

Supplementary file 3 – List of included comorbidities and medication registration

Comorbidities

Severe coronary disease	Severe cardiovascular insufficiency. Angina or dyspnea in rest or minimal exercise (NYHA IV), or based on severe valvular disease.
Chronic ulcera/cellulitis	Decubitus, chronic venous insufficiency, chronic ulcera (all skin defects or open wounds existing > 1 month).
Asplenia	Congenital, acquired or functional asplenia.
Depression / bipolar disorder	Chronic (>1 month pre-admission) use of antidepressants or documented episode of depression in the patients' history up to 5 years before admission.
Myocardial infarction	Myocardial infarction > 1 week before admission; must be diagnosed based on ECG-abnormalities and/or enzyme abnormalities.
Heart failure	Documented chronic NYHA II-IV heart failure or patients with ejection fraction below 45% (documented on echocardiography < 2 years prior to admission) or orthopnea (for which chronic prescription of diuretic medication).
Peripheral vascular disease	Patients with intermittent claudication, patients treated with PTA/bypass surgery because of arterial insufficiency or gangrene and patients with a thoracic or abdominal aneurysms of more than 6 cm or dissection, unless atherosclerosis is not the main problem.
Hypertension	Chronic (>1 month) known hypertension and/or patients using antihypertensive medication.
Severe pulmonary disease	Chronic restrictive, obstructive or vascular pulmonary disease resulting in severe functional limitations.
COPD	Use of bronchodilators and/or corticosteroids because of chronic obstructive pulmonary disease (> 6 months).
Chronic O ₂ therapy	Continuous or intermittent oxygen use in extramural setting
Chronic home mechanical ventilation	All forms of chronic mechanical ventilation in an extramural setting (both intermittent CPAP and continuous tracheal ventilation).
Cerebrovascular disease	Transient ischemic attack, cerebrovascular accident or subarachnoid hemorrhage.
Hemiplegia	Irreversible paresis of arm and leg with severe handicap or decreased mobility caused by a cerebrovascular accident.
Dementia	Dementia diagnosed by geriatrician or neurologist prior to admission.
Renal insufficiency	Increased serum creatinine > 177 µmol/L and documented as chronic renal failure/insufficiency prior to admission.

Dialysis dependent	Chronic dialysis patient, either hemodialysis or peritoneal dialysis for more than 1 month prior to admission.
Liver cirrhosis	Portal hypertension with positive liver biopsy and/or episode of upper gastro-intestinal bleeding caused by portal hypertension and/or episode of hepatic encephalopathy / coma due to liver failure.
Non-metastasized tumor	Neoplasm without metastases confirmed by pathology and/or clinically evident prior to admission. Hematological malignancies do not classify into this definition.
Metastasized tumor	Neoplasm with metastases (stage IV) confirmed by pathology and/or clinically evident prior to admission.
Hematological malignancy	Diagnosis of lymphoma, leukemia, or multiple myeloma (M Kahler) prior to admission.
Connective tissue disease / rheumatological disease	Diagnosis of rheumatological disease (SLE, MCTD, polymyalgia, rheumatoid arthritis and polymyositis, vasculitis such as M. Wegener for example, diagnosed by internal specialist or rheumatologist.
Dyspepsia and/or ulcer disease	Treatment for chronic gastric ulcer diagnosed in the previous 5 years prior to admission.
Immunodeficiency	Use of immunosuppressants at the time of admission, and/or chemo/radiotherapy in the year prior to admission, and/or documented humoral or cellular deficiency.
HIV-infection	Documented HIV-seropositivity prior to admission or treatment with antiretroviral medication (with or without detectable viral load, with or without AIDS).
AIDS	HIV infection with CD4 < 200 and/or clinical complications.
Diabetes	Use of insulin and/or oral antidiabetics in the period prior to admission.
Diabetic end-organ damage	Diabetes mellitus and end-organ damage prior to admission. A clear link to diabetes does not have to be proven.
Thyroid or other endocrine disease	Hypothyroidism, hyperthyroidism and/or other endocrine disease.
Nursing home	Patient lives in a home where permanent care and support of activities of daily living is provided.
Alcohol- or drugs addiction	Suspicion of negative influence on daily functioning in patients with recent (<1 year) alcohol or drugs misuse that is evident from documentation or use of more than 4 glasses of alcohol a day or use of drugs apparent from patient history.
Current alcoholabusus	Current use of more than 3 glasses of alcohol a day, document in medical history but no direct negative consequences for daily functioning.
Current smoker	Current smoker documented in medical history.

Medication use

We register the following medication used at home:

- Beta blockers
- Other anti-arhythmics
- Diuretics
- Calcium antagonists
- ACE inhibitors, angiotensin receptor blockers
- Statins
- Other lipid lowering drugs
- Thrombocyte aggregation inhibitors
- Anticoagulants
- NSAIDs / COX2 inhibitors
- Proton pump inhibitors, H2 antagonists
- Corticosteroids
- Other immunosuppressants
- Bronchodilators
- Cytostatics
- Oral antidiabetics
- Insulin
- Antirheumatic medication
- Benzodiazepines
- Anti-epileptics
- Antipsychotics
- Antiparkinson medication
- Migraine medication
- Antimicrobial medication
- Opioids
- No medication use (for validation)