

# I WANT...

Choose what you want for your vaccination.

## COMFORT



Sit upright



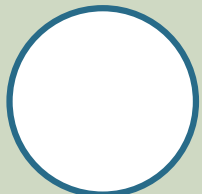
Sit together



Lie down



Eat snack



\_\_\_\_\_

## ASK



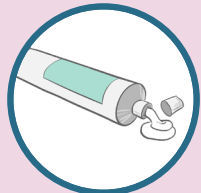
What will happen



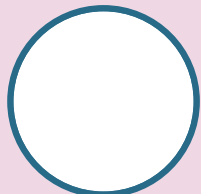
How it feels



Pick side

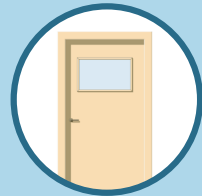


Numbing cream



\_\_\_\_\_

## RELAX



Privacy



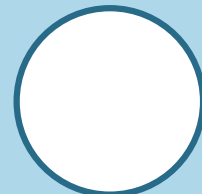
No noise



Deep breaths



Support person



\_\_\_\_\_

## DISTRACT



Tell me when



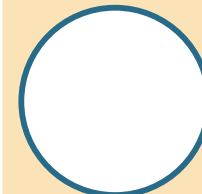
Look



Play with toy



Talk to me



\_\_\_\_\_



Scan for more resources



1. Did you review information about CARD before coming today?

No. Please explain \_\_\_\_\_

Yes. Please explain \_\_\_\_\_

➔ *For children:* Did you play the CARD online game?  Yes  No

2. How old are you? \_\_\_\_\_ What is your gender? \_\_\_\_\_

3. Some people are afraid of needles. How afraid are you?



4. Do you ever feel dizzy or faint during needles?  Yes  No

5. Tell us about anything else you want us to know:

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