



## Skin Analysis Questionnaire

Name & surname: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

### 1. Which skincare range are you currently using?

\_\_\_\_\_

### 2. What does your usual skin care routine entail?

\_\_\_\_\_  
\_\_\_\_\_

### 3.. Skin Complexion/Colour:

- Very light
- Fair
- Olive
- Dark

### 4. Do you develop a shine on your skin during the day?

- Yes
- No

#### If yes, where?

- All over the face
- T-zone oily (nose, forehead, chin)

### 5. How does your skin feel (usually)?

- Comfortably hydrated
- Dry
- Tight and dry
- Dry but prone to breakouts

### 6. Do you suffer from an extremely sensitive skin, i.e. do you often react to products you use?

- Always
- Sometimes
- Never

### 7. Do you suffer from flakiness?

- Yes
- No
- Only a little

**8. Do you suffer from lines and wrinkles?**

- Yes       No       Only a little

**9. Do you suffer from a dry cheek area?**

- Yes       No       Only a little

**10. Do you have visible surface capillary veins on your face?**

- Yes       No       Only a few on my nose

**11. Are you currently using a sunscreen daily?**

- Yes       No       Occasionally

**12. Do you use foundation?**

- Yes       No

**If yes, which brand and you currently using and what shade?**

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**If no, is your complexion very pale, fair, medium or well tanned?**

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**13. What are your skin concerns or what are you hoping to overcome? Please rank the top 3 in priority; with number 1 your biggest concern and number 3 your third biggest concern.**

- \_\_\_ Dehydration
- \_\_\_ Dull/Grey/Tried Skin
- \_\_\_ Very Dry Skin
- \_\_\_ Oiliness/Breakouts
- \_\_\_ Pigmentation
- \_\_\_ Hypersensitive Skin
- \_\_\_ Deep Lines and wrinkles
- \_\_\_ Enlarged Pores
- \_\_\_ Sagging Skin
- \_\_\_ Wrinkles Age Spots/Dull Skin