

HAND DERMATITIS SCREENING TOOL

A little about you

Gender: Male Female

Occupation: _____

Age range: 20-29 30-39 40-49 50-59 60+

Do you work directly with patients? Yes No

How many years have you worked in a health-care setting?

Less than 1 year

1-5 years

5-10 years

10-20 years

>20 years

Exposure to wet work

What kind of “wet work” are you exposed to? Check all that apply.

A part of my body is in water or other liquids for more than 2 hours per shift.

I use gloves for longer than 2 hours per shift.

I handle wet things for more than 2 hours per shift.

I wash my hands more than 20 times per shift.

I am not exposed to wet work.

How many times a day do you wash your hands?

0-5 6-10 11-15 16-20 >20

In the past week, estimate how many hours a day you wore protective gloves.

0-2 hours 3-5 hours 6-9 hours >10 hours

If applicable, estimate how many times per day you changed your protective gloves.

0-2 3-5 6-10 >10

How many times do you use alcohol-based hand sanitizer during a usual work day?

0-5 6-10 11-20 >20

Have you ever had eczema or dermatitis?

Yes No

Have you had a rash on your hands in the past year?

Yes No

If yes, do you still have a rash today?

Yes No

Are you currently being treated for a rash on your hands?

Yes No

Please look at the front and back of your hands and in between your fingers. Then look at the photo guide and descriptors for each classification of hand dermatitis. Choose the classification that best fits with the current condition of your hands:

Normal



Clear skin, no redness, no dryness.

Mild



Small areas of hands have slight redness and/or dryness.

Moderate/Severe



Large areas of hands have slight redness and/or dryness,

OR

Small areas of hands have severe redness and/or dryness,

OR

Large areas of hands have severe redness, dryness, scaling, fissures, crusts or scabs, vesicles and/or papules.