

SUSPECTED ADVERSE DRUG REACTIONS IN CHILDREN (ADRs)

Dear Dr

Many thanks for reporting the suspected ADR(s) (date) in your patient.

We would be very grateful if you or one of your colleagues could answer a few questions about the ADR you reported.

1. This questionnaire completed by:
(please print name)

Doctor who reported ADRs

Nurse

Other, (please specify)

2. Child's gender?

Male

Female

3. Child's age?

_____ years

_____ months

4. What medical condition was the medicine (s) being taken for?

5. What medicine (s) was prescribed to the child?

1-

2-

3-

6. What was the ADR(s)?

7. Which medicine do you think caused the ADR?

8. How long had the medicine been used?

- Less than 1 week
- Less than 1 month
- Less than 6 months
- More than 6 months

9. Did the ADR

- Precipitate admission
 - Delay discharge
- Other (please describe)

10. What management was given?

- Nothing
- Reduced dose of medicine
- Stopped taking medicine
- Modify treatment
- Child hospitalised
- Other (please describe)

11. How is the child now?

- Recovered completely
- Not fully recovered
- No improvement
- Not known
- Other (please describe)

Many thanks for taking the time to answer these questions. Please return the questionnaire to:

Child Health, University of Aberdeen
Royal Aberdeen Children's Hospital
Westburn Road
Aberdeen AB25 2ZG

Study investigators

Professor Peter Helms

Professor Neil McIntosh

Mr Mansour Tobaiqy