

FITZPATRICK SKIN TYPE QUESTIONNAIRE

(Circle the one that best describes you under each category)

Genetic Disposition:

	0	1	2	3	4
What best describes your eye color?	Light Blue, Gray	Green	Blue	Brown	Dark Brown
What is your natural hair color?	Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black
What is the color of your skin (non-exposed areas)?	White	Very Pale	Pale with a Beige Tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Total Score: _____

Reaction to Sun Exposure:

	0	1	2	3	4
What happens when you stay in the sun?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To what degree do you brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark brown very quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total Score: _____

Tanning Habits:

	0	1	2	3	4
When did you last expose your body to the sun or artificially tan?	More than 3 months ago	2 to 3 months ago	1 to 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: _____

Skin Type Score:

0 to 7
8 to 16
17 to 25
26 to 30
Over 31

Fitzpatrick

I
II
III
IV
V-VI

Skin Type:

I attest that the above information is true and understand that my provider relies on this information to provide safe and effective treatment.

Signed _____ **Date** _____