**Appendix: G**

**Respiratory Protection Program Evaluation**

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| **How many times did you use your respirator or PAPR in the past Year?** |
| ( ) daily ( ) 1 to 3 times/week ( ) 1 to 3 times/month ( ) Never |
| **Check all the conditions in which the respirator was used** |
| ( ) coughing, sneezing patient/unknown condition |
| ( ) know infectious respiratory disease of patient |
| ( ) Known infectious respiratory disease circulating in the community |
| ( ) Other |
| **Check all problems encountered while wearing N95 Respirators (skip if you only wear a PAPR)** |
| ( ) None |
| ( ) had difficulty performing both positive and negative pressure fit checks to ensure correct fit before wearing the respirator |
| ( ) had leakage when wearing the respirator |
| ( ) had difficulty finding a respirator that would fit properly |
| **Check any issue regarding training received on the Respiratory Protection Program** |
| ( ) I feel adequately trained on why and how to wear a respirator |
| ( ) I do not feel adequately trained on how to wear a respirator and would like re-training on the following items: adequate fit, usage, limitations, donning, removing mask, seal check, inspecting, maintenance, cleaning and storage. Please re-train. |
| **Check any issues regarding the medical evaluation** |
| ( ) None |
| ( ) Difficult to understand or complete the questionnaire |
| ( ) Did not have all questions answered by a health care evaluator |
| ( ) Confidentiality concerns of medical information |
| **Did you have all your questions answered by the Respiratory Program Administrator** |
| ( ) Yes |
| ( ) No |
| **Comments:** |