

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_



## Optional Cosmetic Interest Questionnaire

*Answer the following questions on a scale of 1-5 (1=not at all concerned, 5=very concerned)*

1. I am concerned about fine lines and wrinkles around eyes, forehead, and mouth. (circle one)

1	2	3	4	5
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2. I am interested in making my lashes longer, thicker, and more vibrant. (circle one)

1	2	3	4	5
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3. I am concerned about the differences and changes in the color, tone, and texture of my skin. (circle one)

1	2	3	4	5
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4. I have excess body hair that is problematic or unsightly. (circle one)

1	2	3	4	5
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5. I am concerned about getting more dark spots as I age. (circle one)

1	2	3	4	5
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6. I am concerned about facial veins and redness. (circle one)

1	2	3	4	5
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7. I am a Brilliant Distinctions member.      **Yes**      or      **No**

8. If yes, what is your member #?      \_\_\_\_\_