

## Section 1: Your Scalp

How concerned are you about your scalp health?

O No worries, but I'm open to prevention	O A little	○ Somewhat	O A lot
How would you describe your	scalp?		
O Dry	○ Oily	O Irritated	O No issues, but I want to be proactive
<b>Do you notice this condition a</b> ○ Yes	anywhere else on your body?		
How do you currently care for	your scalp?		
	Section 2:	: Your Hair	
Whatianamainaanamani	th wave hair? Calact and		
What is your main concern wi ○ Limp and lifeless ○ Feels weak and breaks easily ○ Enhance blonde or grey	O Tangles easily	O Dry and rough to the touch O Frizz	O Split ends O Thinning
	concern, what is your main hai	r goal? Select one.	
○ Voluminous ○ Smooth and sleek	<ul><li>Super shiny</li><li>Perfectly wavy, curly or coily</li></ul>	<ul><li>Strong and healthy</li><li>Beautifully colored</li></ul>	O Thick and full
What is your hair texture?			
1A Straight	2B Medium Wavy	3A Subtle Curly	4C Strong Coily
○ Straight	○ Wavy	O Curly	O Coily
<b>What is your hair's density (n</b> ○ Thin	umber of strands on the head)  O Medium	)? ○ Dense	
<b>What is your hair's diameter (</b> ○ Fine	(thickness of each strand)?  O Medium	○ Thick	
Have you noticed any change	s in how thick your hair feels?		

## Section 3: Your Routine

How often do you wash your ○ Every day	hair?   ○ 2-3 times a week	O Once a week	O Less than once a week
, ,		O Office a week	C Less than once a week
What is your ideal daily rout  ○ Quick and simple	<ul><li>Ine?</li><li>○ Comprehensive and thorough</li></ul>	O It varies	
How do you usually style you ○ Air dry ○ Blow dryer	ur hair? ○ Diffuser ○ Wax, paste or pomade	O Straightening iron	O Curling iron
How do you style your hair o	n days you don't wash it?		
Do you receive any profession	onal services?		
O Highlights or lightening	O Hair color	O Chemical treatments (e.g., perms, relaxers, keratin straightening)	
ASSESSMENTS			
Scalp		Elasticity/Strength	Porosity/Hydration
O Healthy O Dry	<ul><li>○ Congested/product build-up</li><li>○ Oily</li></ul>	○ Weak ○ Medium	○ Low ○ Medium
O Dry, red/irritated	O Thinning	O Strong	O High
	Section 4:	Your Skin	
What is your skin type?			
O Dry	O Sensitive	O Oily	○ Normal
Are you more prone to oiline ○ Oiliness	ss or dryness?  O Dryness		
<b>Do you notice this condition</b> ○ Yes	on your scalp? ○ No		
What is your main concern w	rith your skin? Select one.		
O Dryness O Lack of firmness	<ul><li>○ Sensitivity/redness</li><li>○ Acne/blemishes</li></ul>	<ul><li>Lines/wrinkles</li><li>Uneven skin tone/hyperpigm</li></ul>	O Oiliness
		O oneven skin tone/hyperpigin	entation
How do you care for your skin? AM		PM	
○ Masques If "Other," explain:	O Exfoliating treatments	O Professional services	O Other