

Get to Know Me!

Name _____

Your pronouns: ☐ He/him ☐ She/her ☐ They/them

Person I trust most: _____

How I like to communicate: _____

How I move: _____



Things I enjoy doing while in the hospital:

- | | | |
|-----------------|-----------------|--------------------------------------|
| — Playing cards | — Reading books | — Word searches or crossword puzzles |
| — Board games | — Watching TV | — Music |
| — Fidgets | — Quiet time | — Other: _____ |
| — Coloring | — Drawing | |



Things that make me feel mad, sad or upset:

- | | | |
|-------------------------------------|-------------------------|---------------------------------|
| — Arguments | — Feeling pressured | — Lack of privacy |
| — Being alone | — Feeling lonely | — Darkness |
| — Being teased | — Flashbacks | — Needles or injections |
| — Being touched | — Not being listened to | — Hearing medical conversations |
| — Being stared at | — People yelling | |
| — Contact with family | | |
| — Particular person: _____ | | |
| — Particular time of day/year _____ | | |
| — Other: _____ | | |



What would others see if you started to get upset?

- | | | |
|----------------------------|------------------------------|--------------------------------|
| — Becoming very quiet | — Pacing | — Eating more or eating less |
| — Being rude | — Crying | — Loud voice |
| — Breathing hard | — Damaging things | — Isolating or avoiding people |
| — Shaking or bouncing legs | — Clenching fists | — Heart racing |
| — Sweating | — Can't sit still or rocking | |
| — Red face | | |
| — Other: _____ | | |



Things that make my triggers worse:

- | | | |
|-----------------------|-----------------|----------------|
| — Being around people | — Loud noises | — Other: _____ |
| — Being alone | — Being touched | |



Coping skills that help me calm down:

- | | | |
|------------------------------|---------------------------|---------------------------|
| — Playing cards | — Screaming into a pillow | — Reading a book |
| — Sleeping | — Deep breathing | — Listening to music |
| — Lying down | — Being around others | — Pacing |
| — Watching a funny movie | — Wearing headphones | — Exercise/moving my body |
| — Talking to my family | — Lower lights and voices | — Yoga |
| — Squeezing a ball | — Coloring and drawing | |
| — Talking to a trusted adult | — Writing in a journal | |
| — Other: _____ | | |