

# INTEREST QUESTIONNAIRE

Medical issues of interest to you (please check all that apply):

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|---|--|
| <input type="checkbox"/> BOTOX Cosmetic (Botulinum Toxin Type A)<br><input type="checkbox"/> AHA and Glycolic Peels<br><input type="checkbox"/> Collagen therapy/Restylane<br><input type="checkbox"/> Skin/Eyelid Rejuvenation<br><input type="checkbox"/> Liposuction<br><input type="checkbox"/> Microdermabrasion<br><input type="checkbox"/> Acne<br><input type="checkbox"/> Chemical peels<br><input type="checkbox"/> Laser resurfacing/ Portrait PSR<br><input type="checkbox"/> Laser treatments<br><input type="checkbox"/> Other, please specify: _____ | <input type="checkbox"/> Face lift (mini lift)<br><input type="checkbox"/> Skin-care advice<br><input type="checkbox"/> Skin-care products<br><input type="checkbox"/> Birthmark removal<br><input type="checkbox"/> Liver spots/age spots<br><input type="checkbox"/> Sunscreen advice<br><input type="checkbox"/> Removing leg veins<br><input type="checkbox"/> Eye lid surgery<br><input type="checkbox"/> Hair removal<br><input type="checkbox"/> Spider-vein treatments<br><input type="checkbox"/> Removing facial veins |
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Please rate the following items 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, 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 my appearance:

Not Concerned	Somewhat Concerned	Very Concerned
1	2	3
	4	5

How did you hear about us?

- |  |   |
|--|---|
| <input type="checkbox"/> My physician<br><input type="checkbox"/> My insurance company<br><input type="checkbox"/> Yellow pages<br><input type="checkbox"/> Friend or family | <input type="checkbox"/> Article or advertisement in _____<br><input type="checkbox"/> Internet Website: _____<br><input type="checkbox"/> Seminar where I saw the doctor. The event took place on (date): _____ at (location): _____ |
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Are you interested in participating in any clinical trials? Yes \_\_\_\_\_ No \_\_\_\_\_