

# Ginger Science Baseline Survey: Redhead Traits, Skincare & Suncare Routines

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## Personal Characteristics

- **Natural hair color (check all that apply):**  
(☐ Red ☐ Strawberry blonde ☐ Auburn ☐ Other: \_\_\_\_\_)
  - **Natural eye color:**  
(☐ Blue ☐ Green ☐ Hazel ☐ Brown ☐ Other: \_\_\_\_\_)
  - **Freckling pattern:**  
(☐ None ☐ Light ☐ Moderate ☐ Heavy)
  - **Skin tone description:**  
(☐ Very fair ☐ Fair ☐ Light-medium ☐ Medium ☐ Olive ☐ Other: \_\_\_\_\_)
  - **Do you know if you carry the MC1R gene variant?**  
(☐ Yes, tested positive ☐ No, tested negative ☐ Unsure / never tested)
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## Sun Sensitivity & Skin Reaction

- **How easily do you sunburn?**  
(☐ Very easily, even with short exposure ☐ Easily, but manageable with sunscreen ☐ Occasionally ☐ Rarely)
  - **How easily do you tan?**  
(☐ Never tan ☐ Tan very minimally ☐ Tan after initial burn ☐ Tan moderately easily ☐ Tan easily without burning)
  - **Typical skin response to 30 minutes of unprotected sun exposure:**  
(☐ Immediate burn ☐ Mild burn ☐ Freckling ☐ Tanning ☐ No change)
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## Suncare Habits

- **How often do you use sunscreen during outdoor activities?**  
(☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never)
  - **Preferred SPF rating when you use sunscreen:**  
(☐ SPF 15 or lower ☐ SPF 30 ☐ SPF 50 ☐ SPF 70+)
  - **Preferred sunscreen type:**  
(☐ Mineral (physical) ☐ Chemical ☐ Hybrid ☐ Unsure)
  - **Do you reapply sunscreen every 2 hours during outdoor exposure?**  
(☐ Yes ☐ No ☐ Sometimes)
  - **Other protective measures you use regularly:**  
(☐ Hats ☐ Sunglasses ☐ UPF clothing ☐ Seeking shade ☐ Avoiding peak sun hours  
☐ None)
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## Skincare Habits

- **How often do you use skincare products with SPF in your daily routine (e.g., moisturizers, primers)?**  
(☐ Daily ☐ A few times a week ☐ Rarely ☐ Never)
  - **Do you use moisturizers or products targeting sensitive skin?**  
(☐ Yes ☐ No)
  - **How would you describe your skin's sensitivity overall?**  
(☐ Very sensitive ☐ Somewhat sensitive ☐ Normal ☐ Resistant)
  - **Common skincare challenges you experience (check all that apply):**  
(☐ Redness ☐ Dryness ☐ Breakouts ☐ Sensitivity to products ☐ Sun sensitivity ☐  
Other: \_\_\_\_\_)
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## Skin Cancer History & Risk Factors

- **Have you ever been diagnosed with any form of skin cancer?**  
(☐ Yes ☐ No)
  - **If yes, which type?**  
(☐ Basal cell carcinoma ☐ Squamous cell carcinoma ☐ Melanoma ☐ Other: \_\_\_\_\_)
  - **Have you had suspicious moles or lesions removed by a dermatologist?**  
(☐ Yes ☐ No)
  - **How often do you receive a full-body skin check from a dermatologist?**  
(☐ At least once a year ☐ Every few years ☐ Only if I notice something suspicious ☐ Never)
  - **Do you have a family history of skin cancer?**  
(☐ Yes ☐ No ☐ Unsure)
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## Lifestyle Factors

- **Typical outdoor sun exposure per week (spring/summer):**  
(☐ Less than 1 hour ☐ 1-3 hours ☐ 3-5 hours ☐ 5+ hours)
- **Regions where you currently live or spend most of your time:**  
(☐ Northern climates ☐ Southern climates ☐ High-altitude areas ☐ Coastal areas ☐ Other: \_\_\_\_\_)
- **Primary reason for outdoor exposure:**  
(☐ Work ☐ Exercise ☐ Recreation ☐ Other: \_\_\_\_\_)