

Name: _____



I'VE MADE A PLAN FOR MY PROCEDURE.

I'm going to be comfortable by keeping my grown up close by and...

- | | |
|---|---|
| <input type="checkbox"/> sit on their lap | <input type="checkbox"/> hold their hand |
| <input type="checkbox"/> have a cuddle | <input type="checkbox"/> something else _____ |

I will bring a favourite thing to show the new people I meet:

- | | |
|---|---|
| <input type="checkbox"/> toy _____ | <input type="checkbox"/> book _____ |
| <input type="checkbox"/> game _____ | <input type="checkbox"/> activity _____ |
| <input type="checkbox"/> something else _____ | |

I'm going to use:

- | | |
|---|---|
| <input type="checkbox"/> numbing cream _____ | <input type="checkbox"/> cold spray _____ |
| <input type="checkbox"/> vibration tool / buzzy bee _____ | <input type="checkbox"/> something else _____ |



DURING MY PROCEDURE,

I would like one calm voice to help me, and I'd like that person to be _____

- | | |
|---|--|
| <input type="checkbox"/> I want to watch the procedure | <input type="checkbox"/> I don't want to watch the procedure |
| <input type="checkbox"/> Please count 1, 2, 3.. when it's time to start | <input type="checkbox"/> Or something else _____ |

I'm going to:

- | | |
|---|---|
| <input type="checkbox"/> take deep breaths | <input type="checkbox"/> use my amazing imagination |
| <input type="checkbox"/> listen to music | <input type="checkbox"/> watch my device |
| <input type="checkbox"/> something else _____ | |



Afterwards, I'm looking forward to...
