

## TWO AND THREE YEAR OLD

### Safety:

- Move to a forward facing car seat at two years of age. Do not put child in front of an air bag. Air bag/car seat questions: call Safety Restraint Coalition 1800 282 5587.
- Your toddler needs to learn to be afraid of streets, want to hold your hand when crossing.
- Always observe your child around any body of water (pool, bathtub). Pools should be gated.
- Your child is quite mobile—supervise closely. Introduce a helmet with the tricycle.
- Keep house “child proofed.”
- Keep toxic chemicals, antibiotics, cosmetics, cleaners in the house and garage locked away.
- Use sunscreen with SPF >15.
- Ensure fire alarms and extinguishers in place and functioning.

### Development:

- Your 2 year old is putting words together, following two step commands, pointing to objects, helping you do things, throwing, kicking a ball, walking up stairs one at a time, learning to jump, stacking blocks.
- Your 3 year old is speaking in mostly intelligible sentences, playing interactive games (ie, tag), pretending, drawing a circle, learning to pedal a tricycle, stating name/age/sex, performing for doctor.

### Sleep:

- Most families move a child from crib to bed around 2 years of age.
- Night terrors* typically occur in the first couple hours after falling asleep. Your toddler may scream out in terror, however may not fully awake or remain quite disoriented. Touch your child and be there but there is no need to awaken him fully. Likely, he will fall asleep soon.
- Nightmares* occur in deeper sleep often in the morning hours peaking between 3 and 6 years of age. These are vivid, frightening dreams and may increase in times of stress. Comfort and reassure your child in bed, read a story. Tell your pediatrician if your child has excessive night terrors or nightmares.

### Diet:

- After 2 years of age your child should restrict excessive fat intake. Most children will be fine with nonfat or 1% milk (2% is ok for thin toddlers). Milk remains a great source of protein, calcium and calories.
- Offer a wide variety of healthy fruits, vegetables and meats/other iron rich foods. Be creative with food choices and presentation. Do not force foods. Extremely picky eaters may benefit from a multi-vitamin. Vitamin D supplementation (400 IU/day) is recommended for all children.
- Avoid hard foods such as nuts, popcorn, dense raw vegetables, hard candy, gum until 4 years of age.

### Behavior:

- Your toddler may explore limits but is comforted knowing limits exist. Set and reinforce simple, reasonable limits. Be consistent.
- Exploring independence is normal for your toddler. Offering acceptable choices allows your child to feel independent while engaging in activities suggested by parents.
- Attempt to distract behavior before tantrums occur. An overtired or hungry child will become frustrated much more quickly.
- Around 2 years of age, *time outs* may become an effective disciplinary tool as a last resort. Consider a warning or two (when applicable). Put your child in a safe, boring, designated place (or hold your child) until calm. Offer a brief explanation of the unacceptable behavior.
- Praise good behavior. Be a role model.

### Tips:

- The Academy of Pediatrics recommends no more than 1-2 hours of quality TV and videos per day.
- It is normal for your child to be curious about body parts.
- Once your child spits effectively use a pea-sized amount of fluoridated toothpaste twice daily and teach him/her to spit the toothpaste out.
- Water in Seattle contains fluoride. At least a couple glasses of water daily is ideal.
- Visit a dentist around 3 years of age, sooner if not brushing or strong family history of tooth decay.
- By two years of age, bottle and pacifier use should be discontinued.
- Most children begin *toilet training* between 2 and 3 years of age. A *potty chair* may be less intimidating than an adult toilet. Praise and encourage positive results, however, avoid letting your child sense frustration with mistakes. If your toddler feels excessive pressure he/she may regress and retain urine/stool.
- Have conversations with your child. Draw and paint. Explore parks/outdoors.

# 3 Year Parent Questionnaire

Please complete this side only

## Interval History/New Problems

Has there been any change in general family history since last visit?  yes  no

If 'yes', please specify: \_\_\_\_\_

Any changes at home since last visit?  yes  no

If 'yes', please specify \_\_\_\_\_

## General

Do you have any concerns or worries about your child?  yes  no

If "yes", please specify: \_\_\_\_\_

Is your child in daycare or the care of a babysitter/nanny?  yes  no

Is your child attending preschool?  yes  no

If 'yes', where? \_\_\_\_\_

Do you have concerns about your child's vision/hearing?  yes  no

If "yes", please specify: \_\_\_\_\_

Do your child's eyes cross, even briefly?  yes  no

## Nutrition

What type of milk does your child drink?

Bottle  Cup  Whole milk/2%/1%/nonfat \_\_\_\_ oz/day  Other (Almond Milk/Soy Milk/Hemp Milk)

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)?  yes  no

Do you eat meals as a family?  yes  no

## Sleep

Where does your child sleep:  Crib  Toddler Bed  Parents' bed  Other \_\_\_\_\_

Does your child sleep through the night?  yes  no

Does your child nap?  yes  no

## Elimination

Does your child have normal bowel movements?  yes  no

Is your child toilet trained?  daytime:  yes  no

night:  yes  no

## Development

Do you have any concerns about your child's development or behavior?  yes  no If yes, explain: \_\_\_\_\_

Does your child jump in place?  yes  no

Does your child kick a ball?  yes  no

Does your child pedal a tricycle?  yes  no

Does your child throw a ball overhead?  yes  no

Does your child walk up stairs with alternating gait?  yes  no

Does your child draw a circle?  yes  no

Does your child put on some clothing?  yes  no

Does your child stack  $\geq 8$  blocks?  yes  no

Does your child participate in pretend play?  yes  no

Does your child know his/her name, age, gender?  yes  no

Can strangers understand your child more than 75% of the time?  yes  no

## Safety

Does your child wear a helmet while riding a tricycle, bicycle, or scooter, and when skiing?  yes  no

Does your child ride in a carseat in the back seat?  yes  no

Does your house have working smoke detectors?  yes  no

Are all medicines and household products in locked cabinets?  yes  no

Have you discussed strangers and privacy with your child?  yes  no

Does anyone smoke who cares for your child?  yes  no

Do you give your child raw vegetables, hard candy, gum, nuts or popcorn?  yes  no

If there is a gun in your home, is it kept locked and unloaded?  no gun  yes  no

Provider review \_\_\_\_\_:

Completed by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

End of parent questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_