

Home-User Medsaway® Survey**OMB Control #: 0925-0655
Expiration Date: 04/30/2018**

As a person who purchased or was provided the Medsaway® Medication Disposal System, your answers to the following questions would be greatly appreciated.

Completing this survey is completely voluntary, the survey is anonymous, no personal information is being collected, and participants are not identifiable through this survey.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974 Bethesda MD 20892-7974, ATTN PRA (0925-0655). Do not return the completed form to this address.

1. Did you purchase the product or was it given to you?

- Yes, I purchased the product
- No, It was given to me free-of-charge

2. If you received it for free, who gave it to you?

- Pharmacist
- Police
- Physician
- Other (please specify)

3. Upon receipt of the product, how quickly did you use it to destroy unwanted prescription drugs?

- within 24 hours
- within 4 weeks
- longer than 1 month
- I will NOT use

If will not use, please explain why you would not use this product.

4. Were the instructions clear and easy to understand?

- Yes
- No

If "No", please specify the trouble with the instructions:

5. Did you have any trouble using the product?

- Yes
- No

If "Yes", please specify the trouble that was experienced

6. Why did you purchase or receive this product? Please check all that apply:

- to lower the risk of abuse or diversion
- to lower the risk of accidental poisoning
- to remove prescription drugs from my home without causing environmental damage

Other (please specify)

7. Why did you use the product? Please check all that apply:

- to lower the risk of abuse or diversion
- to lower the risk of accidental poisoning
- to remove prescription drugs from my home without causing environmental damage

Other (please specify)

Thank you for your time!

Done

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