

Skin Questionnaire

What Products do you currently use?

(Please check)

Cleanser/Serum/Toner/Day moisturizer/Night cream/Masks

What best describes your skin tone?

(Please Circle)

Very fair/Fair/Medium/Medium-Olive/Dark/Very Dark

Do you normally get eight or more hours of sleep?

(Please Circle)

YES/NO

How much exposure do you have to the following?

(Please Circle)

Pollution – LOW/MED/HIGH

Sun – LOW/MED/HIGH

Computer or device screens – LOW/MED/HIGH

What best describes your skin?

(Please Check)

My skin produces oil all over my face, or in my t-zone

My skin is oily & gets dry/tight when I use skincare products

My skin is neither very oily nor very dry

My skin is dry and produces little to no oil

My skin is very dry and produces no oil

What are your top 3 skin concerns?

(Please Check)

Wrinkles/Oiliness/Brown spots (sun damage or discoloration)/Post-Breakout Scars/Age Prevention/Loss of Tone/Acne or Blemishes/Sensitivity (redness or rosacea)/Dryness (tight, dry, or flaky)/Under Eye (puffiness or dark circles)/Clogged Pores or Blackheads/Large Pores

How sensitive is your skin?

1=Not at all sensitive

5=Very sensitive

(Please Circle)

1 2 3 4 5

How firm would you consider your skin?

1=lacks tone and firmness

5=very firm and youthful

(Please Circle)

1 2 3 4 5

How often do you experience acne breakouts?

1=Rarely

5=Regularly & severely

(Please Circle)

1 2 3 4 5