

Skin Typing Assessment Quiz

Patient Name _____ Date _____

Genetic Predisposition						Report Score
Score	0	1	2	3	4	
What is the color of your eyes?	Light blue, gray, green	Blue, grey or green	Blue	Dark Brown	Brownish black	
What is the natural color of your hair?	Red	Blond	Chestnut, dark blonde	Dark brown	Black	
What is the color of your non-exposed skin?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	
Reaction to Sun Exposure						Report Score
Score	0	1	2	3	4	
What happens when you stay in the sun too long?	Painful redness, blistering	Blistering, followed by peeling	Burns sometimes	Rarely burns	Never had burns	
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly	
Do you turn brown within several hours ?	Never	Seldom	Sometimes	Often	Always	
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem	
Tanning Habits						Report Score
Score	0	1	2	3	4	
When did you last expose your body to sun (including artificial)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago	
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always	
TOTAL SCORE						

Results

Skin Type Score	Skin Type	Features
0-7	I	Caucasian / freckles Always burns and never tans (pale white skin)
8-16	II	Caucasian / freckles Burns easily and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
26-30	IV	Mediterranean, Asian, and Hispanic Burns minimally and always tans well (moderate brown skin)
Over 30	V	Middle Eastern, Latin, light-skinned black, Indian Rarely burns and tans profusely (dark brown skin)
	VI	Never burns (deeply pigmented dark brown to black skin)

Diagnosed Skin Type _____

Please list all medications (including over the counter, vitamins and face wash/creams)

I, _____, attest that all information reported on this skin typing and medication worksheet is accurate. I understand that misrepresenting my skin type and/or recent medications could result in an adverse reaction.

Patient Signature _____ Date _____

Assessment reviewed by _____ Date _____