what's your **foundation fit?**

1. Do you have a problem finding the perfect foundation? ☐ Yes ☐ No
2. What is your skin tone? ☐ Ivory (fair) ☐ Beige (medium) ☐ Bronze (dark)
3. What's most important to you when selecting your foundation?
   - ☐ a. Age-fighting benefits ☐ d. Oil control
   - ☐ b. Skin-loving minerals ☐ e. Sun protection
   - ☐ c. Moisturization
4. What is your skin type? ☐ Dry ☐ Normal ☐ Combination ☐ Oily
5. Do you use foundation primer? ☐ Yes ☐ No
6. Do you use concealer? ☐ Yes ☐ No
7. How do you apply your foundation?
   - ☐ a. Fingertips ☐ c. Brush
   - ☐ b. Sponge
8. Do you wear a finishing powder over your foundation? ☐ Yes ☐ No
9. Would you love it if someone could help you find your foundation match? ☐ Yes ☐ No
10. Do you wear the same foundation shade all year long? ☐ Yes ☐ No

thank you so much for your participation. If you would like help selecting the perfect foundation, please fill in your contact information below:

Name: _____Phone: _____

E-mail address: _____