

Confidential Name	
Confidential Contact inf.	
Patient ID #	
Age	
Sex	
Race	

#### **4.2 Cosmetic Routine questionnaire**

Face Care	Describe frequency, Brand, Product detail
Cleanser or soap	
Toner	
Serum	
Lotion	
Cream, Eye Cream	
Sunscreen	
Primer	
Foundation, Concealer	



#### 4.3 Perception of Skin questionnaire

The assessment of treatment efficacy by participants

Patient ID #					
BEFORE TREATMENT	Please indicate if you observe this condition-see medical artist illustrations. Make note or comment.				
Your main skin concern					
Wrinkling					
Texture					
Telangiectasia					
Pigmentation					
Elasticity					
Pores					
Freckles					
Acne					
	Please indicate if you observe this condition has changed after treatment with the Vaso Mask-see medical artist illustrations.				
AFTER TREATMENT	Definitely YES	I think so, not sure	No opinion	I think not, not sure	Definitely NO
Your main skin concern					
Wrinkling					
Texture					
Telangiectasia					
Pigmentation					
Elasticity					
Pores					
Freckles					
Acne					