

# AT-HARM10

Answer questions with *yes* or *no* until the answer is *yes*. The order the questions are answered is not important.

If the answer to any of the first three questions is *yes*, the admission or emergency department visit is *unlikely* to be medication related.

If the answer to any of the last 7 questions is *yes*, the admission or emergency department visit is *possibly* medication related.

Q1. Was the admission caused by an infection, a previously undiagnosed disease (e.g., diabetes or heart failure), or symptoms, signs and abnormal clinical and laboratory findings (if no specific diagnosis has been made) that do not seem to be drug-related?

Q2. Was the admission caused by progression of a previously diagnosed disease that is not drug-related?

Q3. Was the admission caused by physical trauma, substance intoxication, social circumstances or allergies (e.g., car accident, alcohol, mushroom poisoning, wasp allergy) that was/were not drug-related?

Q4. Is it hinted or stated in the medical records that the admission was drug-related (including non-compliance)?

Q5. Might (side) effects of the medications the patient was taking (prescribed or non-prescribed) prior to hospitalisation have caused the admission (including over-treatment)?

Q6. Are there abnormal laboratory results or vital signs that could be drug-related and might have caused the admission?

Q7. Was there any drug-drug interaction or drug-disease interaction (i.e., a contraindication) that might have caused the admission?

Q8. Did the patient have any previously diagnosed, untreated or sub-optimally treated (e.g., dose too low) indications that might have caused the admission?

Q9. Was the patient admitted because of a problem with the dosage form or pharmaceutical formulation (e.g., failure to receive the medication)?

Q10. Is the cause of the admission a response to cessation or withdrawal of medication treatment?