

The following information shall be filled in during each visit to the family
Target : Care givers

Stage / Module	Session	Visit 1			Visit 2			Visit 3			No. of visits
		Date	Time in	Time out	Date	Time in	Time out	Date	Time in	Time out	
1st trimester Module 1	1:1										
	1:2										
	1:3										
2nd trimester Module 1	1:4										
3rd trimester Module 1	1:5										
	1:6										
	1:7										
B-2 months Module 2	2:1										
	2:2										
	2:3										
	2:4										
2-5 months Module 3	3:1										
	3:2										
	3:3										
	3:4										
5-8 months Module 4	4:1										
	4:2										
	4:3										
	4:4										
	4:5										
8 - 13 months Module 5	5:1										
	5:2										
	5:3										
	5:4										
	5:5										
13 - 18 months Module 6	6:1										
	6:2										
	6:3										
	6:4										
	6:5										
19 - 24months Module 7	7:1										
	7:2										
	7:3										
	7:4										
	7:5										

குழந்தை பேணுதலுக்கான முன்பருவ மூளை வளர்ச்சி திட்டம்
Parenting for Early Brain Development Project

Animated Video on parenting for early brain development-A pilot Project in India

This information is filled in at the first time when you meet with the family

Name of Field Facilitator

Family Code Village

Name of the father / Husband

Name of the mother / Wife

Name of the caregiver

Relationship of the caregiver

Category ANC PNC

Stage	Months			Months			
	1st Trimester				B - 2 months	01	02
2nd Trimester				2 - 5 months	03	04	05
3rd Trimester				5 - 8 months	06	07	08

Stage	Months					
	8-13 months	9	10	11	12	13
13-18 months	14	15	16	17	18	
18-24 months	19	20	21	22	23	24

The following information shall be filled in during before and after the end of each stage

Child Name : Gender : DOB :

Month	2	3	4	5	6	7	8	9
Hb								

Stages	Before		After	
	Height	Weight	Height	Weight
B - 2 months				
2 - 5 months				
5 - 8 months				
8 - 13 months				
13 - 18 months				
18-24 months				

*Hieght in CMs
Weight in KGs



