Survey
Safe Disposal of Unused and Expired Medication
Please make sure to answer all questions

Gender: □ Female □ Male

Education: □ Primary School □ Elementary School □ High School □ Bachelor’s Degree
□ Higher □ None

Age: □ 18 - 25 □ 26 - 35 □ 36 - 45 □ 46 - 55 □ 56 and above

1. Do you currently have any medications that were prescribed by a physician or over-the-counter medications?
   □ Yes □ No

2. How many different types of medications do you currently have at home?
   □ 1 - 5 meds □ 6 – 10 meds □ More than 10 meds

3. Do you have any medications that are past their expiration date stored in your home?
   □ Yes □ No □ I don’t know

4. If yes, how many different medications do you have past their expiration date?
   □ 1 - 5 meds □ 6 – 10 meds □ More than 10 meds

5. What kind of medications do you have at home? (Put √ next to those that apply.)
   □ Antibiotics □ Anti-seizure medications
   □ Cold, cough, or flu medications □ Blood pressure medication
   □ Over-the-counter pain medications □ Cholesterol lowering medications
   □ Blood thinners □ Antacids
   □ Diabetes medications □ Vitamins and nutritional supplements
   □ Hormone replacements □ Herbal remedies
   □ Oral contraceptives □ Prescription pain medications
   □ Any other medications? (Specify) ________________________________

6. How do you get rid of or dispose of unused or expired medications? Do you or does someone in your household...
   (Put a √ next to those that apply.)
   □ Throw it away in household garbage?
   □ Flush it down the toilet or sink?
   □ Take it to a hazardous waste collection facility or collection event?
   □ Give it to someone else who would use them?
   □ Return it to a pharmacy?
   □ Return it to a physician?
   □ Never dispose it?
   □ Dispose it in some other way?
   (Specify in what way.) ________________________________
   □ I don’t know
7. Do you think prescription medication should be disposed of differently than over-the-counter?
   □ Yes, why? _____________________________________________________________
   □ No
   □ I don’t know

8. Do you think that unwanted prescription or non-prescription medications should be flushed down the toilet or sink?
   □ Yes  □ No  □ I don’t know

9. Have you ever received any information about how to properly dispose of prescription medication?
   □ Yes  □ No

10. If yes, from where did you receive the information or who provided you with it?
    □ Pharmacists in hospital  □ Community Pharmacist  □ Physician
    □ Nurse  □ Smart Phone Applications  □ Television
    □ Social networks  □ Specialized medical websites  □ Daily Newspaper
    □ Family member  □ Educational Campaign  □ Educational booklet
    □ Others (specify) ______________________________________________

11. Are you interested in learning more about how to properly dispose of prescription and non-prescription medications?
    □ Yes  □ No

12. If yes, in what way you like to receive the information?
    □ Pharmacists in hospital  □ Community Pharmacist  □ Physician
    □ Nurse  □ Smart Phone Applications  □ Television
    □ Social networks  □ Specialized medical websites  □ Daily Newspaper
    □ Family member  □ Educational Campaign  □ Educational booklet
    □ Others (specify) ______________________________________________

13. If there was a convenient location where you could drop off unused or expired medication for disposal, how willing would you be to use this method to get rid of such medications:
    □ Very willing  □ Somewhat willing  □ Neither willing nor unwilling  □ Very unwilling

14. What do you think might be the consequences of keeping unused or expired medication in your home?
    □ Specify ........................................
    □ No consequences  □ I don’t know

15. Is it your responsibility to find a safe way to dispose of your unused or expired medications?
    □ Yes  □ No