

TELL US WHAT YOU WANT FOR YOUR VACCINATION!



We use the CARD system here to help make getting vaccinations a more positive experience.

COMFORT



- ☐ Child on lap/
sit together



- ☐ Sit upright



- ☐ Lie down



- ☐ Eat snack

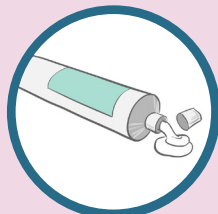
ASK



- ☐ Right side
☐ Left side



- ☐ About the vaccine



- ☐ Numbing cream

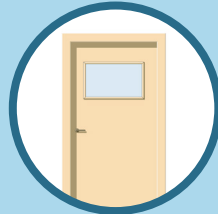


- ☐ How it feels

RELAX



- ☐ I want someone
with me



- ☐ Privacy. No extra
people around



- ☐ No talking/noise



- ☐ Deep breaths

DISTRACT



- ☐ Tell me when
☐ Don't tell me when



- ☐ Look
☐ Don't look



- ☐ Distract myself



- ☐ Talk to me

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 Canadian Institutes of Health Research

HELP Eliminate Pain in Kids Adults

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SickKids