

# Latex Allergy Screening Questionnaire

**Risk Factor Assessment:** Circle Y or N

**Exposure History:**

Are you a health care worker?	Y	N
Do you wear latex gloves regularly or are you otherwise exposed to latex regularly?	Y	N
Do you have a history of eczema or other rashes on your hands?	Y	N
Do you have a medical history of frequent surgeries or invasive medical procedures?	Y	N
Did these take place when you were an infant?	Y	N
Do you have a history of "hay fever" or other common allergies?	Y	N
Do your fellow workers wear latex gloves regularly?	Y	N
Do you take a beta-blocker medication?	Y	N

**Circle** any foods below that cause hives, itching of the lips or throat, or more severe symptoms when you eat or handle them:

avocado	apple	pear	celery	carrot	hazelnut
kiwi	papaya	pineapple	peach	cherry	plum
apricot	banana	melon	chestnut	nectarine	grape
fig	passion fruit	tomatoes	potatoes		

**Contact Dermatitis Assessment:** (for patients who wear latex gloves frequently)

Do you have rash, itching, cracking, chapping, scaling, or weeping of the skin from latex glove use?	Y	N
Have these symptoms recently changed or worsened?	Y	N
Have you used different brands of latex gloves?	Y	N
If so, have your symptoms persisted:	Y	N
Have you used non-latex gloves?	Y	N
If so, have you had the same or similar symptoms as with latex gloves?	Y	N
Do these symptoms persist when you stop wearing all gloves?	Y	N



**Contact Urticaria (Hives) Assessment:** (for patients who wear latex gloves frequently)

When you wear or are around others wearing latex gloves do you get hives, red itchy swollen hands within 30 minutes or, "water blisters" on you hands within a day?	Y	N
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**Aerosol Reaction Assessment:**

When you wear or are around others wearing latex gloves, have you noted any:

Itchy, red eyes, fits of sneezing, runny or stuffy nose, itching of the nose or palate:	Y	N
Shortness of breath, wheezing, chest tightness or difficulty breathing?	Y	N
Other acute reactions, including generalized or severe swelling or shock	Y	N

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**History of Reactions Suggestive of Latex Allergy:**

Do you have a history of anaphylaxis or of intra-operative shock?	Y	N
Have you had itching, swelling or other symptoms following dental, rectal or pelvic exams?	Y	N
Have you experienced swelling or difficulty breathing after blowing up a balloon?	Y	N
Do condoms, diaphragms or latex sexual aids cause itching or swelling?	Y	N
Do rubber handles, rubber bands or elastic bands or clothing cause any discomfort?	Y	N

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*This questionnaire is intended for screening purposes only. See an allergist or physician for diagnosis.*

