



## Questionnaire Responses

Date 02/11/2019  
Report QuestionnaireBlank.rpt  
Created By Sartin, Dawn / SARTH5

\* - Required Question

Questionnaire Annual Chemotherapy Questionnaire

Name Employee Number

Question Response

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

2.When 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.Alemtzumab \*

☐ Yes  
☐ No

3.2.Aldesleukin (Proleukin) \*

☐ Yes  
☐ No

3.3.Amifostine (Ethyol) \*

☐ Yes  
☐ No

3.4.Arsenic Trioxide (Trisenox) \*

☐ Yes  
☐ No

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Question	Response
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**3.5.Asparaginase (Elspar, Erwinaze) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.6.Axitinib \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.7.Azacitidine (Vidaza) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.8.AZD1775 (MK-1775, IND#116459) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.9.AZD6244 \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.10.Bendamustine (Treanda) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.11.Bevacizumab (Avastin) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.12.Bleomycin (Blenoxane) \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.13.Blinatumomab \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**3.14.BMN 673 \***

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

## Questionnaire

## Annual Chemotherapy Questionnaire

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3.15.Bortezomib \*

☐ Yes  
☐ No

3.16.Brentuximab Vedotin \*

☐ Yes  
☐ No

3.17.Busulfan (Busulfex) \*

☐ Yes  
☐ No

3.18.Cabozantinib \*

☐ Yes  
☐ No

3.19.Carboplatin (Paraplatin) \*

☐ Yes  
☐ No

3.20.Carmustine (BiCNU) \*

☐ Yes  
☐ No3.21.CDX-011 (Glembatumumab Vedotin,  
CR011-vcMMAE; IND# 128248, NSC# 763737) \*☐ Yes  
☐ No

3.22.Cetuximab \*

☐ Yes  
☐ No

3.23.Chlorambucil (Leukeran) \*

☐ Yes  
☐ No

3.24.Cidofovir (Vistide) \*

☐ Yes  
☐ No

3.25.Cisplatin (Platinol) \*

☐ Yes

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**Questionnaire****Annual Chemotherapy Questionnaire****Name****Employee Number**

Question	Response
	<input type="checkbox"/> No
3.26.Cladribine (Leustatin) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.27.Clofarabine (Clolar) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.28.CPX-351 *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.29.Crizotinib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.30.Cyclosporine (Gengraf, Neoral, Sandimmune) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.31.Cyclophosphamide (Cytosan) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.32.Cytarabine (Ara-C) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.33.Dabrafenib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.34.Dacarbazine *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.35.Dactinomycin (Cosmegen) *	<input type="checkbox"/> Yes

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Question \_\_\_\_\_ Response \_\_\_\_\_

☐ No3.36.Dasatinib (IND#73789, NSC#732517)  
(Sprycel) \*☐ Yes☐ No

3.37.Daunorubicin (Cerubidine) \*

☐ Yes☐ No

3.38.Decarbazine \*

☐ Yes☐ No

3.39.Decitabine (Dacogen) \*

☐ Yes☐ No

3.40.Denosumab \*

☐ Yes☐ No

3.41.Dexrazoxane (Zinecard)(Totect) \*

☐ Yes☐ No

3.42.Dinutuximab (Unituxin) \*

☐ Yes☐ No

3.43.Docetaxel (Taxotere) \*

☐ Yes☐ No

3.44.Doxorubicin (Adriamycin) \*

☐ Yes☐ No

3.45.Eribulin mesylate \*

☐ Yes

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	<input type="checkbox"/> No
3.46.Erlotinib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.47.Etoposide (Vepesid/VP16) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.48.Everolimus *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.49.Fludarabine (Fludara) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.50.Fluorouracil (Adrucil, 5-FU) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.51.Ganciclovir (Cytovene) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.52.Ganitumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.53.Gemcitabine (Gemzar) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.54.Hydroxyurea (Hydrea) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.55.Ibrutinib *	<input type="checkbox"/> Yes

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	<input type="checkbox"/> No
3.56.Idarubicin (Idamycin) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.57.Ifosfamide (Ifex) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.58.Imatinib Mesylate *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.59.IMGN901 (Lorvotuzumab Mertansine) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.60.Ipilimumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.61.Irinotecan (Camptosar) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.62.Isotretinoin (Accutane, Amnesteem, Claravis, etc.) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.63.LDK378 *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.64.Lenalidomide *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

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3.65. Leucovorin (not necessarily a chemo agent, but works as a chemoprotectant to minimize symptoms or enhance agent effectiveness) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.66. Liposomal daunorubicin/cytarabin (Vyxeos) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.67. Lomustine (CCNU) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.68. Mechlorethamine (Mustargen) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.69. Melphalan (Alkeran) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.70. Mercaptopurine (Purixan, 6-MP) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.71. Mesna (Mesnex) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.72. Methotrexate *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.73. MIBG *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.74. Midostaurin *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

3.75. Mitomycin *	
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	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.76.Mitotane *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.77.Mitoxantrone (Novatrone) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.78.Nelarabine *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.79.Nilotinib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.80.Nivolumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.81.Ofatumumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.82.Omacetaxine *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.83.Oxaliplatin *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.84.Paclitaxel (Taxol) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.85.Pazopanib *	<input type="checkbox"/> Yes

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	<input type="checkbox"/> No
3.86.PD-0325901 *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.87.Pegaspargase (Oncaspar) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.88.Pembrolizumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.89.Pemetrexed (Alimta) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.90.Pentostatin (Nipent) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.91.Ponatinib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.92.Procarbazine (Matulane) *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.93.Ramucirumab *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.94.Ribociclib *	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3.95.Rituximab *	<input type="checkbox"/> Yes

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Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Question \_\_\_\_\_ Response \_\_\_\_\_

☐ No**3.96.Ruxolitinib (used as a targeted therapy and not a traditional chemo agent) \***☐ Yes☐ No**3.97.Selinexor (KPT-330, IND #125052) \***☐ Yes☐ No**3.98.Selumetinib \***☐ Yes☐ No**3.99.SGN-CD19A \***☐ Yes☐ No**3.100.Sirolimus \***☐ Yes☐ No**3.101.Sorafenib (Free Base) \***☐ Yes☐ No**3.102.Streptozocin (Zanosar) \***☐ Yes☐ No**3.103.Tamoxifen \***☐ Yes☐ No**3.104.Temozolomide \***☐ Yes☐ No**3.105.Temsirolimus \***☐ Yes

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	<div><input type="checkbox"/> No</div>
3.106.Thioguanine (Tabloid, 6-TG) *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.107.Thiotepa (Thioplex) *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.108.Topotecan *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.109.Trametinib *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.110.Trastuzumab *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.111.Vandetinib *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.112.Venetaclax *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.113.Vinblastine (Velban) *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.114.Vincristine (Oncovin) *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
3.115.Vinorelbine (Navelbine) *	<div><input type="checkbox"/> Yes</div>

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☐ No

3.116.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  
☐ 46-50  
☐ 50+

Name

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8.How frequently during the past 12 months did you handle bodily fluid/waste that contains chemotherapeutic agents? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Not applicable
9.How frequently during the past 12 months did you hang chemotherapeutic agents? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 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)* *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Not applicable
11.How frequently during the past 12 months did you use chemotherapeutic agents in your research? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Not applicable
12.How frequently during the past 12 months did you clean up chemotherapeutic agents? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Not applicable

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Question	Response
13.How many hours during the past 12 months do you estimate that you spend prepping or administering chemotherapeutic agents per week? *	<hr/>
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. *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
14.1.If no, explain the circumstances under which you did not use proper PPE. *	<hr/>
15.What PPE do you use?	
15.1.Biosafety hood	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.2.Booties	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.3.Chemo gown	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.4.Chemo mat	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.5.Gloves	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.6.Goggles/Face shield	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
15.7.Mask	<div><input type="checkbox"/></div>

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Question \_\_\_\_\_ Response \_\_\_\_\_

☐15.8.None  
☐  
☐16.In the past 12 months have you had any  
chemotherapeutic agent exposure? \*  
☐ Yes  
☐ No16.1.Did you report the exposure to  
803-SAFE? \*  
☐ Yes  
☐ No16.2.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  
☐ No17.In the past 12 months have you had any  
diagnosed malignancies/cancer? \*  
☐ Yes  
☐ No17.1.What was the diagnosis? \*  
\_\_\_\_\_17.2.Was it resolved? \*  
☐ Yes  
☐ No

17.2.1.When? \*

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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

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

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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? *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
20.1.What was the diagnosis? *	<div></div>
20.2.Was it resolved? *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
20.2.1.When? *	<div></div>
20.3.Comments:	<div></div>
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)? *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
21.1.What was the diagnosis? *	<div></div>
21.2.Was it resolved? *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
21.2.1.When? *	<div></div>
21.3.Comments:	<div></div>
22.In the past 12 months, have you been treated for unexplained (not associated with a virus or condition) headaches? *	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
22.1.What was the diagnosis? *	<div></div>
22.2.Was it resolved? *	

Name	Employee Number
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☐ 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? \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

25.1. What was the diagnosis? \*

---

25.2. Was it resolved? \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	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? \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

26.1. What was the site of the irritation? \*

---

26.2. What was the diagnosis? \*

---

26.3. Was it resolved? \*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

26.3.1. When? \*

---

26.4. Comments: \*

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Name	Employee Number
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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.

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