



CARD CHECKLIST:

What cards are you playing today?

We use the CARD (Comfort Ask Relax Distract) system to help make you more comfortable during your vaccination. Fill in the CARD survey below to tell us how we can make your vaccination a more positive experience. If you would like to use a strategy that is not listed, let us know and we will try to do it.

To learn more about CARD, visit CardSystem.ca.

CARD System	Choose all options you want for your vaccination
<p>Comfort</p> <p>What would you like to do to make yourself more comfortable?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Privacy (separate room with closed door) <input type="checkbox"/> Sit upright on a chair <input type="checkbox"/> Sit on a parent's or caregiver's lap <input type="checkbox"/> Lay down <input type="checkbox"/> Eat a snack or treat <input type="checkbox"/> Arm the needle goes in (left or right): _____ <input type="checkbox"/> Other: _____
<p>Ask</p> <p>What questions do you have about the vaccine or your appointment?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I have questions about the vaccine <input type="checkbox"/> I have questions about what will happen during my appointment <input type="checkbox"/> I have questions about using a medicine on the skin (topical anesthetic) to make the pain from the needle hurt less <input type="checkbox"/> Other: _____
<p>Relax</p> <p>How do you want to keep yourself calm?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No or low levels of noise <input type="checkbox"/> People I want to be with me (nobody or give names): _____ <input type="checkbox"/> No extra people around that can see me <input type="checkbox"/> Take deep belly breaths (like blowing up a balloon) <input type="checkbox"/> No alcohol wipe beforehand <input type="checkbox"/> Other: _____
<p>Distract</p> <p>Do you want to be distracted during vaccination?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tell me when it will happen <input type="checkbox"/> Do not tell me when it will happen <input type="checkbox"/> No conversation with me while I am distracting myself <input type="checkbox"/> Keep my eyes closed or look away <input type="checkbox"/> Play with a toy or comfort item from home <input type="checkbox"/> Use my cell phone to listen to music or watch a video <input type="checkbox"/> Use a distraction toy or activity provided by the clinic <input type="checkbox"/> Other: _____

Did you review information about CARD before coming today?

- No. Please explain: _____
- Yes. Please explain: _____

→ For children: Did you play the CARD online game? Yes No

How old are you? _____ **What is your gender?** _____

Some people are afraid of needles. How afraid are you? Not at all A little bit Medium amount A lot

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

Tell us about anything else you want us to know: _____