## Flourish Caregiver

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## Add Caregiver Clinical Measurements

Please correct the error below.

## INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

## 1. Maternal visit: B142-040990725-9 3000M.0 2. Report Date: Date: 2024-08-22 Today | ## 09:54:39 Now | (1) Time: If reporting today, use today's date/time, otherwise use the date/time this information was reported. 3. Caregiver's weight?: 57.9 Measured in Kilograms (kg) 4. Caregiver's systolic blood pressure? 92 in mm e.g. 120, normal values are between 100 and 130. 5. Caregiver's diastolic blood pressure? 62 in hg e.g. 80, normal values are between 60 and 80. 6. Are you sure about given values: None Yes O No

| 7. Caregiver's waist circumference first measurement:   |
|---|
|   |
| only measure waist circumference for caregivers who are not pregnant                                  |
| 8. Caregiver's hip circumference first measurement:   |
| Only measure waist circumference for caregivers who are not pregnant                                  |
| All measurements have been given please select Yes  |
| 9. Were you able to obtain all clinical measurement at this visit:                                    |
| ○ Yes   |
| <ul><li>No</li></ul>  |
|   |
| Audit (Show)  |
|   |
| SAVE  |
| Cancel  |
| Save and next   |
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