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# New Client Questionnaire

For Fashion Advising

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PRESENTED BY: *latoyaelnora*   

# New Client Questionnaire

Name

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Address

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Age/Gender

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Occupation

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Phone

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Email/Fax

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Notes

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## Measurements

Height

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Dress  
Size

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Weight

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Pant  
Size

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Bust Size

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Jacket  
Size

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Shoe Size

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**What services are you interested in?** (Personal Shopping, Closet Editing, Personal Styling, Travel Styling, In-Home Styling, Special Occasion Styling, Bridal Styling)

**What's your price point for shopping?**

**How often will you use the services of (Company Name)?** Case by Case ~ Monthly~Per Event Occasions Only~Quarterly~Weekly

**1. Why do you feel the need to employ a personal stylist? Please include information on life style changes, such as re-entering the job market, divorce, too busy, etc.** (All information is kept absolutely confidential and is used solely so that I may provide you the best service)

**2. What do you want to achieve from a personal stylist (Check All that apply)**

**3. In which areas do you feel you need advice?**

**4. How would you describe your current image/style?**

**5. How would you describe your ideal image/style?**

**6. What celebrity personal style do you admire?**

**7. What words would you use to describe your personality?**

**8. What do you consider your problem areas...?? (Check all that apply)**

Arms          Chest          Legs    Breast    Tummy    Muffin Top    Butt    Hips

**What do you consider your best asset:** \_\_\_\_\_

**9. Which category of clothing do you wear most often in a month:** Business Dress—Business Casual Everyday—Casual—Active Wear—Formal Evening Wear—Special Occasion—Club Chic—Trendy/Fashion

### **General Questions**

**Do you deal directly with the public in the course of your job?**

Yes/No

**Do you travel frequently?**

Yes/No

**Do you have small children?**

Yes/No

**Do you have an active social life?**

Yes/No

**Do you go to many parties?**

Yes/No

**Are they job related?**

Yes/No

**Do you play a lot of sports?**

Yes/No

**Have you recently had a dramatic weight loss or gain?**

Yes/No

**Are you actively engaged in a body improvement program?**

Yes/No

**What are your favorite and least favorite colors when it comes to apparel?**

Favorite: \_\_\_\_\_

Least Favorite: \_\_\_\_\_

## **Shopping Preferences**

**Is shopping something you enjoy?**

**On what basis do you buy clothes?**

Impulse

Methodical

As Needed

For Occasions

Other: \_\_\_\_\_

**In the past have you typically chosen clothes based on**

Color

Brand

Fabric

Style

Trend

Fit

**What kind of clothes are you most comfortable in?**

**Check the following terms best describe your style:**

- Classic
- Dramatic
- Conservative
- Sporty
- Simple
- Trendy
- Vintage
- Casual
- Other: \_\_\_\_\_

**Do you have any restrictions to fashion?**