

## Additional file 2. Data collection instrument

### Inappropriate medication prescribing, polypharmacy, potential drug-drug interactions and medication regimen complexity in older adults attending three referral hospitals in Asmara, Eritrea: a cross-sectional study

#### Area Identification

|                           |                                                                                                             |  |  |  |  |  |  |
|---------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Hospital .....            | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |  |  |
|                           |                                                                                                             |  |  |  |  |  |  |
|                           |                                                                                                             |  |  |  |  |  |  |
|                           |                                                                                                             |  |  |  |  |  |  |
| Medical card number ..... |                                                                                                             |  |  |  |  |  |  |
| Participant's ID .....    |                                                                                                             |  |  |  |  |  |  |

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| Date of data collection _____ / _____ / _____                                                 |
| Result of the data collection <input type="checkbox"/> 1 = Completed 2= Incomplete 3= Refused |

|                                                                                         |                                                                                     |                                                                                |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Data collector Name and code<br>_____ <input type="checkbox"/> <input type="checkbox"/> | Supervisor Name and code<br>_____ <input type="checkbox"/> <input type="checkbox"/> | Data Entry Personnel code<br><input type="checkbox"/> <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

#### Section A: Socio-demographic information and background characteristics

| S.No. | Questions                | Response                                                                                                                | Skip |
|-------|--------------------------|-------------------------------------------------------------------------------------------------------------------------|------|
| 101.  | Age (in completed years) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                              |      |
| 102.  | Sex                      | Male..... 1<br>Female ..... 2                                                                                           |      |
| 103.  | Educational level        | No formal education..... 1<br>Primary (1-5) ..... 2<br>Middle (6-8)..... 3<br>Secondary (9-12) ..... 4<br>Higher..... 5 |      |
| 104.  | Occupation               | Governmental ..... 1                                                                                                    |      |

|      |                                                             |                                                                                                                                                             |      |
|------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|      |                                                             | Private service ..... 2<br>Self-employed ..... 3<br>Unemployed ..... 4<br>House wife..... 5                                                                 |      |
| 105. | Presence of chronic illness                                 | Yes ..... 1<br>No ..... 2                                                                                                                                   | →107 |
| 106. | Chronic illness<br>( <i>Multiple answers are possible</i> ) | Hypertension .....A<br>Diabetes .....B<br>Asthma.....C<br>Renal failure .....D<br>Cardiac problem .....E<br>Others ( <i>specify</i> ).....X                 |      |
| 107. | Religion                                                    | Christian ..... 1<br>Muslim..... 2<br>Others ( <i>specify</i> )..... 3                                                                                      |      |
| 108. | Ethnic group                                                | Tigrigna ..... 1<br>Tigre ..... 2<br>Bilen ..... 3<br>Saho ..... 4<br>Afar ..... 5<br>Kunama ..... 6<br>Nara ..... 7<br>Hidareb ..... 8<br>Rashaida ..... 9 |      |

### Section B: Medication utilization pattern

(Extract the following information from prescription)

| Name of a prescribed medicine | Dose and Frequency | Duration (days) | Route of administration | Dosage form |
|-------------------------------|--------------------|-----------------|-------------------------|-------------|
|                               |                    |                 |                         |             |
|                               |                    |                 |                         |             |
|                               |                    |                 |                         |             |
|                               |                    |                 |                         |             |
|                               |                    |                 |                         |             |
|                               |                    |                 |                         |             |

|                                               |                                                                                                                                  |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Total number of drugs per prescription</b> | <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>                                         |
| <b>Prescriber qualification</b>               | General Practitioner .....<br>Specialist .....<br>Nurse practitioner .....<br>GP interns.....<br>Others ( <i>specify</i> ) ..... |

### Section C: Analysis of potential drug-drug interactions

| Drug interactions |        |        | Risk category                                                                               | Severity                                                               | Clinical implication |
|-------------------|--------|--------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------|
|                   | Drug 1 | Drug 2 |                                                                                             |                                                                        |                      |
| 301               |        |        | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4 |                      |
| 302               |        |        | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4 |                      |
| 303               |        |        | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4 |                      |
| 304               |        |        | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4 |                      |
|                   |        |        | A .....1                                                                                    | Major .....1                                                           |                      |

|      |                                                                                       |  |                                                                                             |                                                                                                                                                                                               |  |
|------|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 305  |                                                                                       |  | B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6             | Moderate .....2<br>Minor.....3<br>No interaction.....4                                                                                                                                        |  |
| 306. |                                                                                       |  | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4                                                                                                                        |  |
| 307. |                                                                                       |  | A .....1<br>B.....2<br>C.....3<br>D .....4<br>X .....5<br>No interaction of any risk .....6 | Major .....1<br>Moderate .....2<br>Minor.....3<br>No interaction.....4                                                                                                                        |  |
| 308  | Availability of clinically significant potential DDIs in a prescription               |  |                                                                                             | Yes... .....1<br>No..... 2                                                                                                                                                                    |  |
| 309  | If yes, provide the number of clinically significant potential drug-drug interactions |  |                                                                                             | <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> |  |

## Section D: Medical card review

(Extract the following information from medical cards)

|     |                                                     |                                                                                                                                            |
|-----|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 401 | Diagnosis<br><br><i>(Multiple answers possible)</i> | Diagnosis (1) _____<br>Diagnosis (2) _____<br>Diagnosis (3) _____                                                                          |
| 402 | Co-morbidity<br><i>(Multiple answers possible)</i>  | Hypertension.....A<br>Diabetes .....B<br>Asthma.....C<br>Renal failure .....D<br>Cardiac problem .....E<br>Others ( <i>specify</i> ).....X |
| 403 | Prescriber qualification                            | General Practitioner ..... 1<br>Specialist..... 2<br>Nurse practitioner ..... 3                                                            |

|  |                                  |
|--|----------------------------------|
|  | GP interns ..... 4               |
|  | Others ( <i>specify</i> )..... 5 |

**Section E: Analysis of potentially inappropriate medication and potential prescribing omission using STOPP/START version 3**

| S.No. | Questions                                                                                                                                                                  | Response                                                         | Skip        |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------|
| 501.  | Availability of potentially inappropriate medication (PIM) in a prescription                                                                                               | Yes... ..... 1<br>No... ..... 2                                  | → 504       |
| 502.  | Mention the PIM<br>( <i>Provide the section alphabet and statement number</i> )<br>E.g. Beta-blocker in combination with verapamil or diltiazem (risk of heart block)= B03 | PIM (1) _____<br>PIM (2) _____<br>PIM (3) _____<br>PIM (4) _____ |             |
| 503.  | Number of PIM in a prescription                                                                                                                                            | <input type="text"/> <input type="text"/>                        |             |
| 504.  | Availability of potential prescribing omission (PPO) in a prescription                                                                                                     | Yes... ..... 1<br>No... ..... 2                                  | → Section F |
| 505.  | Mention the PPO<br>( <i>Provide the section alphabet and statement number</i> )<br>E.g. Angiotensin Converting Enzyme (ACE) inhibitor with coronary artery disease= B03    | PPO (1) _____<br>PPO (2) _____<br>PPO (3) _____<br>PPO (4) _____ |             |
| 506.  | Number of PPO in a prescription                                                                                                                                            | <input type="text"/> <input type="text"/>                        |             |

**Section F: Analysis of medication regimen complexity (MRC) using MRC index**

| S.No.               | Questions                                           | Response                                                                                                                                        | Skip |
|---------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>Dosage Forms</b> |                                                     |                                                                                                                                                 |      |
| 601.                | Oral<br>( <i>Multiple answers are possible</i> )    | Capsule/Tab .....A<br>Gargle/Mouthwash .....B<br>Gum/Lozenge .....C<br>Liquid/Solution/Suspension.....D<br>Powder ..... E<br>Sublingual ..... F |      |
| 602.                | Topical<br>( <i>Multiple answers are possible</i> ) | Cream/Gel/Ointment/Lotion.....A<br>Paste.....B<br>Patch/Type .....C<br>Spray .....D<br>Shampoo/Topical Solution ..... E                         |      |

|                              |                                                                          |                                                                                                                                                                                                                                                                                                                                                     |  |
|------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 603.                         | Ear/Eye/Nose<br><b>(Multiple answers are possible)</b>                   | Ear drop/Cream/Ointment .....A<br>Eye drop.....B<br>Eye gel/Ointment.....C<br>Nasal drop/Cream/Ointment.....D<br>Nasal spray .....E                                                                                                                                                                                                                 |  |
| 604.                         | Inhalation<br><b>(Multiple answers are possible)</b>                     | Aerolizer .....A<br>Metered dose.....B<br>Nebulizer .....C<br>Other DPI.....D<br>Oxygen.....E                                                                                                                                                                                                                                                       |  |
| 605.                         | Other                                                                    | Enema .....A<br>Injection pre-filled .....B<br>Injection Ampoule/Vial .....C<br>Suppository .....D<br>Vaginal.....E                                                                                                                                                                                                                                 |  |
| 606.                         | Dosage form score                                                        | <input type="text"/>                                                                                                                                                                                                                                                                                                                                |  |
| <b>Dosing Frequency</b>      |                                                                          |                                                                                                                                                                                                                                                                                                                                                     |  |
| 607.                         | Dosing frequency<br><b>(Multiple answers are possible)</b>               | Once daily .....A<br>Twice daily .....B<br>Three times daily .....C<br>Four times daily .....D<br>PRN .....E<br>Others ( <i>specify</i> ).....F                                                                                                                                                                                                     |  |
| 608.                         | Dosing frequency score                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                |  |
| <b>Additional Directions</b> |                                                                          |                                                                                                                                                                                                                                                                                                                                                     |  |
| 609.                         | Medicine additional directions<br><b>(Multiple answers are possible)</b> | Break/crush tablet .....A<br>Dissolve tablet/powder .....B<br>Multiple units at once .....C<br>Take at specific time.....D<br>Relation to food/liquid.....E<br>Variable dose .....F<br>Take/use as directed.....G<br>Tapering/increasing .....H<br>Alternating dose.....I<br>Liquid/Solution/Suspension.....J<br>Powder .....K<br>Sublingual .....L |  |
| 610.                         | Additional directions score                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                                |  |

|      |             |                      |  |
|------|-------------|----------------------|--|
| 611. | Total score | <input type="text"/> |  |
|------|-------------|----------------------|--|

Comment section (if any):

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