

DO NOT write your name (or the name of the person for whom you are returning medicine) anywhere on this form.

Safe Medicine Disposal for ME Program Survey



INSTRUCTIONS:

1. Before completing this survey, please read through the survey instructions provided to you with your envelope.
2. This form is for research purposes only. Research findings will help us to design more medicine disposal opportunities for Maine residents and create a national model.
3. You do not need to complete this survey in order to return your medicines. If you choose to take the survey, please return it in the same pre-paid envelope given to you to return your medicine.

NOTE: If you need help filling out this form, please call: 1-866-637-9743

Please check the appropriate boxes or write in the spaces provided. You may skip any questions you do not want to answer.

1. **Have you returned medicine using *this* mailback program before?**
(Please check (✓) one)

Yes No, this is my first time returning medicine using *this* program.

Your age: _____ years

2. **The medicine(s) I am disposing is: (Please check (✓) all that apply)**

- My own medicine
- A relative's medicine
- A deceased friend or relative's medicine
- A friend's medicine
- Pet/Veterinary medicine
- I don't know whose medicine it is

For the questions below, please tell us about yourself and the medicine you are returning. If you are returning medicine for someone else or for more than one person, **please tell us about the person for whom most of the medicine was prescribed.**

3. **Home zip code: _____**

4. **Gender:** Male Female

5. **Age: _____ years**

6. **Are there any people living in the household in the following age groups? (Please check (✓) all that apply)**

- Newborn to 10 years
- 11 to 20 years
- 21-64 years
- 65+ years

DO NOT write your name (or the name of the person for whom you are returning medicine) anywhere on this form.

7. How did you normally dispose of your unused and unwanted medicine before today? (Please check the method you used most often)

- Flush down the toilet
- Put in trash
- Bring to a drug collection event or give to law enforcement officer
- Don't know
- Other: _____

8. Where did you get these medicines? (Please check (✓) all that apply)

- Sample given to me at the doctor's office
- Local pharmacy
- Internet pharmacy
- Mail order pharmacy
- Given to me by a friend or family member
- Other (please list): _____

9. Why do you want to get rid of these medicines? (Please check (✓) all that apply)

- Doctor told me to stop taking the medicine(s)
- Doctor gave me new medicine(s) to take instead
- I had a reaction or allergy to the medicine(s)
- I did not like the side effects
- I did not want to take it
- I got better/did not need it any more
- I don't want anyone else to use them
- Other (please list): _____
- I don't know/I don't remember

10. What is the most important reason behind your decision to use this program?

Please place only one check by the most important reason to you.

- a) Best for the environment _____
- b) Safest for me and my family _____
- c) Other: _____

11. How important are the following features of this program?

Please rank from 1-3 with 1 being the most important and 3 being the least important.

- a) Convenient to use _____
- b) Free to use _____
- c) Anonymous _____
- d) Other: _____

12. How useful is this medicine mail-back disposal program to you? (please circle)

Very useful Useful Somewhat useful Not useful

13. What can we do to improve this program? (please write in)

++++
When complete, please fold the survey and place it into the envelope along with the medicines you are mailing back. For more information about the Safe Medicine Disposal for ME Program please visit: www.safemeddisposal.com, e-mail: info@safemeddisposal.com or call 1-866-ME-RX-RID (1-866-637-9743). **Thank you.**