



CARD CHECKLIST FOR CHILDREN UP TO 3 YEARS OF AGE:

What cards are you playing with your child today?

We use the CARD (Comfort Ask Relax Distract) system to help make vaccinations more comfortable. Fill in the CARD survey below to tell us how we can make your child's vaccination a more positive experience. If you would like to use a strategy that is not listed, let us know and we will try to do it. To learn more about CARD, visit CardSystem.ca.

CARD System	Choose all options you want for your child's vaccination
<p>Comfort</p> <p>What would you like to do to make your child more comfortable?</p>	<input type="checkbox"/> Privacy (separate room with closed door) <input type="checkbox"/> Hold child on my lap <input type="checkbox"/> Breastfeed or bottle feed my child (starting before and continuing during and after vaccine injection) <input type="checkbox"/> Use a pacifier <input type="checkbox"/> Give my child a snack or treat before and/or after vaccination <input type="checkbox"/> Use a comfort item (e.g., stuffed animal, blanket) <input type="checkbox"/> Other: _____
<p>Ask</p> <p>What questions do you have about the vaccine or your appointment?</p>	<input type="checkbox"/> I have questions about the vaccine <input type="checkbox"/> I have questions about what will happen during my child's appointment <input type="checkbox"/> I have questions about using a medicine on the skin (topical anesthetic) to make the pain from the needle hurt less <input type="checkbox"/> I have questions about using sugar water to make the pain from the needle hurt less <input type="checkbox"/> Other: _____
<p>Relax</p> <p>How do you want to keep yourself calm?</p>	<input type="checkbox"/> No or low levels of noise <input type="checkbox"/> Use calm and normal voice with my child so they feel everything is OK <input type="checkbox"/> Take deep belly breaths if I am getting nervous (like blowing up a balloon) <input type="checkbox"/> People I want to be with my child (give names): _____ <input type="checkbox"/> No extra people around that can see <input type="checkbox"/> Other: _____
<p>Distract</p> <p>Do you want to be distracted during vaccination?</p>	<input type="checkbox"/> Tell me/my child when it will happen <input type="checkbox"/> Do not tell me/my child when it will happen <input type="checkbox"/> No conversation with me/my child while I am distracting my child <input type="checkbox"/> My child plays with a toy or comfort item from home <input type="checkbox"/> My child uses my cell phone to listen to music or watch a video <input type="checkbox"/> My child uses a distraction toy or activity provided by the clinic <input type="checkbox"/> Other: _____

Did you review information about CARD before coming today?

- No. Please explain: _____
- Yes. Please explain: _____

Children under 1 year of age are usually given vaccinations in the upper thigh. Children 1 year of age and older are usually given vaccinations in the arm.

How old is your child? _____ What is your child's gender? _____

Some people are afraid of needles. How afraid is your child? Not at all A little bit Medium amount A lot

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