinks you are great and know all the answers, when she sees you eating green beans she reasons that it must be the thing to do. You don't have to say another word. All you have to do is enjoy your green beans. Observing that, your child will assume that she, too, will eat green beans. If not today, then someday.
- ▷ ***Your preschooler is purposeful.*** Unlike the toddler, who is somewhat random in his behavior, she sets out to learn and improve in all areas of her life—including eating. When she's hungry, she attends strictly to her eating, working at mastering the foods you present. But when she gets full, she completely loses interest in eating.
- ▷ ***Who's in charge?*** Children do best when parents use an authoritative approach to parenting. Authoritative parents are good leaders. They set limits and enforce rules, but treat their children like small people. They are respectful of children's feelings, thoughts and wishes as they try to understand and master their world. The division of responsibility in feeding is an authoritative approach to parenting. You take a leadership role by setting limits, enforcing rules and keeping yourself responsible for *what, when and where* your child is offered food. You give her autonomy within those limits by keeping her responsible for *how much* of the food you offer she eats and even *whether* she eats. Keep control of the menu and the structure of meals and snacks. As before, put a variety of food on the table so if she can't manage to eat one food, she might be able to eat another.
- ▷ ***Be realistic in your expectations.*** Your child will be better now at chewing and swallowing than when she was younger. She will manage a fork and spoon pretty well, but she will still use her fingers to push peas onto the spoon or to pick up pieces of meat. She will be neater and drink from a cup without spilling much, although she doesn't have the fine muscle control to cut meat or eat spaghetti neatly. Your preschooler will

not be as suspicious of new food as she was when she was a toddler. For one thing, there won't be as many foods that are new to her. For another, if she encounters something strange, she can talk with you about it, and that will give her the courage to try it. She'll no longer assume that if the taste is different, it's bad.

- ▷ Because she is in the business of growing up, she will push herself along to like new foods. If *you* get pushy, she'll learn slower, not faster. Keep in mind that even rewards and enthusiastic applause can feel like forcing. Perhaps preschoolers reason, "If they are not making such a fuss about eating this food, it must now be so good."
- ▷ ***Pleasant family meals give opportunities to learn.*** It's important to *eat with* your child, not just *feed* her. Preschoolers eat better when they are with parents, teachers, or other people they trust. The idea is that you are preparing a *family* meal and expecting her to join in. Turn off the TV and make meals pleasant social occasions. Include her in the conversation, but don't make her the center of attention. Children can be quiet and listen to adults talk.
- ▷ If your child behaves badly at the table, simply say, "I'm sorry, but you'll have to leave. You're spoiling my dinner." Tell her that the next eating time is snack time. Unacceptable mealtime behaviors go beyond preschooler awkwardness and include whining or complaining about the food, begging for foods that are not on the table, eating in disgusting ways or generally behaving in ways that prevent you from enjoying *your* meal.
- ▷ Sooner or later your child will learn to eat almost all the foods you regularly have at family meals. *Don't* limit the menu to what she feels comfortable with or she won't have the opportunity to learn. *Do* expect your preschooler to be polite when she turns down food. Learning to eat new foods is her job and experimenting needs to be her idea. Your preschooler may enjoy growing a garden, reading and talking about food or helping you cook. Learning more about food makes it easier for her to like it. However, don't use these activities to get your child to eat. In fact, whenever you do anything with the idea of *getting* a child to eat, you take the fun out of it, and your efforts will backfire.
- ▷ ***Keep amounts child-size and expect waste.*** Your preschooler may eat very little, but don't worry. She can get the nutrients she needs from a helping only 1/3 to 1/2 of yours. If your child is growing well, she's eating the amount that's right for her. Expect waste. Don't make your child clean her plate. Even adults have a hard time knowing how much they are hungry for. Encourage your child to take repeated small helpings---but at times her eyes will be bigger than her stomach.
- ▷ When your child is just learning to like new foods, you will have more food waste. She'll take food on her plate and eat just a bit, or not eat it at all. She won't be very good at estimating how much she'll eat, and will serve herself too much. You can remind her, gently, not to take so much, but don't make her clean up her plate. In the long run, your child will

waste less food if you don't get pushy. She'll learn to like more foods and she'll take responsibility for her own eating.

- ▷ ***Struggles for control.*** If you can't trust your child to grow up with eating, you will get into struggles for control. Those struggles will make her eat worse, not better. Check yourself:
 - ◆ You are being too controlling if you make your child:
 - Stay at the table to eat her vegetables.
 - Clean her plate.
 - Eat certain foods before she can have dessert.
 - Get by on only three meals a day.
 - ◆ You aren't providing enough structure and limits if you:
 - Give your child a snack whenever she wants one.
 - Let your child stay at the table when she behaves badly.
 - Short order cook for your child.
 - Let your child have milk or juice whenever she wants it.
 - ◆ If things went well for you and your preschooler during the toddler stage, your current struggles for control won't be so pronounced. However, if you set unrealistic expectations or fail to enforce firm limits, struggles for control can be a part of any age. If you and your child have struggles that seem prolonged or continuous and you can't seem to get things to go well, get professional help.

▪ **Oral Health**

- ▷ Teach your child to brush her teeth with a pea-size amount of fluoridated toothpaste.
- ▷ Ask your child's oral health professional when and how to floss your child's teeth.
- ▷ 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 beginning at age 3.

▪ **Sexuality Education**

- ▷ Anticipate your child's normal curiosity about genital differences between boys and girls and about masturbation.
- ▷ Use correct terms for genitals.
- ▷ Answer questions about "where babies come from."
- ▷ Introduce the notion that certain parts of the body (those areas normally covered by a bathing suit) are private and should not be touched without their permission.

- **Promotion of Social Competence**
 - ▷ Praise your child for good behavior and accomplishments.
 - ▷ For behaviors that you would like to encourage in your child, try to “catch” them being good. That is, tell your child how proud you are when they do what you want them to do.
 - ▷ At this age, children continue to test the rules that parents make. Parents need to be consistent in following through with reasonable rules. Enforce the rules fairly every time. Be gentle but firm.
 - ▷ Encourage your child to talk with you about her preschool, friends, experiences, and observations.
 - ▷ Encourage interactive reading with your child.
 - ▷ Spend individual time with your child doing something you both enjoy.
 - ▷ Provide opportunities for safe exploration.
 - ▷ Provide opportunities for your child to socialize with other children in play groups, preschool, or other community activities.
 - ▷ Promote physical activity in a safe environment.
 - ▷ Give your child opportunities to make choices (e.g., which clothes to wear, books to read, places to go).
 - ▷ Reinforce limits and appropriate behavior. Try to be consistent in expectations and discipline.
 - ▷ Use “time out” or remove the source of conflict for unacceptable behavior.
 - ▷ Encourage self-discipline.
 - ▷ Anticipate that your child may have many fears, including night terrors.

- **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 she expresses interest in and enjoys.
 - ▷ Listen to and respect your child.
 - ▷ Show interest in your child’s preschool or child care activities.
 - ▷ Show affection in your family.
 - ▷ Spend some individual time with each child in your family.
 - ▷ Participate in games and other activities with your child.
 - ▷ Create opportunities for your family to share time together and for family members to talk and play with your child.
 - ▷ Handle anger constructively in your family.
 - ▷ Encourage the development of good sibling relationships.

- ▷ 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 allow hitting, biting, or other violent behavior.
 - ▷ 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**
 - ▷ Talk with the health professional about possible programs for your child: preschool, early intervention programs, Head Start, swimming and other exercise 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: 3 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**
 - ◆ jumps, gallops, tiptoes, runs smoothly
 - ◆ can walk backwards a long distance
 - ◆ may stumble and fall frequently
 - ◆ rides a tricycle
 - ◆ pours from a pitcher or milk carton using both hands
 - ◆ undresses self, but needs help with dressing
 - ◆ uses crayons with somewhat more control
 - ◆ primary teeth have erupted

- ▷ **Emotional Development**
 - ◆ becoming more relaxed and flexible
 - ◆ still cries and hits at times
 - ◆ quickly alternates between shyness and exuberance
 - ◆ may show fear of unfamiliar objects or activities
 - ◆ may want to be a baby at times
 - ◆ begins to talk about dreams

- ▷ **Social Development**
 - ◆ is keenly interested in family activities
 - ◆ idolizes parents
 - ◆ seeks approval from adults
 - ◆ tests limits constantly
 - ◆ often prefers to play alone
 - ◆ may have an imaginary playmate
 - ◆ shares and takes turns occasionally
 - ◆ quarrels with other children

- ▷ **Mental Development**
 - ◆ develops more stable concept of self
 - ◆ speaks about 1,000 words
 - ◆ begins to use pronouns in speech
 - ◆ grasps some grammatical principles
 - ◆ delights in hearing stories over and over again
 - ◆ loves learning short rhymes and songs
 - ◆ may match or identify primary colors
 - ◆ enjoys imaginative and imitative play
 - ◆ can assume some very simple responsibilities
 - ◆ puts toys away with adult help
 - ◆ has attention span of no more than a few minutes
 - ◆ can choose between alternatives

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 in reports from preschool, child care, or early intervention programs.
- Talk with your child about the next visit to the office, including the physical exam, immunizations, and other procedures.
- **If your child did not have a urinalysis performed at his 3 year well child visit, please bring in a first morning urine sample for analysis.**
- Please bring your vaccine record.

What to Expect at the Next Visit

- Your preschooler should return when he is **4 years old**. Depending on when he starts kindergarten, immunizations may be given.
- 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 check your child's vision if he/she has not had or does not have access to a screening exam.
- We will check your child's hearing if he/she has not had or does not have access to a screening exam.
- Your child will have a physical examination and their blood pressure will be checked.

QUESTIONS FOR THE 3 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
 uses a knife uses a spoon, fork, and a knife 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

Is your child having a bowel movement in the toilet? Yes No

If not, is your child showing an interest in having a bowel movement in the toilet? Yes No

FREQUENCY:

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

URINE

Is your child urinating in the toilet? Yes No

If not, is your child showing an interest in urinating in the toilet? Yes No

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

QUESTIONS FOR THE 3 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

DEVELOPMENT

Names at least one picture when you look at animal books together Yes No evolving
 Enjoys sitting together for at least 5 minutes for story time Yes No evolving
 Can answer "what" questions about a story that you just read together Yes No evolving
 Throws a ball overhand (not side arm or underhand) toward your stomach or chest from a distance of about 5 feet Yes No evolving
 Catches a large bounced ball with both arms extended Yes No evolving
 Can kick a big ball Yes No evolving
 Walks up and down stairs unassisted (using alternating feet) Yes No evolving
 Helps put things away Yes No evolving
 Appropriately answers the question, "Are you a boy or a girl?" Yes No evolving
 Can name at least one color Yes No evolving
 Speech is easily understood by most adults Yes No evolving
 Talks in three word sentences most of the time Yes No 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? <small>* Please reference list of high risk zip codes on the back of this form.</small>	<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? Yes No Unknown

Has a family member had a positive tuberculin skin (TB) test? Yes No 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)? Yes No Unknown

Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week? Yes No Unknown

MAR 2.2008

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