



First Nations Health Authority  
Health through wellness

# Medication Return Event Evaluation Survey

This survey provides the option to share your experiences, stories and photos of Medication Return Event. Thank you for taking the time to complete it.

You can complete the survey:

- **Using this form** – download the form, print it out, fill it in, save it, scan it and email the saved form to us (email: [HealthyMedicationUse@fnha.ca](mailto:HealthyMedicationUse@fnha.ca))
- **Online** – go to [Medication Return Event Survey](#)

1. Name of Community: \_\_\_\_\_

2. Name and contact information of person completing evaluation (including email address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date event was held: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Number of volunteers or staff involved: \_\_\_\_\_

5. Number of households visited or people who attended your event: \_\_\_\_\_

6. Brief description of event activities (e.g., door-to-door, community gathering, presentation, prize draws)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list the partners (e.g., pharmacist, nurses, RCMP/police, health authorities, etc.) that were involved in your event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please provide a brief description of the role played or services provided by your local pharmacist/ pharmacy (if applicable) in the planning and/or execution of your event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Weight of medications collected: \_\_\_\_\_  pounds  kilograms

10. Please provide a general observation of the types of medications returned (e.g., pain medications, blister packs, tablets, liquids, inhalers etc.):

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11. How did you dispose of the collected medications?

Transferred to the Pharmacy     Transferred to Stericycle

Other (please specify): \_\_\_\_\_

12. If you used the "Community Event Information Sheet," was it helpful?

Yes     No     Did not use

13. What additional information (if any) would have been helpful to include on the info sheet to support the planning of your event?

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14. How would you rate the success of your event?

Excellent     Above Average     Average     Below Average     Very Poor

15. Please share some of the challenges (if any) encountered during the planning and execution of your event:

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16. Would you like to share your stories and/or pictures of the event?

Yes     No

17. If you answered 'Yes' to the question above, please indicate below how you would like your experiences and stories to be shared:

A written narrative about the event attached to my survey response

FNHA staff can contact me for a verbal narrative of my story

I want to share photos of the event only (please email to: [HealthyMedicationUse@fnha.ca](mailto:HealthyMedicationUse@fnha.ca))

Other (please specify): \_\_\_\_\_

**Thank You.** Your feedback is very important to us.

For more information, see Medication Return Event Grant:

<https://www.fnha.ca/what-we-do/health-system/medication-return-event-grant>