

I WANT...

Choose what you want for your child's vaccination.

COMFORT



Hold child on lap



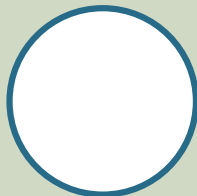
Breastfeed or bottle feed



Pacifier and/or sugar water



Eat snack



ASK



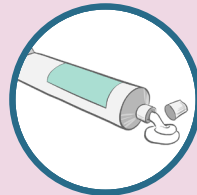
What will happen



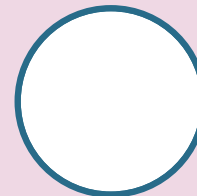
How it feels



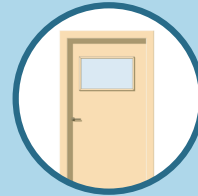
Pick side



Numbing cream



RELAX



Privacy



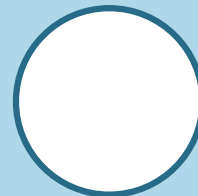
No noise



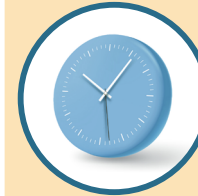
Deep breaths



People I want there



DISTRACT



Tell me when



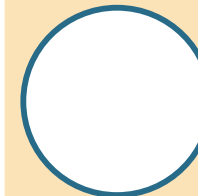
Calm voice or singing



Toy from home



Toy from clinic





Scan for more resources



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

No. Please explain _____

Yes. Please explain _____

Children under 1 year of age are usually given vaccinations in the upper thigh. Children 1 year of age and older are usually given vaccinations in the arm.

2. How old is your child? _____ What is your child's gender? _____

3. Some people are afraid of needles. How afraid is your child?



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