1. Have you ever applied sunscreen before?  

   YES [ ]  NO [ ]  

   Cream [ ]  Spray [ ]  

   Preference [ ] 

2. Do you prefer using sun cream or sun spray?  

   Reason for preference; .............................................................................................................  

   YES [ ]  NO [ ] 

3. Do you have any allergies (to sunscreens)  

4. Do you apply face moisturizer?  

   4b. If so, do you know whether it contains any sun protective factor?  

   YES [ ]  NO SPF [ ] 

   SPF: ....... [ ]