

## WELL CHILD CARE AT 6-7 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.
- 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.
- You will have an opportunity to ask questions.
- Your child may receive a second chicken pox vaccination if she has received only one to date (assuming she has not had the disease itself).
- We will discuss beginning the Hepatitis A vaccination series (if it has not already been given).

### **Things to Keep in Mind Between Now and the Next Visit**

- **Growth**
  - ▷ Middle childhood (ages 5-10) is characterized by slow, steady physical growth. Children gain an average of 7 pounds and grow an average of 2½ inches per year. Head circumference increases an average of an inch per year. Body composition and body shape remain relatively constant. Growth spurts, accompanied by increased appetite and food intake are common. Conversely, appetite and food intake decrease during periods of slower growth.
- **Promotion of Healthy and Safe Habits**
  - ▷ Be a role model for your child by living a healthy life.
  - ▷ Be sure that your child gets adequate sleep. For children 6-10 years of age, the suggested bedtime is 8-9 p.m. (This may vary depending on families' schedules.)
  - ▷ Encourage regular physical activity.

- ▷ Limit television viewing to an average of 1 hour per day. Check television ratings and choose appropriate programs. Watch programs together and discuss them.
  - ▷ Continue to teach your child about personal care and hygiene.
  - ▷ Remind your child to wash his hands after toileting and before meals.
- **Injury Prevention**
- ▷ Continue to use a belt-positioning booster seat. Be sure the vehicle lap and shoulder belt are positioned across the child in the back seat of the car.
  - ▷ Never place your child in the front seat of a vehicle with a passenger side air bag. The back seat is the safest place for children of any age to ride.
  - ▷ Avoid buying motorized vehicles for your child.
  - ▷ Enforce firm, clear, and consistent rules for safe behavior.
  - ▷ Teach your child how to swim and reinforce water safety rules. 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.
  - ▷ Teach your child how to put on sunscreen (SPF15 or higher) before going outside to play or swim.
  - ▷ Continue to keep your child's environment free of smoke.
  - ▷ Test smoke alarms to be sure that they work properly. Change batteries twice a year (e.g., with the time change in the spring and fall). Conduct fire drills at home.
  - ▷ Keep a fire extinguisher in or near the kitchen.
  - ▷ Tell your child about the dangers of playing with matches or lighters.
  - ▷ Be sure your child knows emergency phone numbers and safety rules for the home. Lock up poisons, matches, and electrical tools.
  - ▷ Turn your hot water heater to 120°F (50°C).
  - ▷ Make sure that windows are closed or have screens that can not be pushed out.
  - ▷ 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 safety rules for getting to and from school. Reinforce child pedestrian and neighborhood safety skills. Supervise street crossing. Your child may start to look in both directions, but is not ready to cross the street alone.
  - ▷ Review safety rules for biking and skating, including correct use of hand signals in traffic. Be sure that your child always wears a helmet when riding a bicycle or skating. All family members should ride with a bike helmet.
  - ▷ Do not allow your child to ride a bicycle near busy roads.
  - ▷ Children who ride bicycles that are too big for them are more likely to be in bicycle accidents. Make sure the size of the bicycle your child rides is

appropriate. Your child's feet should both touch the ground when your child stands over the bicycle. The top tube of the bicycle should be at least 2 inches below your child's pelvis.

- ▷ Continue to emphasize playground safety with your child.
- ▷ Health professional groups advise avoiding the use of outdoor trampolines.
- ▷ Be sure that your child is supervised before and after school in a safe environment.
- ▷ Continue to teach your child rules for how to be around strangers (e.g., never opening the door to strangers, never getting into a stranger's car). Be sure that your child's school curriculum includes information on how to be safe when interacting with strangers.
- ▷ Be sure that your child knows her home address, phone number and the name of her parents' place(s) of work.
- ▷ Teach your child the importance of sports safety, including the need to wear protective gear (mouth guard, helmet, knee pads).

#### ▪ **Nutrition**

- ▷ Model and encourage healthy eating habits.
- ▷ Serve your child three nutritious meals a day and include a variety of healthy foods. Share family meals together regularly.
- ▷ Make mealtimes pleasant and companionable. Encourage conversation.
- ▷ Serve your child a balanced breakfast or be sure that the school provides one.
- ▷ Be sure that your child eats a nutritious lunchtime meal at school by packing a balanced lunch or participating in the school lunch program.
- ▷ Provide two planned nutritious snacks that are rich in complex carbohydrates. Limit high-fat or low-nutrient foods and beverages, such as candy, chips, or soft drinks.
- ▷ Help your child learn to choose appropriate foods, including five servings of fruits and vegetables a day.

#### ▪ **Discourage Interest in Tobacco Products**

- ▷ Tobacco use is unhealthy. Parents are influential in teaching children to avoid tobacco.
- ▷ If a parent smokes, the parent should set a quit date and stop smoking. Modeling nonsmoking is a powerful example with important health consequences.
- ▷ Talk to your child about smoking. Ask him what he knows about smoking and if he knows anyone harmed by tobacco.
- ▷ Tell your child that smoking is related to the cause of death for 1 in every 5 people in the United States.
- ▷ Teach your child to be civil and polite when he is around people who smoke. Also teach your child to avoid breathing in other people's smoke.

- **Oral Health**
  - ▷ Be sure that your child brushes his teeth twice a day with a pea-size amount of fluoridated toothpaste, and regularly supervise tooth brushing. Ask the oral health professional when and how to floss between your child's teeth.
  - ▷ Give your child fluoride supplements as recommended by your dentist, based on the level of fluoride in your drinking water.
  - ▷ Learn how to prevent dental injuries and handle dental emergencies, especially the loss or fracture of a tooth.
  - ▷ If your child regularly sucks his fingers or thumb, begin to intervene gently to help him stop.
  - ▷ Schedule a dental appointment for your child every six months or as indicated by your child's individual needs or susceptibility to disease.
  - ▷ The grooves on the permanent teeth are prone to cavities. Parents and dentists need to watch the teeth carefully and consider whether sealants (plastic coatings that adhere to the chewing surface of the molar teeth) may help prevent tooth decay.
  
- **Sexuality Education**
  - ▷ Answer questions at a level appropriate to your child's understanding.
  - ▷ Have age-appropriate sex education books in your home that provide answers to some of your child's questions, and encourage him to feel comfortable asking additional questions.
  
- **Promotion of Social Competence**
  - ▷ Praise your child for his cooperation and accomplishments.
  - ▷ Encourage your child to talk with you about his school, friends, or observations.
  - ▷ Encourage your child to express his feelings.
  - ▷ Read interactively with your child. Listen as he begins to read out loud.
  - ▷ Spend individual time with your child doing something you both enjoy.
  - ▷ Expand your child's experiences through family trips and outings to parks, museums, libraries, and other sites.
  - ▷ Provide opportunities, including team or group activities, for your child to interact with other children.
  - ▷ Help your child learn how to get along with his peers and to follow group rules.
  - ▷ Promote physical activity in a safe environment.
  - ▷ Continue to set limits and establish consequences for unacceptable behavior (e.g., limit television viewing time).
  - ▷ Encourage self-discipline and impulse control.
  - ▷ Expect your child to follow family rules, such as those for bedtime, television and video viewing, and computer time.

- ▷ Assign age-appropriate chores, including responsibility for personal belongings.
  - ▷ Foster your child's ability to communicate with family members, teachers, and other adults.
  - ▷ Continue to teach your child the difference between right and wrong.
  - ▷ Help your child to manage anger and resolve conflicts without violence.
  - ▷ Provide personal space (even if limited) for your child at home.
- **Promotion of Constructive Family Relationships and Parental Health**
    - ▷ Serve as a positive ethical and behavioral role model.
    - ▷ Show affection in your family.
    - ▷ Listen to and respect your child.
    - ▷ Contribute to your child's self-esteem by being affectionate and by praising his efforts and accomplishments.
    - ▷ Show interest in your child's school and after-school activities.
    - ▷ Set reasonable expectations.
    - ▷ Promote self-responsibility.
    - ▷ Spend some individual time with each child in your family.
    - ▷ Participate in games and other activities with your child.
    - ▷ Encourage the development of good sibling relationships.
    - ▷ Handle anger constructively in your family.
    - ▷ Create opportunities for your family to share time together and for family members to talk with and enjoy each other.
    - ▷ Know your child's friends and their families.
    - ▷ Talk with the health professional about your own preventive and health-promoting practices.
- **Promotion of Community Interactions**
    - ▷ Talk with the health professional about possible programs for your child: school programs, before- and after-school programs, and recreational or other community programs.
    - ▷ Participate as a family in school and community organizations and activities.
    - ▷ Volunteer regularly for school or community activities that require adult supervision.
    - ▷ Explore or continue to participate in social, religious, cultural, volunteer, and recreational organizations or programs.
    - ▷ Advocate for community programs and facilities for children (recreational, athletic, artistic, and educational activities).
    - ▷ Promote social connections with friends and neighbors and ties with extended family members.
    - ▷ Participate in activities that reflect cultural diversity.
    - ▷ Find out what you can do to make your community safer.

- ▷ Recommend that schools provide early and regular comprehensive health education and services that encourage healthy living.
- **Promotion of Successful School Entry**
  - ▷ Meet with your child's teachers.
  - ▷ Prepare your child for school. Talk about new opportunities, friends, and activities at school.
  - ▷ Tour your child's school with her.
  - ▷ Be involved with your child's school, perhaps as a volunteer.

### **Normal Development: 6 Years Old**

- 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 health care provider.*
  - ▷ **Physical Development**
    - ◆ loves active play but may tire easily
    - ◆ can be reckless (does not understand dangers completely)
    - ◆ is still improving basic motor skills
    - ◆ is still not well coordinated
    - ◆ begins to learn some specific sports skills like batting a ball
    - ◆ dawdles much of the time
    - ◆ is fascinated with the subject of teeth
    - ◆ may become a more finicky eater
    - ◆ uses crayons and paints with some skill, but has difficulty writing and cutting
    - ◆ may resist baths
    - ◆ permanent teeth erupting, both molars and front teeth
  - ▷ **Emotional Development**
    - ◆ may have unpredictable mood swings
    - ◆ is quite sensitive to criticism
    - ◆ has a problem admitting a mistake
    - ◆ feels quite guilty about mistakes
  - ▷ **Social Development**
    - ◆ evaluates self and friends
    - ◆ begins to impose rules on play activities
    - ◆ cooperates with other children with some difficulty
    - ◆ has difficulty considering the feelings of others
    - ◆ values independence

▷ **Mental Development**

- ◆ likes taking responsibility for simple household chores
- ◆ likes to make simple decisions
- ◆ counts to 100
- ◆ asks endless "how-what-when-where-why" questions
- ◆ continues to refine concepts of shape, space, time, color, and numbers
- ◆ begins to understand the difference between intentional and accidental
- ◆ begins to understand differences of opinion
- ◆ still has a short attention span (about 15 minutes maximum)
- ◆ enjoys dramatic play

**Normal Development: 7 Years Old**

- 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 health care provider.*

▷ **Physical Development**

- ◆ still has better large muscle than small muscle coordination
- ◆ rides a bicycle
- ◆ begins to alternate rigorous and restful activities independently
- ◆ favors competitive games
- ◆ has more refined eye-hand coordination
- ◆ may ask questions about life, death, and the human body
- ◆ still preoccupied with subject of teeth

▷ **Emotional Development**

- ◆ becomes better at expressing negative feelings through language
- ◆ may blame another for own mistake

▷ **Social Development**

- ◆ plays with boys and girls together
- ◆ usually has a best friend of the same sex
- ◆ shows growing concern about popularity among peers
- ◆ seeks approval of peers as well as adults
- ◆ takes it upon self to enforce rules
- ◆ tattles on other children perceived to be misbehaving
- ◆ tends to be quite critical
- ◆ begins to look for role-models

▷ **Mental Development**

- ◆ experiences rapid language development
- ◆ wants to be "first," "best," "perfect," "correct," in everything
- ◆ is greatly concerned with right and wrong
- ◆ still has difficulty with the concepts of honesty and dishonesty
- ◆ begins to use logical reasoning to solve problems
- ◆ continues to enjoy dramatic play

**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 fill out and bring in any school health forms that you need completed.
- Encourage your child to think about things they may want to talk about next time.
- Please bring your vaccine record.

**What to Expect at the Next Visit**

- Your child should return when he is **8 years old** unless you or your health care provider has ongoing concerns that require an earlier well visit at age 7.
- 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.
- Your child if currently up to date on his immunizations will not require additional vaccines until age 10 or 11.

## QUESTIONS FOR THE 7 YEAR VISIT

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### NUTRITION

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

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

Is your child continent of stool by day and night?  Yes  No

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

Is your child continent of urine during the day?  Yes  No

Is your child continent of urine at night?  Yes  No

Is your child having any problems with urination?  Yes  No

### SLEEP

Does your child have a fairly consistent bedtime?  Yes  No

HOW MANY HOURS DOES YOUR CHILD SLEEP AT NIGHT?

< 8  8-10  10-12  > 12

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

M.A.R. 2.2008 SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUESTIONS FOR THE 7 YEAR VISIT**

PATIENT NAME: \_\_\_\_\_

**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/booster seat?  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

**SOCIAL & SCHOOL ADJUSTMENT**

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:

- Plays well with other children  Yes  No
- Gets along well with others at school  Yes  No  n/a
- Is adjusting well to school/preschool  Yes  No  n/a
- Is doing well in school  Yes  No  n/a
- Is maintaining good school attendance  Yes  No  n/a
- Uses a computer at home  Yes  No  n/a
- If yes, where is the computer located?  
 in the child's bedroom  in another bedroom  in the den  in the study  
 in the family room  in the living room  in the kitchen  portable
- Number of hours of TV per day  
 does not watch TV  half an hour  1 hour  1-2 hours  3-4 hours  >4 hours
- Number of hours of video games per day  
 does not play videogames  half an hour  1 hour  1-2 hours  3-4 hours  >4 hours

M.A.R. 2.2008 SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUESTIONS FOR THE 7 YEAR VISIT**

PATIENT NAME: \_\_\_\_\_

**DEVELOPMENT**

Is becoming more coordinated in gross motor play	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has good balance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is able to do simple reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is able to write or print many words	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is able to reason and make right decisions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can tell time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knows the days, months, and seasons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understands opposites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Understands the difference between right and wrong	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is learning to share	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wants to be good and please parent(s) and teacher(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates pride in abilities and accomplishments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knows good dental hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brushes teeth independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No

M.A.R. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_