

QUIZ

SKIN TEST



How would you describe your main concern?

- *Persistent skin issues*
- *Hair thinning or shedding*
- *Both skin and hair*
- *Overall imbalance / fatigue*

Do your symptoms worsen during stress?

- *Yes, significantly*
- *Sometimes*
- *Not that I've noticed*

Have you noticed hormonal changes affecting your skin or hair?

- *Yes*
- *Possibly*
- *No*

How would you describe your energy levels?

- *Often low or drained*
- *Fluctuating*
- *Generally stable*

How many products or treatments have you tried already?

- *Many, with little success*
- *A few*
- *Just starting*

Do you experience digestive discomfort or bloating?

- *Often*
- *Occasionally*
- *Rarely*

How important is a natural, personalised approach to you?

- *Very important*
- *Somewhat important*
- *Not essential*