

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 & Curbow, 1992.