

Fitzpatrick Skin Type Assessment Worksheet

Directions:

1. Answer each question by placing an X in the applicable box.
2. Write your score (0-4) for each question.
3. Total your score by adding all the line scores.
4. Use the chart to determine your skin type.

Questions	0	1	2	3	4	Your Score
What is the color of your eyes?	Light blue Gray Green <input type="checkbox"/>	Blue Gray Green <input type="checkbox"/>	Blue <input type="checkbox"/>	Dark brown <input type="checkbox"/>	Brownish black <input type="checkbox"/>	<input type="checkbox"/>
What is the natural color of your hair?	Sandy red	Blonde	Dark blonde Chestnut	Dark brown	Black	<input type="checkbox"/>
What is the color of your skin (unexposed areas)?	Reddish <input type="checkbox"/>	Very pale <input type="checkbox"/>	Pale with beige tint <input type="checkbox"/>	Light brown <input type="checkbox"/>	Dark brown <input type="checkbox"/>	<input type="checkbox"/>
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burn sometimes followed by peeling	Rarely burns	Never had burns	<input type="checkbox"/>
To what degree do you turn brown?	Hardly, or not at all <input type="checkbox"/>	Light color Tan <input type="checkbox"/>	Reasonable tan <input type="checkbox"/>	Tan very easily <input type="checkbox"/>	Turn dark brown quickly <input type="checkbox"/>	<input type="checkbox"/>
Do you turn brown several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always	<input type="checkbox"/>
How does your face respond to the sun?	Very sensitive <input type="checkbox"/>	Sensitive <input type="checkbox"/>	Normal <input type="checkbox"/>	Very resistant <input type="checkbox"/>	Never had a problem <input type="checkbox"/>	<input type="checkbox"/>
When did you last expose yourself to the sun, tanning bed or self-tanning creams?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago	<input type="checkbox"/>
Do you expose the area to be treated to the sun?	Never <input type="checkbox"/>	Hardly ever <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Date: _____

Total Score: _____

Fitzpatrick Skin Type: _____

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

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