



*Academy of Makeup & Fashion*  
**On Set Media**

9005 Eton Ave., Studio A  
 Canoga Park, CA 91304  
 Tel. +1 818-905-0828 , Fax 818-280-3161  
 eMail: [AMFonSet@gmail.com](mailto:AMFonSet@gmail.com)  
[www.AMFonSet.com](http://www.AMFonSet.com)

## Lifestyle Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

How did you hear about AMF ? \_\_\_\_\_

Marital Status : \_\_\_\_\_ Ages and Sex of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_  Full  Part Time

Where did you hear about Academy of Makeup & Fashion? \_\_\_\_\_

What would you like your "Image" to say about you? \_\_\_\_\_

What is/are your professional /personal goals? \_\_\_\_\_

What are your personal concerns regarding the following?

**SKIN CARE:** \_\_\_\_\_

>What product line do you use most often? \_\_\_\_\_

**COSMETICS:** \_\_\_\_\_

>What product line do you use most often? \_\_\_\_\_

**FASHION:** \_\_\_\_\_

>What clothing stores do you most frequent? \_\_\_\_\_

**Which of the following are you most interested in learning more about?**

- |                                                       |                                                               |
|-------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> <b>Body Type</b>             | <input type="checkbox"/> <b>Wardrobe Planning</b>             |
| <input type="checkbox"/> <b>Line &amp; Proportion</b> | <input type="checkbox"/> <b>Accessorizing</b>                 |
| <input type="checkbox"/> <b>Color Analysis</b>        | <input type="checkbox"/> <b>Shopping Tips</b>                 |
| <input type="checkbox"/> <b>Hair</b>                  | <input type="checkbox"/> <b>Personality</b>                   |
| <input type="checkbox"/> <b>Social Etiquette</b>      | <input type="checkbox"/> <b>Corporate Etiquette</b>           |
| <input type="checkbox"/> <b>Grace &amp; Poise</b>     | <input type="checkbox"/> <b>Development of personal style</b> |
| <input type="checkbox"/> <b>Personal Makeup</b>       | <input type="checkbox"/> <b>Other (specify) _____</b>         |

**Do you feel secure in choosing your makeup and wardrobe colors? \_\_\_\_\_**

**Do you enjoy shopping, or do you find it difficult to choose flattering styles and colors? \_\_\_\_\_**

**Do you feel that your personal wardrobe is adequate for your lifestyle? \_\_\_\_\_**

**Please list your cultural interests, hobbies, special activities, community involvement, etc.**