

# Your Personal Skin Analysis

## SKIN TYPE

- By the middle of the day, your skin usually feels:
  - A** Very tight and dry
  - B** Slightly dry
  - C** Neither dry nor oily
  - D** Slightly oily in T-zone or entire face
  - E** Oily over entire face
- By the middle of the day, your face generally looks:
  - A** Dry with visible flakiness
  - B** Dry with no flakiness
  - C** Neither dry nor shiny
  - D** Shiny and oily in T-zone area
  - E** Shiny and oily over entire face
- Your complexion is best described as:
  - A** Small pores, always flakes
  - B** Small pores, no flakiness
  - C** Small pores, smooth, even texture
  - D** Medium pores especially in T-zone
  - E** Large pores especially in T-zone

## SKIN BEHAVIOR

- You have a tendency for blemishes, blackheads and/or whiteheads:
  - A** Never
  - B** Rarely
  - C** Generally once a month
  - D** Sometimes; usually in T-zone area or along jawline
  - E** Often
- During hot weather, your face feels:
  - A** Much drier than usual
  - B** Slightly drier than usual
  - C** Does not change
  - D** Slightly oilier than usual
  - E** Much oilier than usual
- During cold weather, your face feels:
  - A** Much drier than usual
  - B** Slightly drier than usual
  - C** Does not change
  - D** Slightly oilier than usual
  - E** Much oilier than usual

## SPECIAL NEEDS

- Do you feel your skin needs extra nourishment or treatment to combat signs of aging, lines, or dryness?
  - Yes
  - No
- Do you use water-resistant makeup, including eye makeup?
  - Yes
  - No
- Do you use Retin-A?
  - Yes
  - No
- Do you have any known sensitivities to skin care or cosmetic ingredients, including sunscreens?
  - Yes
  - No
  - Don't know

Please describe the allergic reaction: \_\_\_\_\_
- Do you have any known allergies, such as hay fever?
  - Yes
  - No
- You prefer skin care products that are:
  - Rich and luxurious
  - Lightweight, fast absorbing
- Your current skin care program is (please include brand names):

Cleanser: \_\_\_\_\_  
 Toner: \_\_\_\_\_  
 Day Moisturizer: \_\_\_\_\_  
 Night Moisturizer: \_\_\_\_\_  
 Special Treatments: \_\_\_\_\_

## LIFESTYLE

- |  | Yes                      | No                       | Sometimes                |
|--|--------------------------|--------------------------|--------------------------|
| 14. Do you eat a well-balanced diet?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you take nutritional supplements?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you drink eight glasses of water a day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you smoke?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you work in an air-conditioned office?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have a lot of stress in your life?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you exercise at least three times a week? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you change your pillowcase each week?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you purposely try to tan?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you use a sunscreen daily?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Best time to call \_\_\_\_\_  
 Birthday \_\_\_\_\_