



Personal Style Questionnaire

Personal Information

Full name

Home address

Home phone

Mobile phone

e-mail address

Birthday (MM/DD/YYYY)

Desired date & time to work with us?

Sex:

Age:

Hair Color:

Eye Color:

Height:

Weight:

Bra Size:

Jean Size:

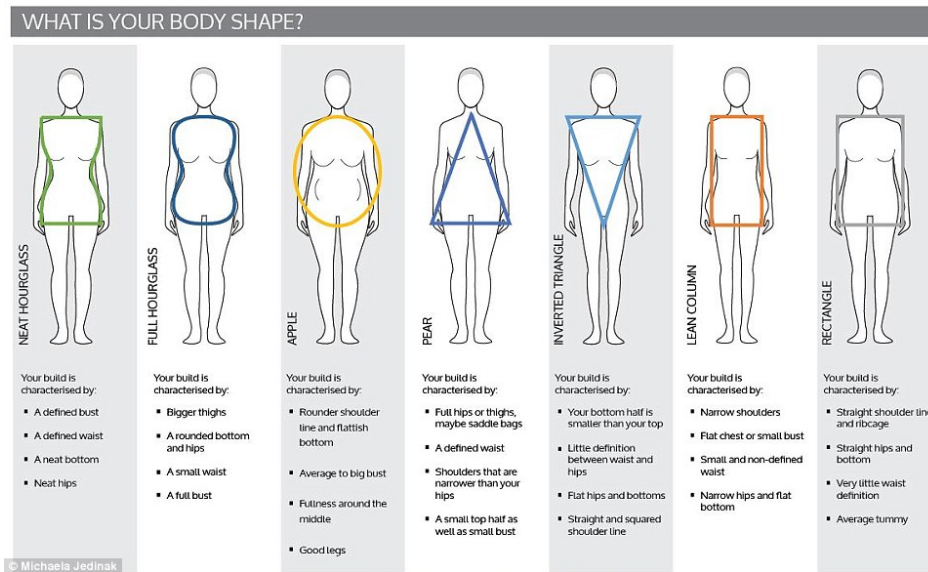
Shirt Size:

Dress Size:

What do you like/dislike about shopping:

Is there anything you hate to wear?

Body Shape: Select one



What image would you like to project: (Can circle more than one.)

Powerful Smart Sexy Chic Mature Youthful Classic Sporty Sleek

What is your biggest fashion fear:

Overdressed Not matching Feeling uncomfortable Not dressing for my shape
Not having anything to wear Not appearing professional at work Being judged
Feeling embarrassed Not dressing for my age Lacking confidence Underdressed

How many outfits/items of clothing do you need, are any for a specific occasion?

What is your total Budget for our first shopping excursion?

Are there any specific stores that you like to shop?

What are your main concerns when buying:

Price Quality Style

Do you have any other special requests or things you think we should know prior to your appointment?

Select the color palette that best defines you:

