Additional File 1. Collection grid for data related to patient characteristics and treatment before, during and after hospitalization

HOSPITAL: …….. **UNIT:** …….

Inclusion number: ……..

I. Patient characteristics

Age (date of birth): ……

Gender: Male ☐ Female ☐

Length of stay in the unit: ……. Days

Hospitalization (dd/mm/yyyy): …… **Discharge** (dd/mm/yyyy): ……..

Type of room: Single ☐ Double ☐

Patient hospitalized from: Home ☐ Emergency unit ☐ Transfer from another acute care unit ☐

Patient discharged to: Home ☐ Nursing home ☐ Rehabilitation structure ☐

Reason for hospital admission: …….

II. Medications taken prior to admission

	International Non-proprietary Name		International Non-proprietary Name
1		**13**	
2		**14**	
3		**15**	
4		**16**	
5		**17**	
6		**18**	
7		**19**	
8		**20**	
9		**21**	
10		**22**	
11		**23**	

III. Sedative-hypnotic initiation during hospitalization (bedtime only)

No ☐

Yes ☐

If yes :

Sedative-hypnotic (SH)treatments prescribed

SH n°1

International Non-proprietary Name: .....

Day of prescription: ……..

Length of the prescription: ……..

Type of prescription: as needed ☐ systematic ☐

Prescription renewal at discharge: Yes ☐ No ☐

SH n°2 (if applicable)

International Non-proprietary Name: .....

Day of prescription: ……..

Length of the prescription: ……..

Type of prescription: as needed ☐ systematic ☐

Prescription renewal at discharge: Yes ☐ No ☐

SH n°3 (if applicable)

International Non-proprietary Name: .....

Day of prescription: ……

Length of the prescription: ……

Type of prescription: as needed ☐ systematic ☐

Prescription renewal at discharge: Yes ☐ No ☐