
Home Situation

1. Who lives with you at home?
   □ Spouse/Significant Other
   □ Adult children (age >25)
     Number 1 2 3 4 >5
   □ Young adult children (age 18-25)
     Number 1 2 3 4 >5
   □ Minor Children (age <18)
     Number 1 2 3 4 >5
   □ Parents
   □ Siblings
     Adult siblings (age >25)
     Number 1 2 3 4 >5
     Young adult siblings (age 18-25)
     Number 1 2 3 4 >5
     Minor siblings (age <18)
     Number 1 2 3 4 >5
   □ Others __________________________________________

2. I need assistance with taking my pain medications.
   □ strongly agree   □ agree   □ neutral   □ disagree   □ strongly disagree

3. Who knows where your pain medications are kept?
   □ Spouse/ Significant Other   □ Parents
   □ Adult children (age >25)   □ Siblings
   □ Young adults (age 18-25)   □ Nursing aides or paid caregivers
   □ Children (age <18)   □ Friends
   □ Others __________________________________________

4. I think that the neighborhood I live in is safe.
   □ strongly agree   □ agree   □ neutral   □ disagree   □ strongly disagree

5. There is a problem with drugs in my neighborhood.
   □ strongly agree   □ agree   □ neutral   □ disagree   □ strongly disagree

6. I feel that my safety is at risk because I have these pain medications.
   □ strongly agree   □ agree   □ neutral   □ disagree   □ strongly disagree

7. I tell family and friends that I am on pain medications.
   □ strongly agree   □ agree   □ neutral   □ disagree   □ strongly disagree
Medication History

1. Do you have unused pain medications at home?  □ Yes  □ No

2. I count my pain pills to see how many are left.
   □ strongly agree  □ agree  □ neutral  □ disagree  □ strongly disagree

3. I think that sometimes, I have less of the pain medications in my bottle than I expected.
   □ strongly agree  □ agree  □ neutral  □ disagree  □ strongly disagree

4. I have run out of pain medications early.
   □ very frequently  □ frequently  □ infrequently  □ very infrequently  □ never

5. I keep my pain medications
   □ where everybody can see  □ under lock and key  □ hidden but not locked
   □ others, please specify: __________________________________________________________

6. If your pain medications are locked, who has keys to it?
   □ Spouse/ Significant Other  □ Siblings
   □ Adult children (age >25)  □ Nursing aides or paid caregivers
   □ Young adults (age 18-25)  □ Friends
   □ Children (age <18)  □ Others __________________________________________________
   □ Parents  □ Not applicable

7. I have shared my pain medications with someone else
   □ very frequently  □ frequently  □ infrequently  □ very infrequently  □ never

8. I have shared my pain medications with someone else because they were in pain
   □ very frequently  □ frequently  □ infrequently  □ very infrequently  □ never

9. I have lost some pain medications in the past
   □ very frequently  □ frequently  □ infrequently  □ very infrequently  □ never

10. I dispose of my pain medications by
    □ Give them to my doctor for disposal  □ Flush down the toilet
        □ Throw in the trash  □ Do not dispose
    Others, please specify: __________________________________________________________

11. I do not dispose of my pain medications because
   □ I do not know how ◯ I’d like to keep it just in case I need it in the future
   □ I was not aware that I needed to
   □ Others, please describe: __________________________________________________________

12. Are you aware of any proper disposal methods for pain medications? □ Yes ◯ No

13. If you are aware of proper disposal methods for pain medications, how did you learn about this?
   □ Healthcare provider ◯ Media or other source
   □ Family or friends
   Others

   1. Improper use of prescription pain medications is a common problem in our society?
      □ strongly agree □ agree □ neutral □ disagree □ strongly disagree

   2. I am aware that possible dangers of pain medications for others for whom the pain medications were not prescribed for include trouble with excessive sleepiness, confusion, trouble breathing, seizures and even death.
      □ strongly agree □ agree □ neutral □ disagree □ strongly disagree

   3. One dose of my current pain killer can be fatal if taken by someone else other than myself.
      □ strongly agree □ agree □ neutral □ disagree □ strongly disagree