

*Case Series***Real-World Evaluation of Celora Lumo for Skin Quality Improvement: An Investigator-Initiated Case Series**

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Keywords: *intra dermal injection, hyaluronic acid, amino acids, facial rejuvenation, objective imaging*

Received: 29 May 2026

Accepted: 31 August 2026

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ISSN 2974-6140 (online) ISSN 0392-8543 (print).

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ABSTRACT

Celora Lumo is an intradermal injectable formulation containing eight amino acids, reduced glutathione, a vitamin C precursor, and non-crosslinked low-molecular-weight hyaluronic acid, designed to improve skin quality. Practice-based real-world evidence in UK aesthetic practice remains limited. This prospective, single-centre observational case series included 15 adults undergoing routine treatment with three intradermal micro-bolus sessions of Celora Lumo at 21-27-day intervals. Outcomes were assessed at baseline and four weeks after the final session using the FACE-Q Skin Satisfaction questionnaire and three-dimensional imaging. Paired statistical analysis was performed for FACE-Q scores. Mean FACE-Q scores improved significantly from baseline to follow-up ($p < 0.001$). Three-dimensional imaging suggested increased brightness in all participants, reduced redness in most, reduced pigmentation irregularities in the majority, and visible under-eye improvement in all cases. Treatment was well tolerated, with no serious adverse events. These findings suggest Celora Lumo as a safe and effective option for skin quality improvement in routine aesthetic practice.

INTRODUCTION

The intradermal micro-bolus injection of bioactive compounds is widely used to rejuvenate aging skin. Hyaluronic acid (HA) is a key component of many intradermal injection formulations due to its capacity to attract and bind water, significantly improving skin hydration and turgor (1). In practice, HA is often combined with amino acids, vitamins, or antioxidants to enhance these effects (1). Such combination treatments have been reported to partially reverse signs of skin aging, for example, improving skin brightness, firmness, and texture without significant adverse effects (2, 3). Notably, reduced glutathione is a potent antioxidant that, when added to HA formulations, can help neutralize reactive oxygen species and inhibit melanin production, thereby lightening hyperpigmented skin (4). Amino acids are also included in these mixes because they serve as building blocks for collagen and other extracellular matrix proteins, supporting elasticity, firmness, and repair (5). In summary, HA provides hydration and scaffold support, amino acids supply protein precursors, and antioxidants like glutathione phosphate combat oxidative stress, a synergistic formula intended to rejuvenate the skin (1, 3).

Celora Lumo (previously marketed as Skin Ox) is an intradermal micro-bolus injectable solution, containing eight amino acids (serine, alanine, cysteine, leucine, lysine, proline, valine, glycine), reduced glutathione, sodium ascorbyl phosphate (vitamin C derivative) (6), and non-crosslinked low-molecular weight hyaluronic acid.

Skin bio-restoration is a regenerative approach focused on restoring skin quality by rebuilding the dermal environment rather than simply correcting surface signs of ageing. It operates through two complementary mechanisms: substrate replenishment, which involves supplying targeted amino acids that serve as essential building blocks for comprehensive extracellular matrix renewal (including collagen, elastin, and supporting structures), and dermal hydration and microenvironment support, delivered through low-molecular-weight hyaluronic acid to optimise water balance, enhance cell communication, and improve overall tissue function.

Clinically, Celora Lumo is positioned for patients presenting with oxidative-stress-related skin damage, photo-ageing, dyschromia, uneven tone, fine lines, dehydrated or damaged skin, and redness-prone or sensitive skin. Its formulation is intended to support both corrective and preventive skin-quality strategies targeting intrinsic and extrinsic ageing mechanisms, including those associated with UV exposure, pollution, and lifestyle-related oxidative stress.

In a recent open-label, uncontrolled, single-center study (6), Scarano et al. treated 60 patients with ten weekly intradermal injections (followed by two biweekly injections) of this 0.1% HA/amino acid/glutathione solution. By day 90, mean oxidative stress indices fell significantly, and Global Aesthetic Improvement Scale (GAIS) scores improved significantly (6). The authors concluded that Celora Lumo is a safe and effective tool for counteracting free-radical-induced skin damage and aging (6). Similarly, Svolacchia et al. (7) evaluated a family of HA-based intradermal injectable products, including Celora Lumo, and found that after a 3-session course, there was a clear reduction in wrinkle depth and improvement in overall texture, brightness, and turgor of treated facial skin. No treatment-related adverse events were observed.

Although early evidence for Celora Lumo is promising, the available studies remain limited in number, predominantly industry-sponsored, and primarily conducted outside the United Kingdom (UK). To our knowledge, no real-world evaluation of Celora Lumo in routine UK aesthetic practice has previously been published using both validated patient-reported outcomes and standardised three-dimensional imaging. This investigator-initiated case series was therefore designed to address this gap by assessing changes in selected skin-quality parameters following treatment with Celora Lumo using standardised three-dimensional imaging, together with patient-reported outcomes and documentation of local reactions or adverse events. By generating transparent, practice-based data, this study aims to provide preliminary practice-based real-world evidence to inform future controlled evaluations and clinical practice.

METHODS

Study design

This prospective, single-center observational case series was conducted at an aesthetic medicine clinic, in accordance with the Declaration of Helsinki and principles of Good Clinical Practice. All procedures represented routine cosmetic treatments, with no experimental intervention. All participants provided written informed consent for their treatments and for the anonymised use of their data in this publication.

Participants

A total of 15 participants were enrolled, with all treatments carried out by a qualified aesthetic doctor as part of routine clinical care. Individuals were eligible for inclusion if they were aged 18 years or older, presented with facial skin concerns such as fine lines, dullness, or uneven tone, were able and willing to provide written informed consent, and were able to adhere to the treatment schedule and follow-up visits. Exclusion criteria included the presence of any active infection, known autoimmune disease or current immunosuppressive therapy, active cancer, a history of hypertrophic or keloid scarring, pregnancy or breastfeeding, or known hypersensitivity to hyaluronic acid, vitamin C, or any component of the injection formulation. In addition, any condition considered by the treating clinician to place the participant at undue risk or compromise the interpretation of outcomes also resulted in exclusion.

Injection protocol

Following baseline assessment, all participants underwent a standardised treatment course consisting of three sessions of Celora Lumo administered at 21-27-day intervals. At each visit, treatment was delivered using an intradermal micro-bolus technique with a 30G × 13 mm needle, placing approximately 0.1 mL per injection point at the level of the superficial dermis, with formation of a visible papule. Product was distributed across predefined full-face treatment areas, including the forehead, periorbital region, cheeks, perioral region, and chin, according to the clinic's standardised protocol (Figure 1). The total volume administered per session was

5 mL. No additional aesthetic procedures specifically targeting skin tone, pigmentation, or redness were permitted during the treatment and follow-up period.

The injectable formulation investigated in this study, commercially marketed as Celora Lumo, is a European CE-certified medical device (ISO 9001:2015; ISO 13485:2016) manufactured by Italfarmacia, Italy, and distributed in the UK by DermaFocus. It comprises a blend of amino acids, antioxidants, a vitamin C derivative, and non-crosslinked low-molecular-weight hyaluronic acid. Treatments were administered in accordance with routine clinical practice using a consistent protocol.



Figure 1. *Standardised injection map and treatment protocol used for Celora Lumo administration.*

Outcome measures

Efficacy and safety outcomes were evaluated using a combination of objective imaging, clinical observation, and patient-reported measures.

Three-dimensional imaging was performed using the LifeViz Infinity system (Quantificare, USA) at baseline and four weeks after the final (third) injection (8). Images were analysed using the system's Normal, Redness, and Pigmentation views to support standardised visual evaluation of changes in skin brightness, redness, pigmentation distribution, wrinkle appearance, and overall skin uniformity. Baseline and follow-up images were obtained under consistent clinic conditions using the same imaging system, and cohort-level trends were assessed through structured before-and-after review.

Safety and tolerability were assessed at each visit by documenting any immediate injection-related reactions (including erythema, oedema, bruising, and discomfort) and any delayed or unexpected adverse events. All adverse events were recorded in accordance with the clinic's standard operating procedures.

Patient-reported outcomes were assessed at follow-up using the validated FACE-Q Skin Satisfaction questionnaire (9) (see Supplement 1).

Statistical methods

Statistical analysis was performed to evaluate changes in FACE-Q Skin Satisfaction scores. Pre- and post-treatment FACE-Q scores were compared using a paired-samples t-test to assess whether mean differences were statistically significant. Normality of the difference scores was assessed prior to analysis. In addition, a

Wilcoxon signed-rank test was conducted as a non-parametric confirmatory analysis due to the relatively small sample size.

Effect size was calculated using Cohen's *d* for paired samples to quantify the magnitude of treatment-related change. A two-tailed *p*-value of <0.05 was considered statistically significant.

CASE SERIES REPORT

Participant Characteristics

Participant characteristics are summarised in Table I. All 15 enrolled participants completed the study through final follow-up. Follow-up assessments were performed approximately 4 weeks after the final treatment session, although in 5 participants this occurred slightly beyond the target window because of scheduling availability.

Table I. *Participant characteristics.*

Characteristic	Value
Participants completing study, <i>n</i>	15
Female, <i>n</i>	13
Male, <i>n</i>	2
Mean age, years	41
Age range, years	29 - 53
Follow-up timing	Approximately 4 weeks after final treatment
Delayed follow-up beyond target window, <i>n</i>	5

FACE-Q Outcomes

FACE-Q Skin Satisfaction outcomes are summarised in Table II. Scores increased significantly from baseline to follow-up, with a mean improvement of 15.0 points. This finding was supported by both paired parametric and non-parametric analyses (both $p < 0.001$). The magnitude of change was large, with a Cohen's *d* effect size of 2.29, suggesting a substantial improvement in patient-reported skin satisfaction over the treatment period.

Table II. *FACE-Q Skin Satisfaction outcomes at baseline and follow-up.*

Measure	Baseline	Follow-up	Change
Mean $\pm$ SD	27.47 $\pm$ 6.83	42.47 $\pm$ 5.34	15.0 $\pm$ 6.56
Median change	—	—	16
Range of change	—	—	+5 to +32

Paired t-test: $t = 8.86$, $p < 0.001$; Wilcoxon signed-rank test: $p < 0.001$; Cohen's $d = 2.29$.

Standardised Imaging (LifeViz Infinity QuantifiCare 3D Analysis)

Three-dimensional imaging findings are illustrated in Figure 2. Visual comparative analysis of baseline and follow-up images demonstrated broadly consistent directional improvement across several skin-quality domains. Assessments were conducted independently by two clinicians (JF and YA), with consensus reached in all cases. Any discrepancies were resolved through consultation with a third clinician (KL).

Brightness and overall skin radiance improved in all 15 participants. Redness was reduced in 11 of 15 participants, while the remaining four showed levels similar to baseline; in three of these cases, redness may have been influenced by pre-imaging factors. Pigmentation irregularities appeared reduced in 10 of 15 participants; among the remaining five, one participant had applied self-tanning products before follow-up imaging, two reported recent sun exposure or holiday travel, and two had no clearly identifiable confounding factors. The infraorbital (under-eye) region improved in all 15 participants, with visible reduction in darkening and/or fine lines that were present at baseline.

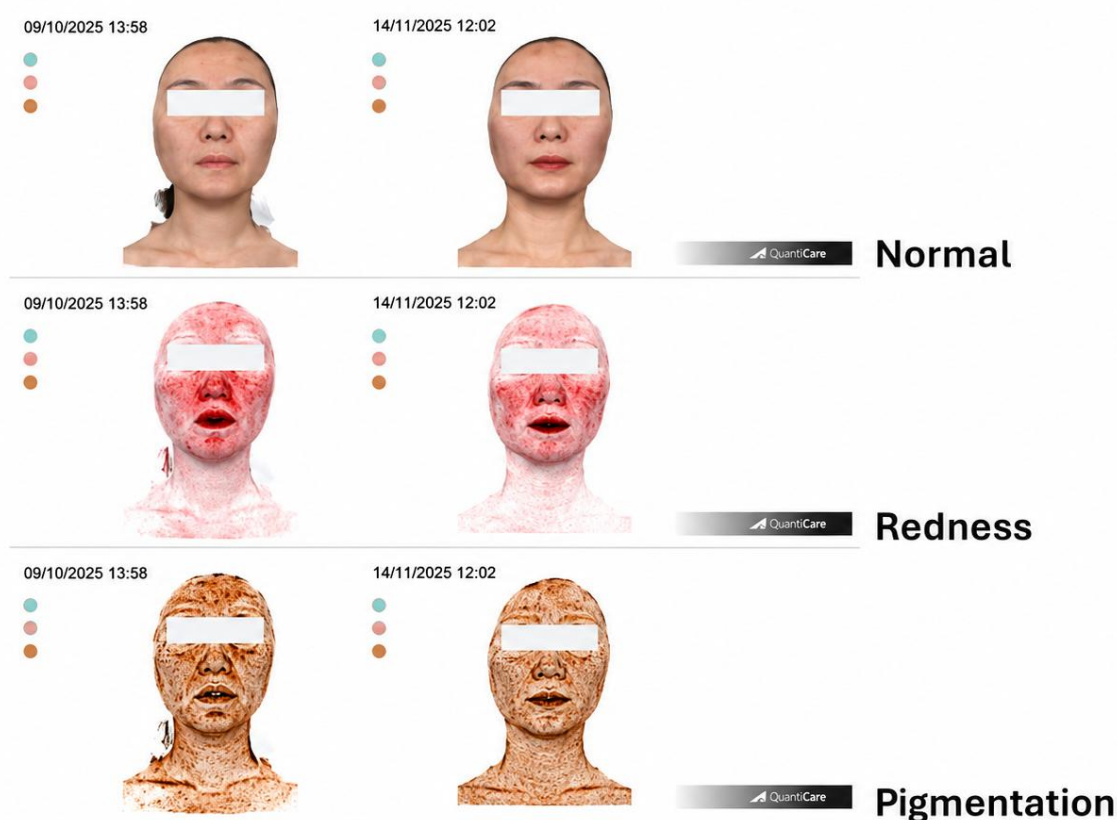


Figure 2. Comparative three-dimensional facial images at baseline (left panels) and four weeks after the final Celora Lumo treatment (right panels), displayed in Normal, Redness, and Pigmentation views (LifeViz Infinity, QuantifiCare). Images illustrate increased brightness, more uniform pigmentation, and reduced background redness following treatment.

Safety and Tolerability

No serious adverse events were reported during the treatment period. Observed immediate post-injection responses were limited to expected transient local reactions, including mild erythema, oedema, and occasional bruising. Pain reported during or after injection was minimal and consistent with that typically expected for

this procedure. These effects resolved without intervention and were consistent with the known safety profile of intradermal micro-bolus injection techniques. No delayed or unexpected adverse reactions were documented.

DISCUSSION

This prospective real-world case series evaluated the clinical performance of intradermal Celora Lumo in routine aesthetic practice. Across both objective imaging and patient-reported outcomes, the findings suggest consistent and clinically meaningful improvements in multiple parameters of skin quality following a three-session treatment protocol.

Patient-reported outcomes showed a statistically significant increase in FACE-Q Skin Satisfaction scores, with a mean improvement of 15 points and a large effect size. Importantly, all participants demonstrated improvement, suggesting a uniform positive trend within the cohort. Given that FACE-Q is a validated patient-reported outcome measure, this finding indicates that improvements were not only observable but also perceptible and meaningful to patients. In aesthetic medicine, patient satisfaction is a central endpoint, and the magnitude of change observed supports the clinical relevance of the treatment effect (10).

Three-dimensional imaging findings were directionally consistent with these subjective improvements. All participants demonstrated increased skin brightness and radiance at follow-up, which represents one of the most reproducible and clinically appreciable outcomes within the dataset. Improvements in evenness of tone and reduction in pigmentation irregularities were observed in the majority of participants, although some variability was noted and may have been influenced by external factors such as sun exposure or cosmetic product use prior to imaging (11). Reductions in visible redness were seen in most participants, with residual erythema in a small number likely attributable to pre-imaging confounders, including recent friction or exertion. The universal improvement in brightness and radiance is plausibly explained by enhanced superficial hydration from non-crosslinked hyaluronic acid, more homogeneous pigment distribution influenced by glutathione and vitamin C derivatives, and the regenerative stimulus of repeated intradermal micro-bolus injections (12, 13).

Notably, improvement in the under-eye region was observed in all participants, including visible reduction in darkening and/or fine lines where present. In the subset of participants presenting with baseline signs of ageing, visible improvement in fine lines and wrinkles was observed in all cases. These findings align with the proposed mechanism of action of Celora Lumo, which combines amino acids and antioxidants intended to support dermal matrix function and reduce oxidative stress with low-molecular-weight hyaluronic acid for hydration and microenvironment support (13).

The safety profile observed in this case series was favourable. No serious adverse events were reported, and all immediate post-injection reactions were mild and transient. These findings are consistent with previously published studies evaluating hyaluronic acid-based mesotherapy formulations enriched with amino acids and glutathione, which have reported good tolerability and improvement in skin quality parameters (14).

From a clinical perspective, the benefits most consistently substantiated by this dataset include improved brightness and radiance, enhanced tone uniformity with reduction in pigmentation irregularities, decreased redness in the majority of patients, visible improvement in the under-eye area, and reduction in fine lines and wrinkles in those with baseline ageing signs. These outcomes reflect practical, patient-visible improvements that are meaningful in day-to-day aesthetic practice.

Several limitations should be acknowledged. This was a single-centre, uncontrolled case series with a relatively small sample size. The absence of a control group limits causal inference, and some imaging findings may have been influenced by behavioural or environmental factors. In addition, follow-up was limited to approximately one month after the final treatment, and longer-term durability of results was not assessed. Nevertheless, the prospective design, use of validated patient-reported outcomes, standardised imaging protocols, and consistent treatment technique support the interpretability of the findings.

Overall, this investigator-initiated real-world case series provides supportive evidence regarding the use of Celora Lumo in routine UK aesthetic practice, with convergent findings from validated patient-reported outcomes and standardised three-dimensional imaging. Although the study is limited by its small sample size, uncontrolled design, and short follow-up, it adds practice-based UK evidence to a literature base that was previously composed largely of industry-linked and non-UK reports. Larger controlled studies with longer follow-up are warranted to confirm these findings and help inform future treatment protocols.

Implications for Future Practice

In routine aesthetic practice, the standardised three-session, 21-day intradermal micro-bolus protocol described in this case series may serve as a pragmatic starting regimen for adult patients presenting with fine lines, dullness, and uneven skin tone (15). Clinicians should, however, emphasise appropriate expectation management, highlighting gradual improvements in overall skin quality rather than volumetric change (14).

To strengthen the evidence base, future evaluations should incorporate structured quality-improvement measures, including blinded assessor ratings where feasible, consistent imaging device calibration, and systematic adverse event surveillance aligned with established standard operating procedures.

This bio-restorative treatment may be positioned alongside or sequenced with other regenerative treatments or traditional aesthetic solutions. Modality selection should be guided by the patient's primary treatment goals (e.g., texture refinement, dyschromia, elasticity improvement), tolerance for downtime, and overall treatment strategy (16). Comparative decisions regarding relative effectiveness and optimal retreatment intervals will require controlled studies to better define positioning within multimodal aesthetic practice.

CONCLUSION

In this prospective real-world case series, a three-session intradermal micro-bolus protocol of Celora Lumo was associated with improvement in patient-reported skin satisfaction and supportive descriptive enhancement in selected skin-quality parameters on three-dimensional imaging, including brightness, tone uniformity, and under-eye appearance. Treatment was well tolerated, with no serious adverse events observed.

These findings should be interpreted in the context of the small sample size, lack of a control group, and short follow-up period. The study provides preliminary real-world evidence that may inform future controlled investigations in routine aesthetic practice.

Funding

This study received support from DermaFocus, the UK distributor of Celora Lumo. DermaFocus contributed to manuscript coordination and review, while the authors retained responsibility for the interpretation of the results and the final manuscript. Relevant financial relationships and potential conflicts of interest are disclosed in the Conflict of Interest statement.

Conflict of Interest Statement

Jordan Faulkner, Yusra Al-Mukhtar, Sach Mohan, Kam Lally, and George Christopoulos are members of the DermaFocus faculty and have received honoraria from DermaFocus for educational and faculty activities. Shayan Bahadori has provided consultancy services to DermaFocus.

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*SUPPLEMENT 1***NOTE TO LICENSED USERS**

Each FACE-Q Aesthetics scale can be used independently of the other scales (i.e., you don't have to use them all). For each scale that you use, the patients or research participants DO NOT NEED TO SEE:

- title of each scale;
- notes at the bottom of the scale;
- scoring table for the scale.

We can provide a Word version of the scales if needed. Send an email to: qportfolioeam@gmail.com

Patients or research participants only need to see the instructions, items, response options, and the copyright notice at the bottom of the scale. Here's an example:

For each question, circle only one answer. With your nose in mind, in the past week, how satisfied or dissatisfied have you been with:

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. The <u>width</u> of your nose at the bottom (from nostril to nostril)?	1	2	3	4
b. The <u>length</u> of your nose?	1	2	3	4
c. How the <u>bridge</u> of your nose looks (where glasses sit)?	1	2	3	4
d. How well your nose <u>suits</u> your face?	1	2	3	4
e. How <u>straight</u> your nose looks?	1	2	3	4
f. The overall <u>size</u> of your nose?	1	2	3	4

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1. You will not change this questionnaire in any way
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3. You will not give this questionnaire to an unlicensed user
4. You will not reproduce this questionnaire in publications or other materials

FACE-Q™ - SATISFACTION WITH SKIN

For each question, circle only one answer. With your facial skin (complexion) in mind, in the past week, how satisfied or dissatisfied have you been with:

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. How your facial skin looks at the <u>end of your day</u> ?	1	2	3	4
b. How <u>healthy</u> your facial skin looks?	1	2	3	4
c. How <u>attractive</u> your facial skin makes you look?	1	2	3	4
d. How <u>smooth</u> your facial skin looks?	1	2	3	4
e. How <u>clear</u> your facial skin (complexion) looks?	1	2	3	4
f. How <u>refreshed</u> your facial skin makes you look?	1	2	3	4
g. How <u>hydrated</u> your facial skin looks?	1	2	3	4
h. How your facial skin looks when you first <u>wake up</u> ?	1	2	3	4
i. How <u>radiant</u> your facial skin looks?	1	2	3	4
j. How the <u>tone</u> (color) of your facial skin looks?	1	2	3	4
k. How your <u>pores</u> look?	1	2	3	4
l. How <u>even-colored</u> your facial skin looks?	1	2	3	4

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Note to Investigators: This scale can be used independently of the other scales.

**FACE-Q™ - SATISFACTION WITH SKIN CONVERSION
TABLE**

Instructions: Higher scores reflect a better outcome. If missing data is less than 50% of the scale's items, insert the mean of the completed items. Use the Conversion Table below to convert the raw scale summed score into a score from 0 (worst) to 100 (best).

SUM SCORE	EQUIVALENT RASCH TRANSFORMED SCORE (0-100)
12	0
13	3
14	9
15	14
16	18
17	21
18	24
19	26
20	29
21	32
22	34
23	36
24	39
25	41
26	43
27	45
28	47
29	49
30	51
31	53
32	55
33	57
34	59
35	61
36	63
37	65
38	67
39	69
40	72
41	74
42	76
43	79
44	81
45	84

SUM SCORE	EQUIVALENT RASCH TRANSFORMED SCORE (0-100)
46	88
47	93
48	100