VACCINE INTERACTION TRACKING FORM

Date: _____ Initials: _____

	Sex or gender	Age	History of fear/ISRR*
Demographics of vaccine recipient			

Specify vaccine(s) given (in order of injection)	1.	2.	3.
Specify injection site(s)			

	Yes	No	Comments
Did the vaccine recipient receive all the vaccines they were eligible for?	☐	☐	☐
If the answer is NO, was refusal because of fear, anxiety, or pain?	☐	☐	☐

Coping intervention tracking (adapt to context)	1st injection	2nd injection	3rd injection
Put a check mark in the box if it occurred:			
Distraction – object from clinic	☐	☐	☐
Distraction - object from home	☐	☐	☐
Snack - from clinic	☐	☐	☐
Snack - from home	☐	☐	☐
Support person presence	☐	☐	☐
Topical anesthetic	☐	☐	☐
Vibration device	☐	☐	☐
Manual counter-stimulation	☐	☐	☐
Muscle tension	☐	☐	☐
Breastfeeding or bottle feeding	☐	☐	☐
Sweet-tasting solution	☐	☐	☐
Other:	☐	☐	☐

How much distress do you think the vaccine recipient had overall (0-10)?**

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

	Yes	No	Comments
Did the vaccine recipient faint?	☐	☐	☐

	Less time	Same	More time
How long did the interaction take relative to normal?	☐	☐	☐
Explain if you answered LESS or MORE time:			

	Less satisfied	Same	More satisfied
How satisfied were you with the interaction relative to normal?	☐	☐	☐
Explain if you answered LESS or MORE satisfied:			

	Not at all	A little bit	Medium amount	A lot
How much did CARD help?	☐	☐	☐	☐
Explain your answer:				

*ISRR=immunization stress-related response (e.g., dizziness, fainting)

** Self-report is gold standard