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Insert Coalition Logo HERE

**Medication Lock Box Pre-Survey**

In order to ensure that prescription medication is being taken only by those it is prescribed to, it is important to lock up medication in a secure container at home. The [insert name of coalition], in partnership with the Washington State Health Care Authority, Division of Behavioral Health and Recovery, is providing lock boxes to local residents to lock up their medication. Please answer the following questions about your use of the lock box by circling your response.

1. Please rate your level of awareness about safe storage of prescription drugs.

(Circle one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5    (highly aware) |

(Not aware at all) (Highly aware)

1. Are you currently locking up your medication? **Yes or No**
2. Do you currently have a secure, lockable container for your medication? **Yes or No**

If you would like a secure medication lock box, please write your name and phone number or email address below. In 3-6 months, you will be contacted for a short follow-up survey after receiving your lock box.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For questions or concerns, please contact [insert coalition contact name] by phone at [insert coalition contact phone number] or via email at [insert coalition contact email address]. For more information about the [insert coalition name] please visit us at Facebook.com/[ insert Facebook page]

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