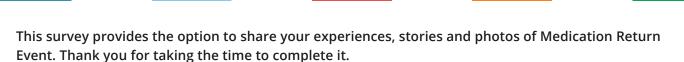


## Medication Return Event Evaluation Survey



You can complete the survey:

•	Using this form - download the form, print it out, fill it in, save it, scan it and email the saved form to us
	(email: HealthyMedicationUse@fnha.ca)
•	Online – go to Medication Return Event Survey
• •	•••••••••••••••••••••••••••••••••••••

1.	Name of Community:
2.	Name and contact information of person completing evaluation (including email address):
3.	Date event was held: Month Day Year
4.	Number of volunteers or staff involved:
5.	Number of households visited or people who attended your event:
6.	Brief description of event activities (e.g., door-to-door, community gathering, presentation, prize draws)
7.	Please list the partners (e.g., pharmacist, nurses, RCMP/police, health authorities, etc.) that were involved in your event:
8	Please provide a brief description of the role played or services provided by your local pharmacist/ pharmacy (if applicable) in the planning and/or execution of your event:
9	Weight of medications collected:  O pounds O kilograms

<b>10.</b> Please provide a general observation of the types of medications returned (e.g., pain medications, bliste packs, tablets, liquids, inhalers etc.):
<b>11.</b> How did you dispose of the collected medications?
○ Transferred to the Pharmacy ○ Transferred to Stericycle
O Other (please specify):
12. If you used the "Community Event Information Sheet," was it helpful?
O Yes O No O Did not use
<b>13.</b> What additional information (if any) would have been helpful to include on the info sheet to support the planning of your event?
44 Hawwald you gets the guerross of your propt?
<b>14.</b> How would you rate the success of your event?
O Excellent O Above Average O Average O Below Average O Very Poor
<b>15.</b> Please share some of the challenges (if any) encountered during the planning and execution of your event:
<b>16.</b> Would you like to share your stories and/or pictures of the event?
O Yes O No
<b>17.</b> If you answered 'Yes' to the question above, please indicate below how you would like your experiences and stories to be shared:
O A written narrative about the event attached to my survey response
O FNHA staff can contact me for a verbal narrative of my story
O I want to share photos of the event only (please email to: <a href="mailto:HealthyMedicationUse@fnha.ca">HealthyMedicationUse@fnha.ca</a> )
Other (please specify):

Thank You. Your feedback is very important to us.

For more information, see Medication Return Event Grant: <a href="https://www.fnha.ca/what-we-do/health-system/medication-return-event-grant">https://www.fnha.ca/what-we-do/health-system/medication-return-event-grant</a>