



Questionnaire Responses

Date 08/29/2017
 Report QuestionnaireBlank.rpt
 Created By Briner, Rebekah / BRIAG9

* - Required Question

Questionnaire Annual Chemotherapy Questionnaire

Name	Employee Number
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Question	Response
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1. Please Click ""START OVER"" if you think you may have entered your Employee ID and/or SSN incorrectly:

2. What is the best time to contact you? *

2.1. Cellular Phone *

3. In the past 12 months, I have handled chemotherapeutic agents. If yes, please indicate which one(s): *

Yes
 No

3.1. Aldesleukin (Proleukin) *

Yes
 No

3.2. Amifostine (Ethyol) *

Yes
 No

3.3. Arsenic Trioxide (Trisenox) *

Yes
 No

3.4. Asparaginase (Elspar, Erwinaze) *

Yes
 No

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3.5.Axitinib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6.Azacitidine (Vidaza) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7.AZD1775 (MK-1775, IND#116459) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8.AZD6244 *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9.Bendamustine (Treanda) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10.Bevacizumab (Avastin) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11.Bleomycin (Blenoxane) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12.Blinatumomab *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.13.BMN 673 *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.14.Bortezomib *	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3.15. Brentuximab Vedotin *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.16. Busulfan (Busulfex) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.17. Cabozantinib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.18. Carboplatin (Paraplatin) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.19. Carmustine (BiCNU) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.20. CDX-011 (Glembatumumab Vedotin, CR011-vcMMAE; IND# 128248, NSC# 763737) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.21. Chimeric 14.18 *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.22. Chlorambucil (Leukeran) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.23. Cidofovir (Vistide) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.24. Cisplatin (Platinol) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.25. Cladribine (Leustatin) *	<input type="checkbox"/> Yes

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	<input type="checkbox"/> No
3.26.Clofarabine (Clolar) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.27.CPX-351 *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.28.Crizotinib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.29.Cyclosporine (Gengraf, Neoral, Sandimmune) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.30.Cyclophosphamide (Cytosan) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.31.Cytarabine (Ara-C) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.32.Dabrafenib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.33.Dactinomycin (Cosmegen) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.34.Dasatinib (IND#73789, NSC#732517) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.35.Daunorubicin (Cerubidine) *	<input type="checkbox"/> Yes

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No

3.36.Decarbazine *

Yes

No

3.37.Decitabine (Dacogen) *

Yes

No

3.38.Denosumab *

Yes

No

3.39.Dexrazoxane (Zinecard) *

Yes

No

3.40.Docetaxel (Taxotere) *

Yes

No

3.41.Doxorubicin (Adriamycin) *

Yes

No

3.42.Erlotinib *

Yes

No

3.43.Etoposide (Vepesid/VP16) *

Yes

No

3.44.Everolimus *

Yes

No

3.45.Fludarabine (Fludara) *

Yes

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	<input type="checkbox"/> No
3.46.Fluorouracil (Adrucil, 5-FU) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.47.Ganciclovir (Cytovene) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.48.Ganitumab *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.49.Gemcitabine (Gemzar) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.50.Hydroxyurea (Hydrea) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.51.Idarubicin (Idamycin) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.52.Ifosfamide (Ifex) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.53.Imatinib Mesylate *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.54.IMGN901 (Lorvotuzumab Mertansine) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.55.Irinotecan (Camptosar) *	<input type="checkbox"/> Yes

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	<input type="checkbox"/> No
3.56. Isotretinoin (Accutane, Amnesteem, Claravis, etc.) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.57. LDK378 *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.58. Lenalidomide *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.59. Lomustine (CCNU) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.60. Mechlorethamine (Mustargen) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.61. Melphalan (Alkeran) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.62. Mercaptopurine (Purixan, 6-MP) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.63. Mesna (Mesnex) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.64. Methotrexate *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.65. MIBG *	<input type="checkbox"/> Yes

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 No

3.66.Mitomycin *

 Yes
 No

3.67.Mitoxantrone (Novatrone) *

 Yes
 No

3.68.Nilotinib *

 Yes
 No

3.69.Nivolumab *

 Yes
 No

3.70.Paclitaxel (Taxol) *

 Yes
 No

3.71.Pazopanib *

 Yes
 No

3.72.PD-0325901 *

 Yes
 No

3.73.Pegaspargase (Oncaspar) *

 Yes
 No

3.74.Pembrolizumab *

 Yes
 No

3.75.Pemetrexed (Alimta) *

 Yes

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No

3.76.Pentostatin (Nipent) *

Yes
 No

3.77.Procarbazine (Matulane) *

Yes
 No

3.78.Ramucirumab *

Yes
 No

3.79.Ribociclib *

Yes
 No

3.80.Rituximab *

Yes
 No

3.81.Selinexor (KPT-330, IND #125052) *

Yes
 No

3.82.Selumetinib *

Yes
 No

3.83.SGN-CD19A *

Yes
 No

3.84.Sirolimus *

Yes
 No

3.85.Sorafenib (Free Base) *

Yes

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	<input type="checkbox"/> No
3.86. Streptozocin (Zanosar) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.87. Tamoxifen *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.88. Temozolamide *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.89. Temsirolimus *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.90. Thioguanine (Tabloid, 6-TG) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.91. Thiotepa (Thioplex) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.92. Trametinib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.93. Vandetinib *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.94. Vinblastine (Velban) *	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.95. Vincristine (Oncovin) *	<input type="checkbox"/> Yes

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No

3.96.Vinorelbine (Navelbine) *

Yes

No

3.97.Vorinostat *

Yes

No

4.Please note the below demographic and position-related questions are being asked for research purposes.

5.Indicate your work area: *

Facilities

Patient Care

Pharmacy

Research

Other

6.What is your position/title? *

MD

DO

RN

Pharm Tech

Researcher

PA

NP

PCA

EVS

Other

7.Select your age range: *

0-18

19-25

26-35

36-45

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- 46-50
- 50+

8. How frequently during the past 12 months did you handle bodily fluid/waste that contains chemotherapeutic agents? *

- Daily
- Weekly
- Monthly
- Yearly
- Not applicable

9. How frequently during the past 12 months did you hang chemotherapeutic agents? *

- Daily
- Weekly
- Monthly
- Yearly
- Not applicable

10. How frequently during the past 12 months did you mix chemotherapeutic agents? (This does not include mixing oral medication into something for the patient to eat/drink) **

- Daily
- Weekly
- Monthly
- Yearly
- Not applicable

11. How frequently during the past 12 months did you use chemotherapeutic agents in your research? *

- Daily
- Weekly
- Monthly
- Yearly
- Not applicable

12. How frequently during the past 12 months did you clean up chemotherapeutic agents? *

- Daily
- Weekly
- Monthly
- Yearly

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Not applicable

13.How many hours during the past 12 months do you estimate that you spend prepping or administering chemotherapeutic agents per week? *

14.I understand the risk of handling chemotherapeutic agents or body fluids that may contain trace amounts of these agents and I always wear the full amount of required PPE. *

Yes
 No

14.1.If no, explain the circumstances under which you did not use proper PPE. *

15.What PPE do you use?

15.1.Biosafety hood

15.2.Booties

15.3.Chemo gown

15.4.Chemo mat

15.5.Gloves

15.6.Goggles/Face shield

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15.7.Mask

15.8.None

16.In the past 12 months have you had any
chemotherapeutic agent exposure? * Yes
 No

16.1.Did you report the exposure to
803-SAFE? * Yes
 No

16.2.How were you exposed? (Explain the
route and incident of the exposure.) * _____

16.3.To what drug? * _____

16.4.To what amount of the drug? * _____

16.5.For what length of time? * _____

16.6.Was there any medical action or
treatment? * Yes
 No

17.In the past 12 months have you had any
diagnosed malignancies/cancer? * Yes
 No

17.1.What was the diagnosis? * _____

17.2.Was it resolved? * Yes

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No

17.2.1.When? *

17.3.Comments: *

18.Female reproductive history (self): Are you female? *

Yes
 No

18.1.Are you postmenopausal and/or have you had a hysterectomy? *

Yes
 No

18.2.In the past 12 months have you been under the care of a medical doctor for reproductive issues? *

Yes
 No

18.3.In the past 12 months have you experienced any of the following?

18.3.1.Unexplained, irregular menstrual cycles? *

Yes
 No

18.3.2.Unexplained difficulties conceiving? *

Yes
 No

18.3.3.Any miscarriages? *

Yes
 No

18.3.3.1.Specify how many miscarriages and on what date(s): *

18.3.4.Any stillborn births? *

Yes
 No

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18.3.4.1.Specify how many stillborn births and on what date(s): *

18.3.5.Given birth to a child with chromosomal abnormalities? *

Yes
 No

18.3.5.1.If yes, please describe: *

19.Male reproductive history (self): Are you male? *

Yes
 No

19.1.In the past 12 months, have you or your female partner/surrogate experienced any of the following:

19.1.1.Unexplained difficulties conceiving? *

Yes
 No

19.1.2.Any miscarriages? *

Yes
 No

19.1.2.1.Specify how many miscarriages and on what date(s): *

19.1.3.Any stillborn births? *

Yes
 No

19.1.3.1.Specify how many stillborn births and on what date(s): *

19.1.4.Given birth to a child with chromosomal abnormalities? *

Yes
 No

19.1.4.1.If yes, please describe: *

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20. In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) nausea/vomiting? *

Yes
 No

20.1. What was the diagnosis? *

20.2. Was it resolved? *

Yes
 No

20.2.1. When? *

20.3. Comments:

21. In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) dizziness (not related to a head cold, allergies, or diagnosed condition)? *

Yes
 No

21.1. What was the diagnosis? *

21.2. Was it resolved? *

Yes
 No

21.2.1. When? *

21.3. Comments:

22. In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) headaches? *

Yes
 No

22.1. What was the diagnosis? *

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22.2. Was it resolved? *

Yes
 No

22.2.1. When? *

22.3. Comments:

23. In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) eye irritation? *

Yes
 No

23.1. What was the diagnosis? *

23.2. Was it resolved? *

Yes
 No

23.2.1. When? *

23.3. Comments:

24. In the past 12 months, have you been treated for an unexplained (not associated with a virus or condition) cough? *

Yes
 No

24.1. What was the diagnosis? *

24.2. Was it resolved? *

Yes
 No

24.2.1. When? *

24.3. Comments:

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25. In the past 12 months, have you been treated for an unexplained (not associated with a virus or condition) sore throat? *

 Yes
 No

25.1. What was the diagnosis? *

25.2. Was it resolved? *

 Yes
 No

25.2.1. When? *

25.3. Comments:

26. In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) skin irritation? *

 Yes
 No

26.1. What was the site of the irritation? *

26.2. What was the diagnosis? *

26.3. Was it resolved? *

 Yes
 No

26.3.1. When? *

26.4. Comments: *

27. I need additional training/information to handle chemotherapeutic agents safely.* *

 Yes
 No

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28. I would like an opportunity to consult with a nurse or a safety professional to receive assistance, ask questions, or get additional training. *

Yes
 No

29. The Genetic Information Nondiscrimination Act of 2009 (GINA) prohibits covered employers from requesting or requiring genetic information of employees or their family members. We are asking that you not provide any genetic information when responding to this request for medical information. Genetic Information as defined by GINA, includes an individual's family medical history, the results of an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

30. Please click ""Submit"" when you are finished. If you entered either your Employee ID or SSN incorrectly, and cannot submit, click ""START OVER"" to enter your correct information.