

COSMETIC INTEREST QUESTIONNAIRE

Are any of these issues of interest to you? Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> A nicer smile | <input type="checkbox"/> Laser treatments |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Skin care advice |
| <input type="checkbox"/> Injectable fillers (e.g. Restylane, Juvederm, Radiesse) | <input type="checkbox"/> Skin care products |
| <input type="checkbox"/> AHA and glycolic peels | <input type="checkbox"/> Birthmarks |
| <input type="checkbox"/> Skin rejuvenation | <input type="checkbox"/> "Liver spots"/age spots |
| <input type="checkbox"/> Retin A or Renova | <input type="checkbox"/> Sunscreens |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Removing leg veins |
| <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Facials and eye treatments |
| <input type="checkbox"/> Laser resurfacing | <input type="checkbox"/> Hair removal |
| | <input type="checkbox"/> Spider vein treatment |
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Please answer on a scale of 1 to 5 by circling the appropriate number:

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

Younger Than		True Age		Older Than
1	2	3	4	5

- When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

Not Concerned		Somewhat Concerned		Very Concerned
1	2	3	4	5