

Patient Name: _____ Date: _____

PLEASE USE THIS SCALE TO DETERMINE YOUR SKIN TYPE
CIRCLE THE APPROPRIATE RESPONSE

Total Score of All Questions _____

SCORE	0	1	2	3	4
What is the color of your eyes?	Light blue, gray or green	Blue, gray or green	Blue	Dark Brown	Brown Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut Brown, Dark Blond	Dark Brown	Black
What is the color of your skin in non-exposed areas?	Reddish	Very Pale	Pale with Beige Tint	Light Brown	Dark Brown
Do you have freckles in the non-exposed area?	Many	Several	Few	Incidental	None
What happens when you stay in the sun too long?	Painful blistering, redness, peel	Burns followed by peeling	Burns sometimes followed by peeling	Rare Burns	Never had a burn
To what degree do you turn brown?	Hardly at all	Light color tan	Reasonable Tan	Tan Very Easy	Turn Dark Brown
Do you turn brown within several hours after sun exposure?	Hardly or not at all	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very Sensitive	Sensitive	Normal	Very Resistant	Never had a problem
When did you last expose your body to the sun or sun bed?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one month	Less than 2 weeks ago
Do you expose the area you want treated to the sun?	Never	Hardly Ever	Sometimes	Often	Always

Total Score	Fitzpatrick Type
0-7	Type I
8-16	Type II
17-25	Type III
26-30	Type IV
Over 30	Type V-VI