

WHAT IS YOUR SKIN TYPE?

Normal _____
Normal / Combination _____
Oily / Very Oily _____
Sensitive _____
Dry / Very Dry _____
Dehydrated _____

IF THERE WAS SOMETHING YOU COULD CHANGE ABOUT YOUR SKIN, WHAT WOULD IT BE (ANYTHING ELSE, ANYTHING ELSE)? TOP 3 PRIORTIES (FACE), EYES & OTHER:

1. Face _____
2. Face _____
3. Face _____
4. Eyes _____
5. Other _____

WHAT IS YOUR COMMITMENT LEVEL?

High (very motivated) _____
Medium (somewhat motivated) _____
Low (not motivated) _____
Other (explain) _____

WHAT'S YOUR CURRENT ROUTINE, WHAT'S WORKING AND WHAT'S NOT?

Current brand(s) _____
What's working (results) _____

What's not working (no results) _____

How long have you been using these products? _____

Who recommended these products to you? _____

Why did you chose this brand and products? _____

On a scale from 1 (worst) to 10 (best), do you love your current regime? _____