



Make-a-plan Intake Questionnaire

1. What has worked well for your child in the past while receiving vaccines?
- Distraction
 - Explanation of steps
 - Sitting on caregiver's lap
 - Visual schedule of steps
 - Familiar nurse
 - Getting it done quickly
 - Reading a social story ahead of time
 - Watching the injection process
 - Waiting in car for appointment
- Other-

2. What provides comfort or soothes your child?
- Music/sounds
 - Special blanket/toy from home
 - Books
 - Sensory items
- Other-

3. How does your child communicate?
- Verbal
 - Electronic device
 - Visual schedule
 - Sign language
 - Body language
- Other-

4. Please tell us about your child's sensory preferences. (i.e., sight, sound, smell, taste...)
- Low lighting
 - Private room
 - Exam room door open
 - Reduced noise

5. Please tell us about your child's interests. (i.e., animals, superheroes, cars/trucks, unicorns...)

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