TELL US WHAT YOU WANT FOR YOUR VACCINATION

cardsystem.ca

We use the CARD system to help make getting vaccinations a more positive experience. Choose from the options below.

I WANT...

COMFORT

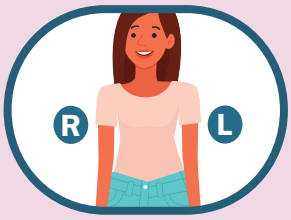
- ☐ Child on lap/ sit together

- ☐ Sit upright
- ☐ Lie down

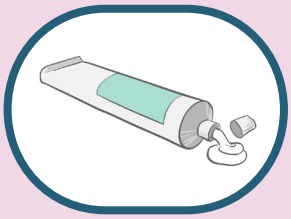
- ☐ Eat snack

ASK

- ☐ About the vaccine
- ☐ What will happen



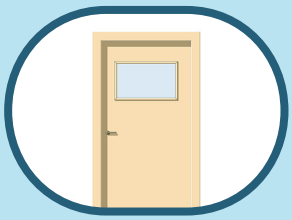
- ☐ For right side
- ☐ For left side



- ☐ About other ways to make it better

RELAX

- ☐ I want someone with me

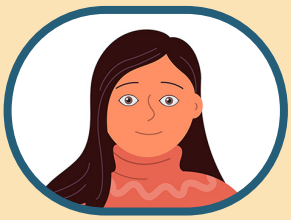


- ☐ Privacy. No extra people around

- ☐ Talk to me about something I like
- ☐ No talking/noise

DISTRACT

- ☐ Tell me when
- ☐ Don't tell me when



- ☐ Look
- ☐ Don't look

- ☐ Use item from home
- ☐ Item from clinic

Tell us if you have any other requests: _____

_____

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

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

☐ Not at all ☐ A little bit ☐ Medium amount ☐ A lot

Financial contribution:

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CIHR IRSC

HELP Eliminate Pain in Kids & Adults

Partner organizations:

UNIVERSITY OF TORONTO LESLIE DAN FACULTY OF PHARMACY

SickKids