

The
HOSPITAL
and me



A toolkit to help me understand my visits
and express my needs










This book helps me share how I'm feeling before, during, and after my appointments at the hospital.

There are pages at the back of this book for me to draw pictures.








Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.
(I can write or draw a picture.)

This is what the doctor or therapist told me to do.
(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.
(I can write or draw a picture.)

This is what the doctor or therapist told me to do.
(I can write or draw a picture.)

This is how I am feeling **after** my appointment.






				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>










Today is: _____

This is how I am feeling **before** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Right now, this is my level of **pain**.

				
I don't feel any pain	I feel a little bit of pain	The pain is uncomfortable	The pain hurts me a lot	It's too hard for me to handle the pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today, I need help with _____

This is how you can help me: _____










This is what happened during my appointment.

(I can write or draw a picture.)

This is what the doctor or therapist told me to do.

(I can write or draw a picture.)

This is how I am feeling **after** my appointment.

				
I feel happy	I feel worried	I feel tired	I feel confused	I feel upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This is a great place to write and draw.

This is a great place to write and draw.

This is a great place to write and draw.

The
HOSPITAL
and me



Through a partnership
with Kohl's Cares,
Children's Specialized Hospital
is improving access to care for
children with special health care needs.

KOHL'S
Cares♥

The
HOSPITAL
and me

Discover more resources to support your child
childrens-specialized.org/TheHospitalAndMe

RWJBarnabas
HEALTH

Children's
Specialized
Hospital



RWJBH.org/CSH
1-888-CHILDRENS