

BAYVIEW GENERAL MEDICINE

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Skin Typing Questionnaire

Name: _____ Date: ____/____/____

Score: _____

Please circle the answer that best applies to you, and write the number to the left:

____ **1. What is your eye color?**

- (0) Light Blue or Grey (1) Blue or Green (2) Hazel, Light Brown (3) Dark Brown
(4) Brownish Black

____ **2. What is your natural color of your hair?**

- (0) Red, Sandy Red (1) Blonde (2) Dark Blonde, Chestnut, Brown (3) Dark Brown (4) Black

____ **3. What is the color of your skin (unexposed areas)?**

- (0) Reddish (1) Very Pale (2) Pale with beige tint (3) Light Brown (4) Dark Brown

____ **4. Do you have freckles on sun-exposed areas?**

- (0) Many (1) Several (2) Few (3) Incidental (4) None

____ **5. What happens when you stay in the sun too long? Example: 2 hrs without sun block**

- (0) Painful redness, blistering peeling (1) Blistering, followed by peeling
(2) Burns, sometimes followed by peeling (3) Rarely Burns (4) Never bad burns

____ **6. To what degree do you turn brown?**

- (0) Hardly any or not at all (1) Light Tan (2) Reasonable Tan (3) Tan very easily
(4) Turn dark brown quickly

____ **7. Do you turn brown several (4-6) hours after sun exposure?**

- (0) Never (1) Seldom (2) Sometimes (3) Often (4) Always

____ **8. How does your face respond to the sun?**

- (0) Very Sensitive (1) Sensitive (2) Normal (3) Very Resistant (4) Never had a problem

____ **9. When did you last expose yourself to the sun, tanning bed, or self-tanning creams?**

- (0) More than 3 months ago (1) 2-3 months ago (2) 1-2 months ago
(3) Less than 1 month ago (4) Less than 2 weeks ago

____ **10. How often is the area you want to have treated exposed to the sun?**

- (0) Never (1) Hardly Ever (2) Sometimes (3) Often (4) Always

____ **Total scores for 1-10 above, and write here.**

Circle the Roman numeral below that corresponds to your score.

0-7
I

8-16
II

17-25
III

26-30
IV

over 30
V-VI