



CARD CHECKLIST:

Preparing for your vaccine

Fill in the CARD checklist to tell us how we can make your vaccination a more positive experience.

CARD System	Choose all options you want for your vaccination
<p>Comfort What would you like to do to make yourself more comfortable?</p>	<input type="checkbox"/> Sitting on a chair <input type="checkbox"/> Lying down <input type="checkbox"/> Private area with just the nurses around <input type="checkbox"/> Other: _____
<p>Ask Do you have questions about...</p>	<input type="checkbox"/> Vaccines I am getting <input type="checkbox"/> What will happen during my appointment <input type="checkbox"/> Other: _____
<p>Relax How do you want to keep yourself calm?</p>	<input type="checkbox"/> Take slow deep breaths (like blowing up a balloon) <input type="checkbox"/> Have extra support _____ <input type="checkbox"/> Other: _____
<p>Distract Do you want to be distracted during vaccination?</p>	<p>When I get my needle:</p> <input type="checkbox"/> Tell me when it's happening <input type="checkbox"/> Don't tell me when it's happening <input type="checkbox"/> Talk to me about something I like: _____ <input type="checkbox"/> Don't talk to me while I am getting the vaccine <input type="checkbox"/> Keep my eyes closed or look away <input type="checkbox"/> Watch what's happening when I am getting the vaccine <input type="checkbox"/> Play with a toy or electronic device from home <input type="checkbox"/> Play with a toy or electronic device at school <input type="checkbox"/> Other: _____

Some people are afraid of needles. Circle the face that matches how afraid you are.



Not at all



A little bit



Medium amount



A lot

Have you ever felt dizzy or fainted with a vaccine? Yes No I don't remember/I don't know

Sometimes you can choose the arm the needle goes in: Left arm Right arm

Tell us about anything else you want us to know: _____