

MedDrop Survey Card



Date: _____	Time: ____ am/pm to ____ am/pm
How did you hear about this MedDrop Box? (Circle One) Flyers (Name of location handing out flyer) _____ Poster Television News Show Promotion Family or Friend Pharmacist Other Healthcare Provider Other _____	MedDrop Box Location (Circle One): Blue Mounds Cambridge Deerfield Fitchburg Madison East Madison West UWPD Mazomanie McFarland Middleton Oregon Sun Prairie Waunakee
	What is your motivation for using this MedDrop Box? (Circle One) Environmental protection Removing expired/unneeded medications from the home Prevent abuse access
What is your gender? Male / Female	What is your age? _____

What else can we be doing to promote Med Drop for Safer Communities?

Thank you!

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