

**Figure 13. Sample Medical History Questionnaire for Hazardous Drug Handlers****A. Medical History**

1. In the course of the past year, have you had any changes in your general health?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. In the course of the past year, have you had any of the following symptoms?

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

Unintentional weight loss \_\_\_\_ YES \_\_\_\_ NO If yes, how many pounds? \_\_\_\_\_

3. In the course of the past 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, 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, stillbirth, or birth defect? \_\_\_\_ YES \_\_\_\_ NO

If yes, please specify the type of outcome: \_\_\_\_ Miscarriage \_\_\_\_ Stillbirth \_\_\_\_ 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 past 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? \_\_\_\_ Less than 5 ml \_\_\_\_ More than 5 ml

If yes, did you clean it up? \_\_\_\_ YES \_\_\_\_ NO

If yes, what protective clothing were you wearing when the spill occurred? \_\_\_\_\_  
\_\_\_\_\_

4. In the course of the past 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 biologic safety cabinet.					

Note. Based on information from McDiarmid &amp; Curbow, 1992.