

**CONTACT DERMATITIS QUESTIONNAIRE**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Occupation/Job title: \_\_\_\_\_

Name of your Employer/Company \_\_\_\_\_

Name of your Referring Doctor: \_\_\_\_\_

**Date of onset of rash (approximate):** \_\_\_\_\_

**Body part affected/site of rash:**      Face    Eyelids    Neck    Scalp    Hands  
Armpits    Arms    Feet    Legs    Chest  
Back    Abdomen    Genitals    Other : \_\_\_\_\_

**Past History of :**      Eczema      Rhinitis(hayfever/pet dander)      Asthma  
**Family History of :**      Eczema      Rhinitis(hayfever/pet dander)      Asthma

**Previous allergies to:**    Cosmetics                      Sunscreens                      Rubber  
Medications - Specify: \_\_\_\_\_  
Jewelry/Watches - Specify: \_\_\_\_\_  
Metals - Specify: \_\_\_\_\_  
Foods - Specify: \_\_\_\_\_  
Plants - Specify: \_\_\_\_\_

**Does the rash get worse in sunlight/outdoors ?**                      Yes                      No

**List your current medications:**                      \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of herbal/natural remedies (oral/topical), vitamin supplements:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you had patch testing done before?**                      Yes                      No  
If Yes, specify 1. When \_\_\_\_\_  
2. What tests were positive? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

**Treatments for present skin condition ?** \_\_\_\_\_  
\_\_\_\_\_

**What are the effects of time off on your rash ?**

Weekend                      improve            stable            worsen  
Vacation (1-3 weeks)      improve            stable            worsen

**What sports do you practice?**

Golf            Tennis            Swimming      Running      Hiking      Ice skating  
Riding        Dancing        Cycling        Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does any item of sport equipment you wear or use contact the affected area of your skin?  
Specify \_\_\_\_\_

**Do you have hobbies?**

Photography            Woodworking            Yard work            Cooking            Gardening  
Painting            Artwork /sculpture      Others: \_\_\_\_\_  
\_\_\_\_\_

**Personal habits:**

Hand washing frequency, type of soap \_\_\_\_\_  
Bathing frequency- type of soap \_\_\_\_\_

**If your rash is on face and/or eyelids specify use of:**

Cosmetics/Makeup \_\_\_\_\_  
Perfume/Cologne \_\_\_\_\_  
Shaving cream \_\_\_\_\_  
Hair dye, bleach \_\_\_\_\_  
Nail polish, nail cosmetics \_\_\_\_\_  
Moisturizers \_\_\_\_\_  
Eye products, contact lenses \_\_\_\_\_  
Aromatherapy/incense \_\_\_\_\_

**If your rash is on whole body or armpit specify use of:**

Deodorants/ Soaps \_\_\_\_\_  
Laundry detergent-frequency, brand \_\_\_\_\_  
Uniform for work-color, fabric type \_\_\_\_\_  
Body lotions/creams/Perfume \_\_\_\_\_  
Massage oils/body lotions \_\_\_\_\_

**If your rash is on your hands specify use of :**

Moisturizers \_\_\_\_\_  
Glove use-what kind? \_\_\_\_\_

**Do you have any other skin diseases?** \_\_\_\_\_

**Are you presently off work because of your skin condition?** \_\_\_\_\_ **How long?** \_\_\_\_\_