



# Comfort Measures

How would you describe **your/your child's** experience(s) with previous needlesticks/procedures?  no problems  cries

worries  very fearful  no previous experience

Comments: \_\_\_\_\_

**Information:** Would your child like (check all that apply):

- step-by-step instructions  one voice during procedure
- curtain pulled/privacy

**People:** Who would the child like to be involved in the needlestick/procedure? (check all that apply):

- caregiver  staff  Child Life Specialist (when available)

**Position:** Does the child prefer to:  lie flat  sit up  be held

**Watching:** Does the child prefer to:  watch  look away

**Distraction:** Would your child like (check all that apply):

- count out loud "1, 2, 3," then poke  bubbles  book  toys
- other refocusing ideas (specify): \_\_\_\_\_

**Comfort Measures:** Does your child use any of these comfort measures? (check all that apply)

**For infants:**

- swaddle or skin to skin
- pacifier
- sucrose

**Children of all ages:**

- imagery (e.g. my favorite place)
- deep breathing
- my own comfort item  
(stuffed animal, book, music)

Date: \_\_\_\_\_

Child's name \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Would you like to use other measures?**

(as possible for your procedure)

- Buzzy®
- Numbing options: \_\_\_\_\_

**Any other information you would like to share with us about your child that may be helpful:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed name of person filling out this form

Relationship to child