

Annual Antineoplastic/Cytotoxic Drug Questionnaire

NAME	Kaiser#	DATE	
JOB TITLE	DEPARTMENT	Phone (H) work	Cell

1. How many times in the **past month** have you handled antineoplastic/cytotoxic drugs? _____
In the past year? _____
2. Have you had any incidents resulting in a direct exposure of antineoplastic/cytotoxic agents onto your bare skin, face, eyes, mouth, or have you directly inhaled one of these agents? _____
If yes, please explain _____
3. In the **past month** have you experienced any of the following **unexplained** symptoms – i.e., **unrelated to an illness or injury**? Please comment below:

	Times Last Month				Times Last Month		
	No	Yes	How Many?		No	Yes	How Many?
Skin changes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pain on urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	_____	Bleeding on urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: _____

4. In the past year, have you or your spouse had any **unexplained** abnormal pregnancy outcomes? (e.g., miscarriage, stillbirth, or birth defect) Yes No
Comments _____
5. Do you wear gloves while mixing or administering antineoplastic/cytotoxic drugs? Yes No
6. Do you know how to clean up a spill of antineoplastic/cytotoxic drug materials? Yes No

Employee signature: _____

Reviewed by: _____ Date: _____

Action: _____

