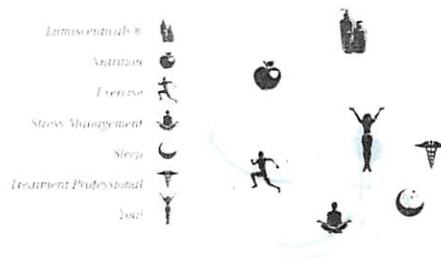


AEGIS AGE RATE™ QUESTIONNAIRE

Health, vitality and luminosity appearance are more than skin deep. Our skin health is a reflection of several aspects of our lifestyle. The most important are Aegis 7 Elements:



We invite you to take this short questionnaire to get your Aegis Age Rate™ score. This questionnaire assesses your strengths and weaknesses in the elements that are most important for improving YOU from the inside out!

CLIENT DEMOGRAPHICS	Surname: _____ Given Name: _____
	Date of Birth (DD/MM/YYYY): _____ Age: _____
	Gender: _____
	Home Tel: _____ Cell: _____
	Email: _____

What are 3 primary concerns that we can help you address?

1.	
2.	
3.	



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COSMETICS
WELLNESS
SPA

TOPICAL AND INGESTIBLE PRODUCTS

		No/Rarely	Some/Sometimes	Yes/Always
1	Do you use medical/professional grade skin care products?	0	1	2
2	Do you use topical vitamin C (10% or more) and retinol/ Retinol A?	0	1	2
3	Do you use sunscreen when in the sun for more than 5 minutes?	0	1	2
4	Are you experiencing fine lines, wrinkles, or brown spots?	2	1	0
5	Are you experiencing acne, eczema, or other skin irritation?	2	1	0
6	Do you have dry skin, despite using moisturizers regularly?	2	1	0
7	Are you using dietary supplements to target skin concerns?	0	1	2

DESCRIBE YOUR EATING HABITS

		No/Rarely	Some/Sometimes	Yes/Always
1	Do you eat 5 - 9 servings of fruits/vegetables daily?	0	1	2
2	Do you drink pop, other sweetened beverages (inc. juice), or eat sweets?	2	1	0
3	Do you often find yourself with strong food cravings (i.e. salt, sugar)?	2	1	0
4	Do you find it difficult to control the amount of food you eat?	2	1	0
5	Are you hungry before bed despite having dinner?	2	1	0
6	Do you eat when you are not hungry (emotionally, boredom)?	2	1	0
7	Are you aware of the amount of protein, carbohydrates, and fats in your meals?			



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DESCRIBE YOUR EXERCISE PROGRAM

		No/Rarely	Some/Sometimes	Yes/Always
1	Do you look forward to exercising?	0	1	2
2	Does exercise make you feel energized throughout your day?	0	1	2
3	Is daily exercise a high priority for you?	0	1	2
4	Do you exercise 5 times per week (at least 30 min)	0	1	2
5	On a weekly basis do you exercise intensely at least twice? • Defined as 8 or above on a scale of 1-10	0	1	2
6	On a weekly basis do you do resistance training at least once? • Weights, bands, pushups, etc.	0	1	2
7	On a weekly basis do you engage in flexibility exercise (at least 10 min) five times per week? - Yoga, stretching, tai chi	0	1	2

DESCRIBE YOUR STRESS MANAGEMENT

		No/Rarely	Some/Sometimes	Yes/Always
1	Have you dealt with major life changes in the past 2 years (i.e. divorce, separation, death, loss of job, moving)?	2	1	0
2	Are you engaging in at least two social outing per week?	0	1	2
3	Do you regularly take time during the week to do things that allow you to recharge?	0	1	2
4	Is the majority of your day spent with people you enjoy?	0	1	2
5	Do you feel overwhelmed/overworked?	2	1	0
6	Do you lie awake at night thinking about issues / problems / or things that need to be done?	2	1	0
7	Do you have a clearly defined plan about how you can start doing (or keep doing) the things you enjoy?	0	1	2



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WELLNESS
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DESCRIBE YOUR SLEEP PATTERNS

		No/Rarely	Some/Sometimes	Yes/Always
1	Do you regularly get 7 or more hours of sleep?	0	1	2
2	Do you have difficulty falling asleep?	2	1	0
3	Do you have at least 4 hrs of uninterrupted sleep?	0	1	2
4	Do you have a bedtime routine (i.e. stretch, read, meditate)?	0	1	2
5	Do you have trouble falling back asleep?	2	1	0
6	Do you feel energized when you get up in the morning?	0	1	2
7	Do you get tired in the afternoon?	2	1	0

PROFESSIONAL TREATMENTS

		No/Rarely	Some/Sometimes	Yes/Always
1	Do you receive professional skin treatments (microderm, abrasion, peels, lasers, botox, ect)?	0	1	2
2	Do you experience skin conditions that are unresponsive to topical or ingestible treatments?	2	1	0
3	Are you currently taking nutritional supplements for your overall health?	0	1	2
4	Do you meet with a personal trainer/ fitness instructor?	0	1	2
5	Do you receive massage, acupuncture, chiropractic, or other body treatments regularly?	0	1	2
6	Do you meet with a therapist / life coach or read books written by professionals designed to enhance your daily habits?	0	1	2
7	Do you have a mentor or teacher of any kind?	0	1	2



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COSMETICS
WELLNESS
SPA

YOU

		No/Rarely	Some/Sometimes	Yes/Always
1	Are you regularly doing the things in life that excite you and bring you true joy?	0	1	2
2	Do the majority of your relationships uplift and inspire you?	0	1	2
3	Do you take responsibility for your actions?	0	1	2
4	Are the majority of your thoughts positive?			
5	Do you find yourself held back in the things you want to do because of the way you feel about your appearance, energy levels, or motivation?	2	1	0
6	Are you the type of person to take action when things need to get done?	0	1	2
7	Are you willing to make the necessary changes to your lifestyle to improve the way you look and feel (even if its not always easy)?	0	1	2