

I WANT...

Choose what you want for your procedure.

COMFORT



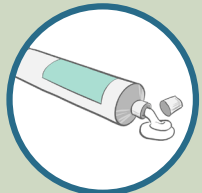
Sit upright



Sit together



Lie down



Numbing cream



ASK



What will happen



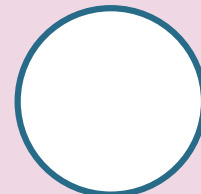
How it feels



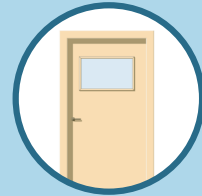
Pick side



Eat snack



RELAX



Privacy



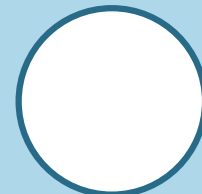
No noise



Deep breaths



Support person



DISTRACT



Tell me when



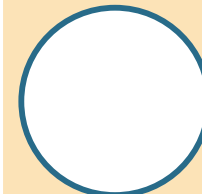
Look



Play with toy



Talk to me





Scan for more resources



1. Did you know about CARD before coming today? Yes No

If yes, did you play the CARD online game? Yes No

2. How old are you? _____

3. Which of the following best describes you? Girl Boy Or, I am: _____

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



5. Do you ever get really dizzy or even faint during needles? Yes No

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