

Community Medical Foundation for Patient Safety
ANNUAL SURVEY OF UNUSED & EXPIRED MEDICINES (UEM)
TAKE-BACK AND DISPOSAL PROGRAMS

Please help us compile a list of existing take-back programs in the U.S. and around the world. Information you provide will be included in the National Directory of Drug Take-Back and Disposal Programs. Use a black or blue pen and print clearly. Return completed survey by fax or mail to the address below. For more information, contact Matthew Mireles, 832-778-777.

Name of Program							
Location of Program	City		State or Province		Country		
	Contact Person		Title				
Address 1							
Address 2						Zip Code US only	
	City		State or Province		Country		
Phone Number		Fax		Email			
Primary Sponsor of Program							
Co-sponsors or Partners							
Initiation Date (mm/dd/yy)		Are you a participant of the Unused & Expired Medicines Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/> Don't know					
Collection Schedule		<input type="checkbox"/> One time <input type="checkbox"/> Ongoing <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____					
Collection Method Check all that apply		<input type="checkbox"/> Drop-off at event <input type="checkbox"/> Drop-off at pharmacy <input type="checkbox"/> Direct mail-in <input type="checkbox"/> Drop-off at police station <input type="checkbox"/> Other (describe) _____					
Primary Destruction Method		<input type="checkbox"/> Incineration <input type="checkbox"/> Landfill <input type="checkbox"/> Both incin. & landfill <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____					
Primary Funder of Program		<input type="checkbox"/> Sponsor(s) <input type="checkbox"/> Grant(s) <input type="checkbox"/> Self-funded <input type="checkbox"/> Other _____					
Is Law Enforcement involved?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Is your program open to the public (anyone)?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Are narcotics collected?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
How do you classify returned drugs?		<input type="checkbox"/> Medical waste <input type="checkbox"/> Hazardous household waste <input type="checkbox"/> Nonhazardous household waste <input type="checkbox"/> Solid waste <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____					
Purpose of Program Check all that apply		<input type="checkbox"/> Community service <input type="checkbox"/> Home safety <input type="checkbox"/> Environmental protection <input type="checkbox"/> Crime prevention <input type="checkbox"/> Patient safety <input type="checkbox"/> Public safety <input type="checkbox"/> Other _____					

Comments

THANK YOU!

Please return completed survey to Community Medical Foundation for Patient Safety
 6800 West Loop South, Suite 190, Bellaire, TX 77401