

Annual Medical Survey for Hazardous Drug Handlers

A. Medical history:

1. In the course of the last year, have you had any changes in your general health?
 _____ YES _____ NO

If yes, please describe: _____

2. In the course of the last year, have you had any of the following symptoms listed below?

| Symptoms | No | Yes | Have you noticed that these symptoms occur in relation to your work week? (e.g., either during the workday, or immediately after) |
|------------------|----|-----|---|
| Bruising | | | |
| Dizziness | | | |
| Facial flushing | | | |
| Fever | | | |
| GI complaints | | | |
| Hair loss | | | |
| Headache | | | |
| Nausea | | | |
| Nosebleed | | | |
| Respiratory | | | |
| Skin rash | | | |
| Sore throat | | | |
| Vomiting | | | |
| Wheezing | | | |
| Other (Specify): | | | |

3. In the course of the last year, have you had a significant unintentional weight loss?

_____ YES _____ NO If yes, how many lbs? _____

4. In the course of the last year, or since you last completed this questionnaire, have you had any of the following reproductive events listed below?

a) Have you or your partner ever had a problem conceiving a child?
 _____ YES _____ NO

b) Have you or your partner consulted a physician for a fertility or other reproductive problem?
 _____ YES _____ NO

If yes, please specify who consulted the physician: _____ self _____ partner _____ self and partner
 If yes, please state the diagnosis that was made: _____

- c) In the past year, have you or your partner conceived a child resulting in a miscarriage, still birth, or birth defect? _____ YES _____ NO
 If yes to question 4 c, please specify the type of outcome:
 _____ miscarriage _____ still birth _____ birth defect
 If the outcome was a birth defect, please specify the type or describe": _____
- d) What is the occupation of your spouse or partner? _____
- e) For women only: In the past year, have you had any menstrual irregularities? _____ YES _____ NO
 If yes, please specify the type of menstrual irregularity: _____
 If yes, how many episodes of this irregularity did you have (in the past year)? _____

B. Work history:

1. How many hours a week do you usually work with hazardous drugs (either handling, or in the area where they are being handled)? _____
2. Has this schedule changed over the past year? _____ YES _____ NO If yes, how has it changed?

3. In the course of the last year, have you been around an antineoplastic drug spill? _____ YES _____ NO
 If yes, please give approximate date or dates (if this occurred more than once). _____
 If yes, approximately how large was the spill? _____ Smaller than 5 mL _____ Larger than 5 mL
 If yes, did you clean it up? _____ YES _____ NO
 If yes, what protective clothing were you wearing when spill occurred? _____
4. In the course of the last year, have you accidentally ingested, breathed in, or had skin contact with an antineoplastic drug or solution? _____ YES _____ NO
 If yes, how often? _____
5. Please check the most appropriate answer as it applies to your antineoplastic drug handling practice:

| | Always | Often | Sometimes | Rarely | Never |
|--|--------|-------|-----------|--------|-------|
| I wear disposable gloves. | | | | | |
| I wear double gloves. | | | | | |
| I change my gloves according to the guidelines on my unit. | | | | | |
| I wear disposable gowns. | | | | | |
| I wear eye protection (goggles). | | | | | |
| I wear a protective mask. | | | | | |
| I wear disposable booties. | | | | | |
| I wear disposable hair covers. | | | | | |
| If I mix drugs, I use a biological safety cabinet. | | | | | |

Source: McDiarmid MA, Curbow B. Risk communication and surveillance approaches for workplace reproductive hazards. *J Occup Med Toxicol* 1992; 1:63-74.