



BEAUTY 101 SURVEY

An Approach to Beauty Inside and Out

What is the #1 reason you came today? _____

Do you currently wear cosmetics? Yes _____ No _____

Do you currently use skin-care products? Yes _____ No _____

What is the ONE makeup product you could not live without? _____

What is your "favorite" cosmetic/skin care product? _____

Please explain why (results, brand loyal, price, etc.): _____

Do you have any sensitivity to fragrance or certain ingredients, if so what: _____

How many beauty products do you use daily (cosmetics)? _____

Do you shop online for beauty products? Yes No If so, where? _____

Do you or someone you know have issues or concerns with the following? *Complete for a FREE gift!*

CHECK THE FOLLOWING THAT FIT YOU

	<i>You</i>	<i>Name of Family or Friend</i>
Skin Health (Eczema, Psoriasis, Acne)	_____	_____
Digestive Health (Acid reflux, Ulcers, IBS, Crohn's, Colitis, etc)	_____	_____
Energy and/or Healthier Alternative to Energy Drinks	_____	_____
Improved Sense of Well-Being (Stress, Anxiety, Depression)	_____	_____
Pain/Inflammation Relief (Headaches, Migraines, Back pain)	_____	_____
Healthy Immune Function (Colds, Flu, Autoimmune Diseases)	_____	_____

Name of who invited you _____

Guests Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____