

# Survey: Unused Medicines

Location:

Date:

We are conducting a survey to learn more about unused medicines. The information obtained from this survey would be able to help us to recommend ways to prevent medication wastage and its safe disposal.

Please be sure that all responses will be anonymous. This survey should only take about 5-10 minutes. Thank you for your consent to participate in this survey. Let's start now.

## About yourself

1. Your age  years old
2. Your race
3. Your gender  1. Male  2. Female
4. Your highest education level:
5. Your monthly income range: (indicate an approximate value)
  - 1. <RM1,000
  - 2. RM1,001 – 3,000
  - 3. RM3,001 – 5,000
  - 4. RM5,001 – 10,000
  - 5. >RM10,000
  - 0. No income

## About your medication

6. Do you use any medication for the past six (6) months
  - 2. Yes  1. No
7. Do you have any illnesses that require long-term treatment? (eg. diabetes, hypertension, asthma etc.)
  - 2. Yes  1. No
8. Where do you get the supply of medication? (you may choose more than one answer)
  - Government hospital or clinic
  - Private hospital or clinic
  - Retail/community pharmacy (e.g. Guardian or Caring Pharmacy etc.)
9. Do you pay for those medications?
  - 0. Yes
  - 0. No
  - 1. Sometimes (specify)

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10. Please provide the details of medicines you have at home (for the period of last six months):

Type of medicine for/illness? (or medicine name)	How many days of supply do you normally get?	How many days left unused (estimate)?	What are the reasons for not taking/finishing the medication? §	How did you dispose of the unused medicines? **
A. Hypertension				
B. Diabetes				
C. High cholesterol				
D. Heart diseases				
E. Kidney diseases				
F. Pain (muscle/gout/headache/toothache)				
G. Infection (antibiotic)				
H. Digestive disorder				
J. Depression				
K. Cough & cold				
L. Allergy				
M. Fever				
N. Others (specify)				
O. Asthma				
P. Mental Disease				

Examples:

§ The reasons for not taking/finishing the medication?

- |  |  |
|--|--|
| 1. Prescription or dosage was changed by a doctor    | 7. Medicine turn bad (smell/taste/look)  |
| 2. Did not take according to the prescription/forgot | 8. It was lost or misplaced              |
| 3. Did not need all that was prescribed/too many     | 9. It was stolen                         |
| 4. Had a bad reaction or side effect                 | 10. Patient deceased                     |
| 5. Illness condition improved                        | 11. Getting supply from multiple centres |
| 6. Medicine has expired                              | 12. Other reasons (specify)              |

\*\*How did you dispose of the unused medications?

- |   |   |
|---|---|
| 1. Threw it in the trash/garbage bin          | 5. Kept it in a cabinet (still have it) |
| 2. Flushed it down the toilet/drain           | 6. Kept it for future use               |
| 3. Look it to a "Medicine Take-Back" facility | 7. Other Methods (specify)              |
| 4. Gave it to someone who would use it        |   |

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## About medication disposal and Take-back Programme

11. Have you ever been advised by a health care professional about proper medicine disposal?
1. Yes  
 0. No
12. How do you perceive the risk of unsafe disposal of medicine to the environment?  
Please rate the risk as follow (1 being low risk, 5 being very high risk)
1. Low Risk       2. Medium Risk       3. High Risk
13. Are you aware of medicine return programme?  
*(A medicine return programme is a programme where you voluntarily return your unused medications to a designated facility, such as hospital, pharmacy, or doctor's clinic)*
1. Yes  
 0. No (Go to Q16)
14. Have you ever participated in any medicine return programme by returning your unused medication?
1. Yes (Go to Q16)  
 0. No
15. Could you please explain or tell me why you have not participated in a medicine return programme?
1. It is inconvenient  
 2. Too far to travel  
 3. No time  
 4. Not concerned about unused medication disposal  
 5. Keep medications for future use  
 6. Concern that the prescriber/pharmacist will blame me  
 7. Some other reasons (specify):
16. Would you be willing to use a medicine return programme if it is available near you, such as at, hospital, pharmacy or doctor's clinic?
1. Yes  
 0. No

**END**

That is the end of the survey. Thank you for your time today. If you have any questions about how to properly dispose of unused medications, please ask your healthcare professionals at your next visit. Have a good day.