

SAFE MEDICATION STORAGE PROGRAM

Thank you for participating in a brief survey for the Safe Medication Storage Program. With your input, we can get locking bags into more people's hands and help fight the opioid pandemic together. Your feedback is important and will help shape the future of the project.

Participation in the research is entirely voluntary and you can choose not to participate at any time, before or during the survey.

The survey will include questions about medication storage.

All of your responses to this survey will remain anonymous and will not be linked to you in any way. Survey responses will only be identified with a random number.

We appreciate your help making this program better.

NAME OF PARTICIPANT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

**PREFERRED METHOD
OF OUTREACH:**

☐

Phone

☐

Email

I, _____ freely agree to participate in a future
(Name of Participant)

survey for the Safe Storage Program. My participation is voluntary. The project has been satisfactorily explained to me and all my questions have been answered.

Signature

Date