EKS ANALYSIS

CUSTOMER:

HD EXPERT:

SCALP SITUATION

- ☐ **1.** VERY DRY
- ☐ **2.** DRY
- ☐ **3.** NORMAL
- ☐ **4.** OILY
- ☐ **5.** VERY OILY
- ☐ **6.** IRRITATED
- ☐ **7.** ITCHY
- ☐ **8.** PSORIASIS
- ☐ **9.** DERMATHITIS

SCALP ALTERATIONS (Describe history, when started, etc.)

Where on the scalp do the symptoms occur?

☐ The top ☐ The sides ☐ The back ☐ Temples

☐ Other

HAIR DIAGNOSIS

TYPE OF HAIR

- ☐ **1.** Thin
- ☐ **2.** Medium
- ☐ **3.** High

DENSITY

- ☐ **1.** Low
- ☐ **2.** Normal
- ☐ **3.** High

POROSITY

- ☐ **1.** Low
- ☐ **2.** Medium
- ☐ **3.** High

TEXTURE

- ☐ **1.** Straight
- ☐ **2.** Wavy
- ☐ **3.** Curly
- ☐ **4.** Coily

LENGTH

- ☐ **1.** Short
- ☐ **2.** Medium
- ☐ **3.** Long
- ☐ **4.** Extra-Long

COLOR

GRAY HAIR

Add hair strands with % of grey hair

1. General _____ %

2. Grey hair by zones (skip If you want)

Front _____ %

Sides _____ %

Top _____ %

HAIR COLOR/CONDITION

NATURAL BASE

1-10 (Add color strands)

1	2	3	4	5	6	7	8	9	10	11
DARKEST BLACK	BLACK	DARKEST BROWN	DARK BROWN	MEDIUM BROWN	MEDIUM LIGHT BROWN	LIGHTEST BROWN	DARK BLONDE	MEDIUM BLONDE	LIGHTEST BLONDE	PLATINUM

1. Roots (Describe)

2. Mid-lengths (Describe)

3. Ends (Describe)

DIALOGUE ABOUT HAIR HABITS

1. HISTORY OF THE HAIR LAST 2 TO 5 YEARS / HOME COLOR OR PROFESSIONAL COLOR (Describe)

How often is your hair chemically processed or straightened (relaxers, Japanese straightening, other?)

☐ Never ☐ Once a week ☐ Once every 2-3 weeks ☐ Once every 1-2 months
☐ A few times a year

How often is your hair processed or straightened (e.g. blow drying, flat ironing, curling iron?)

☐ Never ☐ Once a week ☐ Once every 2-3 weeks ☐ Once every 1-2 months
☐ A few times a year

How often is your hair dyed, highlighted or otherwise color treated?

☐ Never ☐ Once a week ☐ Once every 2-3 weeks ☐ Once every 1-2 months
☐ A few times a year

2. GOOD & BAD EXPERIENCES OF THE PAST (Describe)

3. DAILY ROUTINE

4. FREQUENCY OF WASHING, COWASHING & STYLING TOOLS / CURRENT PRODUCTS USED (Describe)

How often do you wash/shampoo/cowash your hair? Every ____ **days**

5. HOW OFTEN DO YOU WEAR YOUR HAIR UP (Describe)

Please, check all hair styling practices that you have done in the past

☐ Braiding ☐ Weaves ☐ Tight hair styles (e.g. ponytails)

☐ Other

6. HOW WOULD YOU LIKE YOUR HAIR TO LOOK AND FEEL?

7. WHAT DO YOU LIKE AND DISLIKE ABOUT YOUR HAIR (Describe)

HAIR LOSS QUESTIONNAIRE

Please tell us more about your hair loss condition by answering the following questions.

1. WHEN DID YOU FIRST NOTICE THAT YOU WERE LOSING YOUR HAIR?

2. WHAT DID YOU NOTICE AT THAT TIME?

☐ Hair "coming out" or shedding ☐ Hair looked thinner on scalp

☐ Other

3. HAVE YOU RECENTLY NOTICED THAT YOUR HAIR LOSS WAS WORSENING? ☐ YES ☐ NO

If yes, when did you begin to notice it was worsening?

What makes you think it is worsening?

4. WHAT DO YOU THINK IS THE CAUSE OF YOUR HAIR LOSS?

5. IS THERE ANY OTHER IMPORTANT INFORMATION YOU WOULD LIKE TO SHARE REGARDING YOUR HAIR LOSS?

CUSTOMER COLOR JOURNEY PROGRAM

1. MORE THAN ONE VISIT MIGHT BE NECESSARY TO ACHIEVE THE OBJECTIVE
(Describe the process if needed)

	1	2	3	4	5	6
VISITS	☐	☐	☐	☐	☐	☐

2. FREQUENCY OF MAINTENANCE VISITS

3. BUDGET

	SESSION	SESSION	SESSION	SESSION
DATE				
IN-SALON RITUAL				
DATE				
CARE REGIME				
DATE				
HOME MAINTENANCE				