



BEST FACE FORWARD

SKIN | MAKEUP | HAIR

## ***Skin, Makeup & Hair Questionnaire***

*Is your skincare effective? The health of your skin depends on a proper regimen that addresses your specific needs. After answering these questions to the best of your ability, we will recommend products that can provide you with the most beautiful skin.*

### ***Skin***

***\*Fill out this section if having makeup done\****

#### **1) How would you describe your skin?**

- a) Dry- After cleansing my face feels tight and I need to use a moisturizer
- b) Normal- I have no significant dryness or oiliness
- c) Combination- I often have a shiny T-zone and my cheeks are dry
- d) Oily- I tend to have an oily sheen throughout the day

2) Do your cheeks feel tight or dry when you first awake (prior to cleansing and moisturizing)?

- a) Always
- b) Sometimes
- c) Never

3) Do you experience T-zone oiliness during the day (forehead, nose and chin areas)?

- a) Very
- b) Slightly
- c) Not at all

4) Please indicate how many dark spots (freckles, age spots) you have:

- a) A lot
- b) A few
- c) None

#### **2) How sensitive is your skin?**

(Stinging, rash/redness, itching & burning indicate skin sensitivity)

- a) Very
- b) Somewhat
- c) Not at all

#### **3) Are you concerned about any of the following:**

5) Please indicate your skin concerns. Please check/circle all that apply.

- a) Uneven skin (dark spots)
- b) Acne/ pimples
- c) Expression lines
- h) Redness
- i) Frequent Sensitivity
- j) Roughness

- d) Fine lines/ wrinkles
- e) Loss of firmness
- f) Oiliness
- g) Enlarged pores

- k) Dullness
- l) Dark eye circles/ puffiness
- m) Dryness

**4) What is the texture and tone of your skin?**

- a) Smooth and looks luminous/ even
- b) Smooth but lost luminosity
- c) Slightly rough/ no luminosity
- d) Feels rough, uneven tone & no luminosity

**5) What are your skin care goals? (Check all the apply)**

- 6) How does your skin react to sun exposure?
- a) Reduce/ prevent appearance of fine lines and wrinkles
  - b) Reduce under-eye puffiness and dark circles
  - c) Achieve a more even-toned complexion
  - d) Improve texture and radiance
  - e) Improve firmness
  - f) Reduce blemishes
  - g) Reduce dryness

**6) Please indicate your level of sun exposure the last 2 years:**

- a) A lot
- b) Some
- c) Very little

**7) Please describe your smoking history.**

- a) Current smoker
- b) Light Smoker
- c) Former OR Non-smoker

**8) How often are you exposed to air pollution/ second-hand smoke?**

- a) Often
- b) Occasionally
- c) Rarely

**What are your Normal Skin Care/ Makeup Habits:**

\_\_\_\_\_

**What do you like about what you use:** \_\_\_\_\_

**What (if anything) would you like to change:** \_\_\_\_\_

**Do you wear contacts, glasses, or both?** \_\_\_\_\_

**Are you considering lashes?** \_\_\_\_\_

**If so, have you worn them before? \*including extensions\***

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**Any have any skin conditions we should know about?**

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**Have you ever had an allergic reaction (i.e. hives, burning, swelling) to products? If so, please elaborate?** \_\_\_\_\_

**Do you tan (traditional or spray)? Are you considering before the wedding?**  
**\*we have a luxury spray tan associate artist if a referral is needed**

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### ***Makeup***

**1) What is your normal makeup routine :**

- a) Little or no makeup
- b) Makeup but only on occasion
- c) Full makeup every day

**2) What do you use from the following** (include any brands as well):

- a) Lipstick / Lip-balm / Lip-gloss (matte or gloss?)
- b) Eye shadow (matte or shimmer?)
- c) Blush
- d) Mascara
- e) Foundation (which type- liquid/powder?)
- f) Eyeliner (which type- pencil/ gel/ liquid?)
- g) Concealer
- h) Eyebrow pencil

**3) When it comes to eye makeup, do you prefer soft and blended, or clean and crisp application?**

**4) Which color palette are you normally drawn to for eye makeup?**

- a) pinks/mauves
- b) peaches/golds/browns
- c) purples

**5) Do you have a makeup product you never leave home without applying?**

**6) Any known allergies to cosmetics?**

**7) Are you on any types of medication?**

**8) When buying make-up, which of these aspects influence what you buy?**

- a) Technologically advanced/ Extra benefits such as lifting, UV protection
- b) Special Offer/ Cheapest price/ Free Sample
- c) Well-known name/ brand I've used or seen before
- d) Attractive packaging
- e) Hypo-allergenic or Fragrance Free
- f) Best results I've seen so far
- g) Recommendation of Friend or Family

**9) Where do you tend to purchase your makeup?**

- a) Supermarkets/ Drugstore
- b) Direct Sales
- c) Department Store
- d) Internet
- e) Beauty Salon

**How much would you say you spend per month on makeup?**

**What product or skill would you like to know the most about?**

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***Hair***

***\*Please only fill out if having this service. If having makeup only, you can skip this.\****

- 1) What products are you using now?
- 2) What styling tools do you use?
- 3) How often do you wash your hair?
- 4) How often do you style?
- 5) What do you love about your hair (i.e.: color, cut)?
- 6) What do you hate about your hair?
- 7) Does your hair hold curl/wave well?
- 8) Describe your style (conservative/ classic/ funky/ trendy)
- 9) Is your hair fine or thick?

10) Do you have any conditions that impact your hair?

11) Do you have any additional hair toppers, hairpieces or extensions of any kind we should know about?

Thank you!