

# BEAUTY BASICS SURVEY

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## 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 skincare products? Yes \_\_\_\_\_ No \_\_\_\_\_

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

What is your favorite cosmetic product? \_\_\_\_\_

Please explain why (results, brand loyal, price, etc.) \_\_\_\_\_

Do you have any sensitivity to fragrance or certain ingredients? If so, what? \_\_\_\_\_

How do you apply your makeup at home? \_\_\_\_\_

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

Name of family or friend

Makeup does not go on smooth/even	_____	_____
Eye makeup creases and does not last	_____	_____
Makeup does not stay on or look fresh	_____	_____
Interested in a custom-blended foundation/powder	_____	_____
Skin is oily/dry	_____	_____
Interested in reversing/repairing aging	_____	_____
Skin has uneven tone and texture	_____	_____
Interested in repairing lines, dryness and darkness around eyes	_____	_____
Interested in hosting a s Event	_____	_____
Digestive health (acid reflux, ulcers, IBS, colitis, etc.)	_____	_____
Interested in slowing down the aging process from the inside	_____	_____
Interested in learning more about wellness and nutrition	_____	_____

Name of who invited you \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_