**Next Steps to Healthy Hair Success Questionnaire**

**We are happy to assist you in moving towards your goal of healthy hair care. Please answer the following questions so that we will be better able to help you.**

**Please be as detailed as possible. The more information you give us, the better we will be able to help you.**

**Thank you for trusting us on your healthy hair journey; we look forward to working with you!**

\*An open mind is the doorway to success: forget what you’ve heard, your journey to healthy hair care may not include the specific practices that are considered law in the natural hair community.

\*\*Your success in this process requires your full participation and willingness to take the necessary actions. Results may vary, but when followed routinely, all recommendations will aid you in achieving healthy hair.

\*\*\*Please note these consultations are strictly for cosmetic purposes. Theses consultations are not to diagnose, treat, or cure any health-related issues or issues that may require medical attention. Please consult your health care professional for all the medical problems.

\*\*\*\*Please note this questionnaire must be submitted 48hr before your appointment. Failure to do so may result in cancellation of the appointment or additional charges\*\*\*

1. **Are you under the regular care of a professional curly stylist?**

Yes\_\_\_ No\_\_\_

**If yes, how often do you see them?**

\_\_\_Once a year

\_\_\_Twice a year

\_\_\_Every 3-4 months

\_\_\_Never

1. **What is your hair care maintenance and daily styling routine?**
2. **How often do you shampoo your hair? (not including co-wash)**
3. **What products are you currently using?**

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1. **Do you routinely use heat on your hair?**

Yes\_\_\_ No\_\_\_

1. **If you answered yes, explain (if no, type NA)**

\_\_\_Once a year

\_\_\_Twice a year

\_\_\_Every 3-4 months

\_\_\_Never

1. **Are you currently transitioning?**

Yes\_\_\_ No\_\_\_

1. **Do you routinely wear protective styles?**

Yes\_\_\_ No\_\_\_

1. **How long do you keep them?**

\_\_\_ 1-2months

\_\_\_ 2-4 months

\_\_\_ 4-6months

\_\_\_ >6months

1. **Top of FormHow often do you have your hair trimmed?**
2. **What are your expectations/goals for this next step session? (List 3)**

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