



personal image assessment

OFFICE USE

Date received	Date of Consultation
Type of Consultation	
Location of Consultation	

INFORMATION

Name	
Address	
City	Province
Postal code	Country
Phone	Fax
Email	
Occupation	
Employer	
How did you find out about our services?	



GOALS

1. What do you want that you don't currently have? What would make this session successful for you?
2. What impact will that have on your life? How will your life be different 5 years from now (ideally)?
3. How important is it for you to make this change?
4. When is the right time for you to make this change?

PERSONAL STYLE

5. What is your current image?
6. What is your ideal image?
7. How would you describe your personality?
8. Whose personal style do you admire? What is it about that style that you admire?



LIFESTYLE

Thinking of how you currently or anticipate spending your time, please complete the following chart. Please hit the tab key to create a new row.

Examples of functions:	Relaxing Sports Visiting Shopping Time with small children Evenings Housework Driving	Courses Sightseeing Travelling by air	Informal Formal Business Business Business Casual Professional Smart Casual Casual
Presentations Meetings Meetings during a meal Desk work Networking		Examples of formality levels: Formal Semi-Formal	

Function	Formality Level	Occurrence e.g. hours / week

The following 3 sections cover Appearance, Behaviour, and Communications. You are invited to complete any of these sections that are relevant to the session you would like to have.



APPEARANCE PROFILE

1. Please "x" the best answer. How satisfied are you with your current:					
	Extremely	Very	Fairly	Not Very	Not at all
Hair					
Makeup (if applicable)					
Awareness of personal style					
Awareness of fashion					
Knowledge of colours that suit you					
Knowledge of styles that suit you					
Image helping you be who you want to be					
Wardrobe to meet your needs					
Body Image					
Breath					
Body odour					
Teeth					
Nails					
Other (List)					
2. Do you currently have any plans or programs in place to change any of the above? (Describe)					
3. What colours do you enjoy wearing most?					
4. What colours are you most likely to avoid wearing?					



5. What clothing styles do you feel most comfortable wearing?
6. What clothing styles do you feel least comfortable wearing?
7. Where do you usually shop for your clothing and accessories? In what store did you buy your last clothing item?
8. Within what price range would you expect to spend on [list a specific item]?



BEHAVIOUR PROFILE

1. Please "x" the best answer. How satisfied are you with your current:					
	Extremely	Very	Fairly	Not Very	Not at all
Professionalism and credibility					
Confidence and power					
Warmth and approachability					
Energy and enthusiasm					
Dining etiquette					
Social & business etiquette					
Meeting etiquette & skills					
Ability to manage stress					
Ability to feel at peace					
Eating habits					
Physical fitness					
Time management					
Health					
Lifestyle					
Other (List)					
2. Do you currently have any plans or programs in place to change any of the above? (Describe)					



COMMUNICATIONS PROFILE

1. Please "x" the best answer. How satisfied are you with your current:					
	Extremely	Very	Fairly	Not Very	Not at all
Interpersonal communication skills					
Public speaking skills					
Use of language					
Voice					
Body language					
Ability to read body language					
Listening skills					
Ability to respond to different personalities					
Team playing abilities					
Leadership skills					
Ability to begin and end conversations with grace					
Ability to manage conflict or difficult situations					
Personal relationships					
Business relationships					
Other (List)					
2. Do you currently have any plans or programs in place to change any of the above? (Describe)					