



ADVANCED HEALTH SERVICES, LLC

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Name: _____ **Date:** ____/____/____

SKIN AGING SELF-TEST

	Yes	Somewhat	No
❖ Are you under 40 years of age?	2	1	0
❖ Have you observed differences in the texture of your skin, such as roughness, unevenness, or thickened areas?	2	1	0
❖ Has your skin become dull or dry looking?	2	1	0
❖ Has your skin become looser and/or thinner?	2	1	0
❖ Do you have noticeable wrinkles on your face, neck, chest, or other areas?	2	1	0
❖ Is your face or other skin frequently exposed to direct sunlight, or has it been in the past?	2	1	0
❖ Have you developed age spots (areas of darker pigmentation) on sun-exposed skin?	2	1	0
❖ Do you have reddened areas or small blood vessels visible on the skin's surface?	2	1	0
❖ Have you developed skin cancer or pre-cancerous (actinic keratoses) spots?	2	1	0
❖ Have you had multiple sunburn episodes in your lifetime?	2	1	0
❖ Have others in your family had skin cancer?	2	1	0
❖ Do you have fair skin and blonde or red hair?	2	1	0

Total Points ----->

Interpretation:

Score:

Aging Pattern:

Under 4

Slow

5 – 8

Moderate

9 – 12

Substantial

Over 12

Advanced

