

**TOLERANCE TO ULTRAVIOLET RADIATION SKIN TYPING (SUBTYPING) QUESTIONNAIRE**

*(This Information Will Be Used To Help Predict Your Probable Tanning And Sunburning Response)*

Name \_\_\_\_\_ Home Ph \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Student \_\_\_\_\_ Fraternity \_\_\_\_\_ Sorority \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Faculty \_\_\_\_\_ Health Club \_\_\_\_\_ Military \_\_\_\_\_  
 Other \_\_\_\_\_

**1. When exposed to ultraviolet radiation (from sunlight or in a tanning bed): (Please answer questions 1A & 1B)**

- A. Do you EVENTUALLY develop a TAN?       Yes (2 pts) (Go On To Q 1-B)     NO = Skin Type 1 (Go to 1B)  
 B. Or do you ALWAYS SUNBURN without tanning?     No (2 pts) (Go On To Q 2)     Yes = Skin Type 1 (**STOP**)

**2. What is the natural color of your untanned SKIN?**

- (0) Reddish - White  
 (2) White - Beige  
 (4) Beige  
 (8) Light Brown, Olive  
 (12) Brown  
 (16) Black

**3. What is your natural HAIR color?**

- (0) Red, Light Blond  
 (2) Blond, Light Brown  
 (4) Brown  
 (6) Dark Brown  
 (8) Brownish - Black  
 (10) Black

**4. What is your EYE color?**

- (0) Light Blue, Light Green, Light Grey  
 (2) Blue, Green, Grey  
 (4) Dark Grey, Light Brown, Hazel  
 (8) Brown  
 (10) Dark Brown

**5. How many FRECKLES do you have?**

- (3) Many  
 (2) Some  
 (1) Few  
 (0) None

**6. Which best describes your GENETIC heritage?**

Mother    Father    Total \_\_\_\_\_ (Divide By 2) = \_\_\_\_\_

- (0)     (0)    Caucasian, Celtic (English / Irish) Ancestry  
 (2)     (2)    Caucasian, Lighter-Skinned European Ancestry  
 (4)     (4)    Caucasian, Darker-Skinned European Ancestry  
 (8)     (8)    Caucasian, Mediteranean Ancestry  
 (12)     (12)    Middle Eastern, Indian, Asian, Hispanic Ancestry  
 (16)     (16)    Aborigine, African, African-American Ancestry

**7. Which best describes your SUNBURN potential?**

- (0) ALWAYS sunburn without tanning  
 (2) USUALLY sunburn but can tan a little  
 (4) OCCASIONALLY sunburn but tan moderately  
 (8) SELDOM sunburn and tan easily  
 (12) RARELY sunburn and develop a dark tan  
 (16) NEVER sunburn

**8. Which best describes your TANNING potential?**

- (0) NEVER tan  
 (2) Can develop a LIGHT tan  
 (4) Can develop a MODERATE tan  
 (8) Can develop a DARK tan  
 (12) Can develop a VERY DARK tan

*To determine your total score, add the points from your answers to questions 1A & 1B through 8 and compare your score to the skin types/subtypes described below.*

**TOTAL SCORE \_\_\_\_\_ YOUR SKIN TYPE/SUBTYPE \_\_\_\_\_**

**Score    Skin Type    Tolerance To Ultraviolet Radiation**

0 - 2	1	Genetically unable to develop a tan
4 - 7	2A	Extremely low tolerance to UVR
8 - 14	2B	Very low tolerance to UVR
15 - 21	2C	Low tolerance to UVR
22 - 31	3A	Low/Normal tolerance to UVR
32 - 41	3B	Normal tolerance to UVR
42 - 54	3C	High/Normal tolerance to UVR
55 - 69	4	High tolerance to UVR
70 - 86	5	Skin is brown and is very UVR tolerant
87 +	6	Skin is black and extremely UVR tolerant

**9. What is your tanning objective?**

**10. Are you now sunburned?** (If, Yes, we recommend that you do not tan.) **YES** No

**11. Are there areas of your body that are not now tanned?** **YES** No

**12. How would you describe your level of acquired tan (facultative pigmentation) at this time?**

\_\_\_ No Tan    \_\_\_ Light Tan    \_\_\_ Moderate Tan    \_\_\_ Dark Tan

**13. Have you ever been advised by a physician to stay out of the sun? (\*)** **YES** No

If Yes, why? \_\_\_\_\_

**14. Are you taking any medication or using a cosmetic product that could cause photosensitivity? (\*)** **YES** No

If Yes, please list medication(s) / cosmetic(s). \_\_\_\_\_

**15. Are you pregnant or suspect that you may be pregnant? (\*)** **YES** No

**16. Do you have systemic lupus erythematosus? (\*)**    YES No    **17. Do you have rosacea? (\*)**    YES No

**18. Do you have psoriasis? (\*)**    YES No    **19. Do you have Seasonal Affective Disorder (SAD)? (\*)**    YES No

**20. Have you ever received medical treatment for a diagnosis of skin cancer? (\*)** **YES** No

If Yes, please list details. \_\_\_\_\_

*(\* If you answer "Yes" to any of these questions, we recommend that you do not tan without your doctors approval). (Copyright: Reykdal-Smith Enterprises, LLC / Version 01-02)*