

# Makeover Questionnaire

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

What is your reason for seeking a Makeover? \_\_\_\_\_

\_\_\_\_\_

How much makeup do you feel comfortable with? \_\_\_\_\_

\_\_\_\_\_

What makeup do you normally wear? \_\_\_\_\_

\_\_\_\_\_

What is your favourite type of makeup? \_\_\_\_\_

\_\_\_\_\_

What part of your current look are you happiest with? \_\_\_\_\_

\_\_\_\_\_

What would you most like to change? \_\_\_\_\_

\_\_\_\_\_

Are you looking for a dramatic or more natural look? \_\_\_\_\_

\_\_\_\_\_

How would you describe your personality? \_\_\_\_\_

\_\_\_\_\_

What are your favourite colours? \_\_\_\_\_

How would you describe your personal style? Natural, Sporty, high fashion,  
romantic or glamorous? \_\_\_\_\_

\_\_\_\_\_

Will you be photographed indoors, outdoors or both? \_\_\_\_\_

Is there anything else I need to know? \_\_\_\_\_

\_\_\_\_\_