

# Fitzpatrick Scale Evaluation

Please read the statement in the left-hand column and circle the answer that best describes you.

	0	1	2	3	4
My eye color is	Pale blue, gray, green	Blue, gray, green	Blue	Brown	Brownish-Black
My natural hair color is	Sandy, red	Blond	Dark blond/ Light Brown	Dark Brown	Black
Color of un-exposed skin	Reddish	Very pale	Beige	Light Brown	Dark Brown
How many freckles do I have?	Many	Several	Few	Incidental	None
If I stay in the sun too long, my skin becomes	Red, painful, blistered, peels	Blistered, peels	Burns and may peel	Rarely burns	Never burns
How tan do I get if I try?	Very little or not at all	Light tan	Medium tan	Tan very easily	Dark tan very easily
Do I tan after several hours in the sun?	Never	Seldom	Sometimes	Often	Always
How does my face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
When did I last expose my body to sun or any tanning?	Over 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
How often is the treatment area exposed to the sun?	Never	Hardly ever	Sometimes	Often	Always

Your Total Score: \_\_\_\_\_

Your Fitzpatrick Skin Type: \_\_\_\_\_

<u>Skin Type Score</u>	<u>Fitzpatrick Skin Type</u>
0-7	I
8-16	II
17-25	III
26-30	IV
Over 30	V-VI

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_