

Skin Condition Analysis

Medical-cosmetic therapy and Analysis Center of the German Society
for Skin Health

Questionnaire for a computer-aided skin analysis

Name: First Name:
Street: Postcode City:.....
Date of birth: Email address:
Mobile:

WHAT TREATMENT TARGETS ARE A PRIORITY TO YOU? (maximum 5 answers possible)

- My expression lines should be reduced
- My tissue should feel firmer again
- My skin should be intensively protected against premature aging
- My lip wrinkles should be reduced
- My skin often reacts sensitively and its immune system should be strengthened
- My pigment spots on my face / hands and / or on my chest should be reduced
- My often tired and pale skin should appear rosy again
- My pores should be refined
- My allergic skin reactions should be treated
- My enlarged veins should be reduced
- My eye shadows and eye bags should be reduced
- My pimples and blemishes should be reduced
- My hands should be protected from UV-aging and everyday stress
- My soft, brittle nails should be strengthened
- I am satisfied with my skin and just want to relax

PREVIOUS BEAUTY OR AESTHETIC TREATMENT

- Do you go to a beautician regularly? yes no
- Have you ever had a systematic skin structure analysis? yes no
- When was your current skin condition last analysed using a questionnaire?
- Are there any documents available for the analysis? yes no
- Have you ever had cosmetic surgery? If so, when? Which?
- Have you had wrinkle injections in the past 2 months?
(please check where applicable) botox hyaluronic acid other fillers
- Are you already taking nutritional supplements? If yes, which?

SKIN CONDITION

- Does your skin often shine throughout the day?
 - Do you suffer from eczema?
 - Do you have psoriasis?
 - Have you been diagnosed with rosacea or couperose?
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SKIN PROBLEM

- Is your skin rough, tight and itchy at times?
 - Has your skin felt less firm lately?
 - Have you got significantly more visible wrinkles in the past few months?
 - Have you had small dryness lines in the eye and / or cheekbone area lately?
 - Have the number and size of your pigment spots increased lately?
 - Does your skin often look pale and tired?
 - Do you often have an uncomfortable feeling of tension after cleansing?
 - Do you sweat quickly on the face and head?
 - Are you prone to pimples and inflammation processes?
 - Do your wounds heal very slowly?
 - Does your skin react to cold, wind and sun with redness, itching or burning?
 - Do you often have chapped, cracked lips and / or corners of your mouth?
 - Have your fingertips or palms often been dry and brittle lately?
 - Do you have red to blue-red veins on your legs?
 - Do you get bruises quickly?
 - Do you have cellulite?
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ALLERGIES

- Did you suffer or do you suffer from allergic skin reactions?
 - Do you have a food allergy?
 - Do you have gluten intolerance?
 - Do you have a lactose intolerance?
 - Do you suffer from hay fever and / or asthma?
 - Do you have a sun allergy?
 - Do you often suffer from herpes?
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NUTRITION

- Do you only eat vegan?
- Do you only eat vegetarian?
- Do you often skip breakfast?
- Do you often go on weight loss diets?
- Are your meals rather irregular?
- Do you have a high protein diet (lots of meat and dairy products)?
- Do you often eat ready meals or fast food?
- Do you mainly eat carbohydrates (lots of bread, pasta, rice, pizza)?
- Do you eat less than 600 grams of fruit / vegetables a day?
- Do you eat fish less than twice a week?
- Do you often eat cakes or sweets?
- Do you often drink sugary drinks?
- Do you drink less than 2 liters of water / tea a day?
- Do you drink more than 3 cups of coffee a day?
- Do you drink more than 1 glass of wine / 1 bottle of beer a day?

LIFESTYLE

- Do you work on the computer for more than 3 hours a day?
- Do you have a TV in the bedroom?
- Are you using your mobile phone for more than 60 minutes a day?
- Do you often stay in air-conditioned rooms (plane, hotel, work)?
- Do you smoke?
- Are you exposed to direct sunlight (sun baths / solarium) for more than 80 hours a year?
- Do you get sunburned quickly and tan very slowly?
- Do you exercise less than twice a week?
- Do you often have stress and / or time constraints?
- Do you sleep less than 7 hours?
- Do you always wake up at the same time (between 1am and 3am)?
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MEDICATION

- Are you taking the pill?
- Are you taking hormone replacements?
- Do you take appetite suppressants regularly?
- Do you take laxatives frequently?
- Do you have to take sedatives and / or sleeping pills for medical reasons?
- Do you have to take drainage tablets for reasons?
- Have you recently taken antibiotics or sulfonamides?
- Do you frequently take Aspirin or other pain relievers frequently?
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OTHER COMPLAINTS

- Do you have irregular menstrual cycles?
- Do you have hot flashes?
- Do you have menopausal symptoms?
- Do you often have stomach pain or heartburn?
- Are you type II diabetic?
- Are you type I diabetic?
- Do you have high cholesterol?
- Do you often have a common cold?
- Do you have muscle or joint pain?
- Do you often feel tired and exhausted?
- Have you had any weight problems lately?
- Do you suffer from hair loss?
- Are you bothered by too much facial hair?
- Have you had an increased urge to urinate recently?
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I agree that this data is used for the exclusive of a comprehensive personal skin condition analysis to the Medical-cosmetic therapy and Analysis Center of the German Society for Skin Health

Date:

Signature: