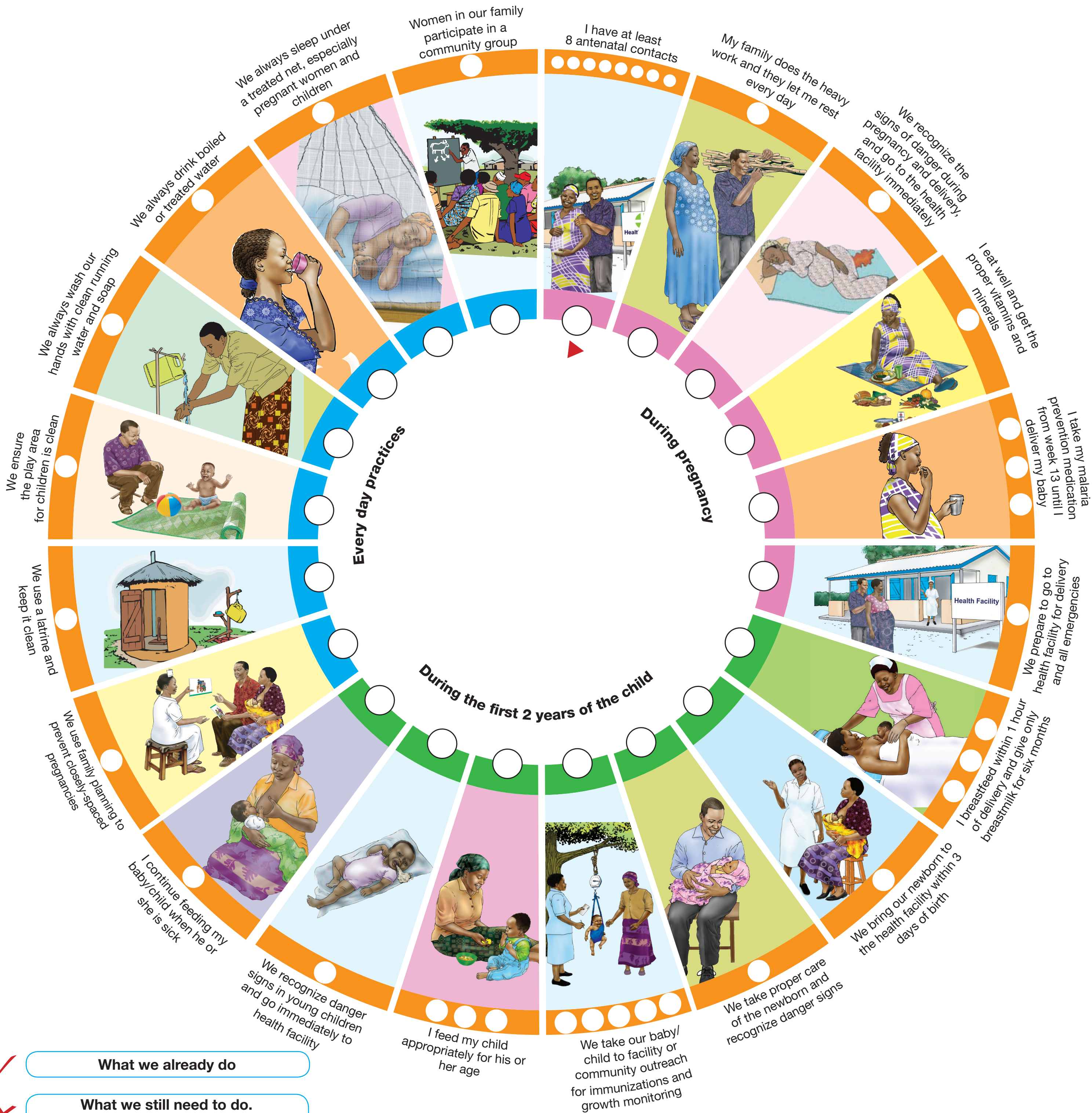


# WHEEL OF GOOD PRACTICES FOR THE FIRST 1000 DAYS OF A CHILD'S LIFE: FROM PREGNANCY TO 2 YEARS



- ✓ **What we already do**
- ✗ **What we still need to do. What we will change and improve**
- ✓✓ **What we achieved using the Wheel**

**Family Number:**

Date first visit: (DO NOT ERASE)

Date next visit: (CHANGE AS APPROPRIATE)

**Family Information:**

They live at home

Under 2 years

From 2 to 5 years

**Health Facility we visit:**

Name:  Phone:

**Community Health Workers who visit us:**

Name:  Phone:

Name:  Phone: