

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 Y N
hives, red itchy swollen hands within 30 minutes or, "water blisters" on your hands within a day?

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 Y N
palate:
Shortness of breath, wheezing, chest tightness or difficulty breathing? Y N
Other acute reactions, including generalized or severe swelling or shock Y N

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 Y N
pelvic exams?
Have you experienced swelling or difficulty breathing after blowing up a Y N
balloon?
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 Y N
discomfort?

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