



Ways & Means

Personal Shopping Questionnaire

Personal

Name: _____
Birth Date: _____
Address: _____
City/State/Zip: _____
Country, if applicable: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Best way & times to contact you: _____
Career/job title/company: _____
Marital status: _____ **If children, ages:** _____

Body

Height: _____ **Weight:** _____ lbs.
Hair color: _____
Hair style: _____ ear length _____ shoulder length
_____ below shoulder _____ thick
_____ fine _____ straight
_____ curly _____ wavy
Eye color: _____ **Glasses:** _____ yes _____ no
Skin color: _____ ivory _____ pink
_____ reddish _____ olive
_____ yellow _____ light brown
_____ dark brown
Sizes: jacket/suit _____ skirt/pant _____
top/blouse _____ dress _____
outerwear _____ shoes _____
Dimensions: (ask a friend to measure circumferences of the body to the closest 1/4" using a tape)
neck _____ upper arm _____
wrist _____

shoulder across front _____
shoulder across back _____
waist _____ bust _____
upper hip (abdomen) _____
lower hip (widest part) _____
thigh _____
sleeve length
(from shoulder bone to wrist bone) _____
pants outseam _____
usual skirt length _____

Describe any fit problems: _____

Body type: _____ pyramid _____ inverted pyramid
_____ hourglass _____ rectangle
_____ round

Image

Your style descriptor: _____ classic/ elegant _____ classic/ business
_____ cutting edge _____ folk/country
_____ classic/casual
_____ other, describe _____

Which well-known woma(e)n's style do you most identify? Why?: _____

Which designers (brands) do you like? Why?: _____

Which stores do you most shop? Why?: _____

Which colors do you most wear?:

Shopping/Wardrobe

List what you least like about shopping:

List what you most like about shopping:

Prioritize the four most important characteristics you want in your wardrobe, 1 being most important and 4, least important.:

_____ fit _____ confort
_____ reasonable cost _____ image
_____ ease in travel _____ style
_____ versatility _____ wide selection
_____ other: _____

Have you ever used a personal shopper before? Describe:

Your shopping list for this session: (please note desired item,
color & fabric, star the most important)

career _____

week-end casual _____

week-end elegant _____

special occasion _____

other _____

What is your total budget for these items?: _____

**Suggested shopping dates and neighborhoods/stores
you would like to shop:**

Signature: _____ **Date:** _____

*To reserve your shopping session with Susan,
please mail completed questionnaire with
deposit check to: Susan Dresner, 36 West
89th Street, 4A, New York, NY 10024.
Any questions, call Susan at 212-877-1417
between 8 am – 6 pm EST, M-F.*