



COSMETIC INTEREST QUESTIONNAIRE

Your name (please print) _____ Date _____

1. What are your areas of concern? (Please check all that apply)

- Frown lines between the brows
- Significant lines around nose and mouth
- Tired looking skin
- Facial Hair
- Acne
- Freckles
- Fine lines and wrinkles
- Rough skin texture
- Skin laxity
- Hyperpigmentation
- Dark circle around the eyes
- Dry Skin

2. When looking at my face in the mirror I believe I look younger, the same as, or older than my true age.

<i>Younger Than</i>		<i>True Age</i>		<i>Older Than</i>
1	2	3	4	5

3. When looking at my face in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles and fine lines.

<i>Not Concerned</i>		<i>Somewhat</i>		<i>Very Concerned</i>
1	2	3	4	5

4. Comments: _____

