

Poll Questions

July/August 2019

Safely Storing Medication Around Grandchildren

Questions were answered by respondents age 50–80 who identified as grandparents.



Q1. How many children (0–17 years) live in your household?

[INSERT NUMBER] child(ren)

Q2. Do you have any grandchildren, including great grandchildren, step-grandchildren, or adopted grandchildren?

1. Yes
2. No [Skip to next section]

For remaining questions, the term grandchildren includes great grandchildren, step-grandchildren, or adopted grandchildren.

Q3. How many grandchildren do you have age 0–17?

[INSERT NUMBER] child(ren)

If Q3 ≥ 1

Q4. Do you babysit or take care of your grandchild(ren)?

1. Yes, regularly
2. Yes, occasionally
3. No

If Q4 = Yes, regularly or yes, occasionally

Q5. Are you the primary caregiver — meaning you are either legal guardian or solely responsible for your grandchild(ren)'s care?

1. Yes
2. No

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If Q4 = Yes, regularly OR Q5 = Yes

Q6. On average, approximately how many hours a week do you care for your grandchild(ren)?

1. <5
2. 5-10
3. 11-20
4. 21-30
5. >30

If Q4 = Yes, occasionally

Q7. On average, approximately how many times a month do you care for your grandchild(ren)?

1. Less than once a month
2. 1-2
3. 3-4
4. 5 or more

If Q3 ≥ 1

Q8. In the last year, has your grandchild(ren) come to visit you in your home?

1. Yes
2. No

If Q1 ≥ 1 OR Q2 ≥ 1

Q9. Do you currently have the following kinds of medicines or products in your home?

	No	Yes
Over-the-counter medicine		
Prescription medicine		
Vitamins/supplements		

If any row in Q9 = Yes, then show corresponding row

Q10. Do you keep all medicine and/or products in the containers that they are sold in, or do you put some doses in other containers?

	All in the containers that they are sold in	Some in other containers
Over-the-counter medicine		
Prescription medicine		
Vitamins/supplements		

If any row in Q10 = Some in other containers

Q11. What kinds of containers do you use?

	Child-proof containers	Easy-to-open containers (such as pill organizers)	Other types of containers
Over-the-counter medicine			
Prescription medicine			
Vitamins/supplements			



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If any row in Q9 = Yes, then show corresponding row

Q12. Where do you keep these medicines and/or products? Select all that apply

	On counter or table	In cupboard or cabinet	In locked cupboard or cabinet	In bag/purse	Refrigerator	Other place
Over-the-counter medicine						
Prescription medicine						
Vitamins/supplements						

If Q8 = Yes and any row in Q9 = Yes

Q13. When your grandchild(ren) visit you, do you put your medicines in a different place?

1. Yes
2. No

If Q13 = Yes

Q14. Where do you put them?

1. Hidden away
2. In locked cabinets
3. Other

If Q2 ≥ 1 and any row in Q9 = Yes

Q15. When you are visiting your grandchild(ren), where do you put your medicines?

1. In bag/purse
2. On counters
3. In locked cupboard or cabinets
4. Don't take medicine with me
5. I don't visit my grandchildren
6. Other

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