

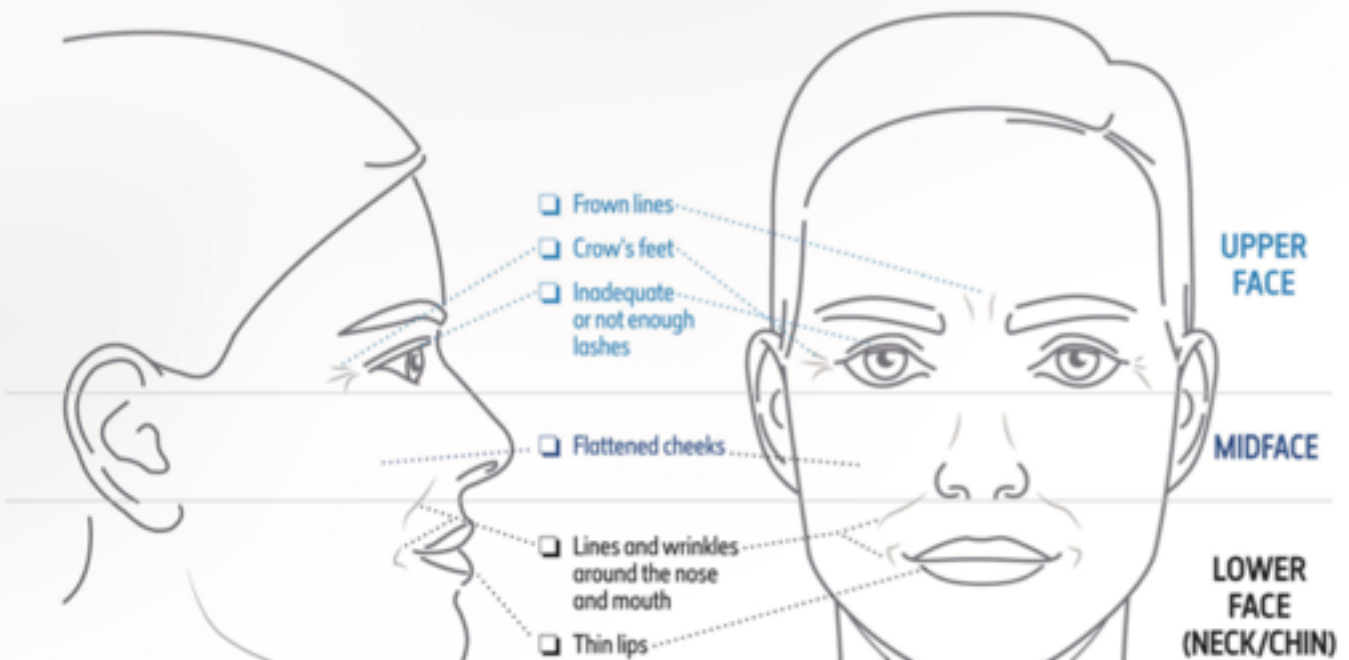
**AESTHETIC INTEREST QUESTIONNAIRE**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

What brings you in today? \_\_\_\_\_

Select which areas of the face concern you on the diagram below.

By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.



PLEASE ANSWER THE FOLLOWING QUESTIONS 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		VERY CONCERNED
1	2	3	4	5