

SKIN TYPING ASSESSMENT QUIZ¹

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 of the skin to sun exposure and tanning habits. The following skin type quiz¹ 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 is to be assessed. Lumenis takes no liability on that document and its content is not intended to be a substitute for professional medical diagnosis.

GENETIC PREDISPOSITION

Score	0	1	2	3	4	Total
What is the color of your eyes?	Light Blue, Grey, Green	Blue, Grey or Green	Blue	Dark Brown	Brownish Black	
What is your natural hair color?	Sandy Red	Blonde	Chestnut, Dark Blonde	Dark Brown	Black	
What is the color of your skin (non-exposed areas)?	Reddish	Very Pale	Pale with beige tint	Light Brown	Dark Brown	
Do you have freckles on non-exposed areas?	Many	Several	Few	Incidental	None	

Total score for genetic predisposition: _____

REACTION TO SUN EXPOSURE

Score	0	1	2	3	4	Total
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns	
To what degree do you turn brown?	Hardly or not at all	Light Colour Tan	Reasonable Tan	Tan Very Easily	Turn Dark Brown Quickly	
Do you turn brown within several hours of 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 for reaction to sun exposure: _____

REACTION TO SUN EXPOSURE (with no SPF protection)

Score	0	1	2	3	4	Total
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 treated area to the sun?	Never	Hardly Ever	Sometimes	Once	Always	

Total score for tanning habits: _____

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

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References:

1. Fitzpatrick TB. The validity and practicality of sun-reactive skin types I through VI. Arch Dermatol. 1988 Jun;124(6):869-71.
2. Quiz adapted from the Radiation protection (tanning units) amendment regulation by the Australian Government Health Directorate and the American Skin Cancer Foundation

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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 and tans minimally (white skin)
17-25	III	Darker Caucasian Burns moderately and tans gradually (light brown skin)
25-30	IV	Mediterranean, Asian, 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)

Report total skin type score: _____ Quiz Type: _____ Diagnosed Skin Type: _____

Has a consent form been signed?
[Please Circle] YES / NO

Has an additional pre-treatment compliance checklist been completed?
[Please Circle] YES / NO

Assessment conducted by (please print): _____ Date of assessment: _____

Name of Patient (please print): _____ Signature of Patient: _____

Date: _____

(I attest hereby that I have
answered the above to the
best of my knowledge)