



## Skin Typing Assessment Quiz

One of the most important factors in deciding which Laser/IPL™ (and settings) to use is the patient skin type. Skin typing is determined by genetics, reaction to the skin to sun exposure and tanning habits. The following skin type quiz<sup>1</sup> is intended as a sample only to provide additional help in the evaluation of an individual skin type. Skin typing of the area to be treated if to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

<b>Genetic Predisposition</b>						
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Report Score</b>
What is the color of your eyes?	Light blue, grey, green	Blue, grey or green	Blue	Dark brown	Brownish black	
What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black	
What is the color of your skin on non-exposed area?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown	
Do you have freckles on non-exposed areas	Many	Several	Few	Incidental	None	
<b>Total score for genetic predisposition:</b>						

<b>Reaction to sun exposure</b>						
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Report Score</b>
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns are sometimes followed by peeling	Rare burns	Never had burns	
What degree do you 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 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	
<b>Total score for reaction to sun exposure:</b>						

<sup>1</sup> Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation



<b>Tanning habits</b>						
<b>Score</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Report Score</b>
When did you last expose your body to sun (or artificial sunlamp/self-tanning cream)?	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	
<b>Total score for tanning habits:</b>						

**Add up the total scores for each of the three sections for your Skin Type Score:**

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

<b>Report total skin type score:</b> _____	<b>Quiz skin type:</b> _____	<b>Diagnosed skin type:</b> _____
<b>Has a consent form been signed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Has a consent form been signed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Assessment conducted by:** \_\_\_\_\_  
*(pls print name)*

**Date of assessment:**    /    /

**Name of patient:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of patient:**  
*(I attest hereby that I have answered the above to the best of my knowledge)*

<sup>1</sup> Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation