Makeup Questionnaire (Blue Fire Theatre Summer Camp)

Name: _____ age: _____

1. Have you ever worn any makeup?
    - Yes
    - No
2. Have you had any allergic reactions to makeup?
    - Yes
    - No
3. What type of makeup was it?
    - Artistic (paint/ glitter and or/ prosthetics)
    - Stage makeup (heavy and a lot of products)
    - Soft day-to-day (minor concealer, foundation, some eye makeup and blush, lipstick (or no,) and setting powder)
    - I have never worn any makeup.
4. Do you have any of the following conditions:
    - Celiac
    - Gluten Sensitivity
    - Dairy sensitivity
    - Nut allergy
    - Latex allergy
    - Dyes allergy
    - Sulfate allergy
    - Sensitive skin

Any other allergies or skin conditions not listed?

_____
_____

5. What Skin type do you have?
    - Mostly oily (I sweat quite a lot).
    - Mostly dry (I have to moisturize my skin quite often).
    - Mixed (It depends on the weather and activity I am doing).
    - Acne-prone (I have some acne scars, and I break out easily).
    - I don't have any skin conditions, and my skin is very well-cared for.
6. Do you get overstimulated with new textures and with having things put on your face?
    - Yes, very much.
    - Yes, to a certain extent.
    - Yes, but I can handle it.
    - Maybe, I don't know.
    - No, I am fine with it.

Any observations that we should know?

_____
_____
_____
_____