

Screening Questionnaire for Natural Rubber Latex Sensitivity

IMPORTANT CAUTION: This questionnaire is only a guide, and not a substitute for proper medical screening. Individuals who are uncertain whether they have sensitivities or allergies to natural rubber latex proteins and /or chemicals should consult a physician.

1. What is your occupation? _____

Does this occupation involve frequent contact with products containing latex? Yes No

If yes, which products do you come in contact with? _____

2. Have you ever been told by a doctor that you have an allergy to any latex product? Yes No

If yes, to what specifically did the doctor say you were allergic? _____

How were you diagnosed?

Patch Test (Type IV) Wear Test (Type I/IV) RAST Test Skin Prick Test Don't Know

3. Have you ever had hand or respiratory issues? Yes No

4. Do you have any congenital abnormalities (i.e. spina bifida)? Yes No

What type? _____

5. Have you ever had surgery? Yes No

If yes, how many surgeries have you had? _____

At what age did you have your first surgery? _____

Type(s) of surgical procedures? _____

Have you ever had an allergic reaction during anesthesia? Yes No Don't Know

6. Have you had dental work? Yes No

Type of work completed _____

Have you ever had a rash, redness or hives on you or in your mouth after dental work? Yes No

7. Have you ever had an anaphylactic reaction to latex devices? Yes No

If yes, under what circumstances did it occur? _____

8. Do you have a personal or family history of...

	Yes	No		Yes	No		Yes	No
Contact Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune Disease	<input type="checkbox"/>	<input type="checkbox"/>
Rhinitis or Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies							<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have any other allergies? Yes No

If yes, other than drugs, what are you allergic to? _____

10. After handling or wearing latex products, have you experienced:

	Yes	No		Yes	No
Chapping or "cracking" of skin	<input type="checkbox"/>	<input type="checkbox"/>	Redness	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose/congestion	<input type="checkbox"/>	<input type="checkbox"/>	Swelling	<input type="checkbox"/>	<input type="checkbox"/>
Itching (hands, eyes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Hives	<input type="checkbox"/>	<input type="checkbox"/>
Other _____				<input type="checkbox"/>	<input type="checkbox"/>

11. Have you had a reaction to any of the following personal sources of latex?

	Yes	No		Yes	No		Yes	No
Balloons	<input type="checkbox"/>	<input type="checkbox"/>	Carpet Backing	<input type="checkbox"/>	<input type="checkbox"/>	Garden Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	<input type="checkbox"/>	Golf Grips	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Bottles	<input type="checkbox"/>	<input type="checkbox"/>	Rubber Cement	<input type="checkbox"/>	<input type="checkbox"/>	Latex Cuffs	<input type="checkbox"/>	<input type="checkbox"/>
Rubber Balls	<input type="checkbox"/>	<input type="checkbox"/>	Suspenders	<input type="checkbox"/>	<input type="checkbox"/>	Ostomy Bags	<input type="checkbox"/>	<input type="checkbox"/>
Rubber Bands	<input type="checkbox"/>	<input type="checkbox"/>	Teething Rings	<input type="checkbox"/>	<input type="checkbox"/>	Dental Masks	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	Condoms	<input type="checkbox"/>	<input type="checkbox"/>	Pacifiers	<input type="checkbox"/>	<input type="checkbox"/>
Ace Bandages	<input type="checkbox"/>	<input type="checkbox"/>	Elastic Undergarments	<input type="checkbox"/>	<input type="checkbox"/>	Shoewear	<input type="checkbox"/>	<input type="checkbox"/>
Dental Bite Blocks	<input type="checkbox"/>	<input type="checkbox"/>	Dental Cofferdams	<input type="checkbox"/>	<input type="checkbox"/>	Tennis Grip	<input type="checkbox"/>	<input type="checkbox"/>
Bandages	<input type="checkbox"/>	<input type="checkbox"/>	Erasers	<input type="checkbox"/>	<input type="checkbox"/>	Weather Stripping	<input type="checkbox"/>	<input type="checkbox"/>
Belts	<input type="checkbox"/>	<input type="checkbox"/>	Face Masks	<input type="checkbox"/>	<input type="checkbox"/>	IV Tubing	<input type="checkbox"/>	<input type="checkbox"/>
Brassieres	<input type="checkbox"/>	<input type="checkbox"/>	Foam Pillows	<input type="checkbox"/>	<input type="checkbox"/>			

12. Do you have any food allergies? Yes No

If yes, are you allergic to any of the following?

Onset:	Recent <i>(last 12 mos.)</i>	Long-Standing		Recent <i>(last 12 mos.)</i>	Long-Standing
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	Loquat	<input type="checkbox"/>	<input type="checkbox"/>
Carrot	<input type="checkbox"/>	<input type="checkbox"/>	Spinach	<input type="checkbox"/>	<input type="checkbox"/>
Apple	<input type="checkbox"/>	<input type="checkbox"/>	Peach	<input type="checkbox"/>	<input type="checkbox"/>
Cherry	<input type="checkbox"/>	<input type="checkbox"/>	Fig	<input type="checkbox"/>	<input type="checkbox"/>
Coconut	<input type="checkbox"/>	<input type="checkbox"/>	Melon	<input type="checkbox"/>	<input type="checkbox"/>
Apricot	<input type="checkbox"/>	<input type="checkbox"/>	Pineapple	<input type="checkbox"/>	<input type="checkbox"/>
Strawberry	<input type="checkbox"/>	<input type="checkbox"/>	Avocado	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<input type="checkbox"/>	<input type="checkbox"/>	Mango	<input type="checkbox"/>	<input type="checkbox"/>
Chestnut	<input type="checkbox"/>	<input type="checkbox"/>	Tomato	<input type="checkbox"/>	<input type="checkbox"/>
Chermoya	<input type="checkbox"/>	<input type="checkbox"/>	Bell Pepper	<input type="checkbox"/>	<input type="checkbox"/>
Passion Fruit	<input type="checkbox"/>	<input type="checkbox"/>	Potato	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	Celery	<input type="checkbox"/>	<input type="checkbox"/>
Papaya	<input type="checkbox"/>	<input type="checkbox"/>	Milk	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					

This "Screening Questionnaire for Natural Rubber Latex Sensitivity" includes suggested inquiries which may be useful for preliminary screening of an individual to identify those with a sensitivity to natural rubber latex proteins. Molnlycke makes no claim or warranty as to the completeness of this questionnaire and discourages its use as a diagnostic tool. Due to the danger of latex exposure to latex allergic individuals, Molnlycke encourages an individualized approach to the identification of latex sensitivities as well as the use of the most innovative screening and detection methods.

CAUTION: Latex protein allergies can be cumulative. That is the more a person is exposed to poorly processed latex, the more likely it is that a potentially irreversible allergy will develop. While sensitization threshold levels vary by individual, it is clear that the best way for healthcare workers to avoid future reactions without sacrificing the protection and performance of latex is to wear only powder-free latex gloves with the lowest possible allergen content. However, once a latex allergy is confirmed only non-latex, powder-free gloves should be worn.