



# Questionnaire

*for your one of a kind fragrance*

Please answer the following questions and return to The Perfumerie.

Name:
Street:
City, State, Zip:
What are your interests?
What are your goals?
What do you think is unique about yourself?
How do you earn a living?
What are your dreams for yourself?
If you could change something about yourself, what would that be and why?
What do you treasure most about yourself and why?
What is your birthday? Please include month, day, and year.
Prescription drugs, basic diet patterns.

*If you do not have enough room on this page to answer the questions to your satisfaction, extend your answer on a separate sheet of paper and include it in your return.*



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Please answer the following questions and return to The Perfumerie.

Rank the following categories of scents, 1 being your favorite, 5 being your least favorite
Florals
Fruits
Woods
Resins
Musks
Are there any of these groups of scents that you really dislike. Circle as many as you need to.
Florals
Fruits
Woods
Resins
Musks
Having a picture of you is really nice to work with. If that is not possible, please include a description of yourself.
Male/Female
Eye Color
Hair Color
Skin Color
Body Type
Anything else you would like to say about your body.