

Instructions: Fill-in each circle completely using the following example:

Like this: ☒ NOT like this: ☒ ☒ ☒

Directions. Please read each statement and indicate if you "strongly disagree", "disagree", "somewhat disagree", "somewhat agree", "agree", or "strongly agree".

As a result of today's session,	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat agree	Agree	Strongly Agree
1. I am more aware of the importance of taking my medications as directed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am more knowledgeable about the dangers of misusing prescription medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I gained information relevant to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would recommend this session to a friend or colleague.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Directions. Please indicate if you are "very unlikely", "unlikely", "somewhat unlikely", "somewhat likely", "likely", or "very likely" to do the following things as a result of the session you attended today.

As a result of today's session,	Very Unlikely	Unlikely	Somewhat Unlikely	Somewhat Likely	Likely	Very Likely
5. I will be more careful when reading labels on my prescription and non-prescription medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I will consult a medical professional if I have questions about my prescription medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I will store prescription medications in a secure location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I will be more careful when using prescription medications in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I will keep an updated record of my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I will not mix medications without consulting with my pharmacist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I will disclose all the prescription medications I am taking to my pharmacist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I will disclose all the prescription medications I am taking to my physician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I will not share my prescription medications with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I will not use prescription medications that are not prescribed for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I will keep medications out of the reach of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I will properly dispose of prescription medications when I no longer need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics. Please read each statement and fill-in the circle that best describes you.

17. Are you a: ☐ Male ☐ Female

18. How old are you?

☐ Under 60 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90-99 ☐ 100 or older

19. Please indicate your ethnicity/race:

☐ Multiracial ☐ Asian American ☐ Other (please specify) _____
☐ African American ☐ Hispanic
☐ Caucasian ☐ Native American

20. In what role did you attend this session? (Check all that apply):

☐ Patient ☐ Medical or healthcare professional ☐ Counselor
☐ Caregiver ☐ Pharmacist ☐ Other (please specify) _____

Please feel free to make any other comments that you wish
to make about your experience at this program:

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