

# Pre-Session Questionnaire

Session Date:

Your Name:

Address:

Email:

occupation:

Is this your first time having a boudoir-type session?

Yes

No



What is your personal style? (please check all that apply):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Androgynous | <input type="checkbox"/> Preppy        |
| <input type="checkbox"/> Artsy       | <input type="checkbox"/> Rocker        |
| <input type="checkbox"/> Bohemian    | <input type="checkbox"/> Sexy          |
| <input type="checkbox"/> Casual      | <input type="checkbox"/> Sophisticated |
| <input type="checkbox"/> Chic        | <input type="checkbox"/> Vintage       |

What are some of your hobbies and interests?


How would you describe yourself?


What is your body shape?



How confident are you about your body?



Do you ever like photos of yourself?

Yes

No



What style do you want to portray in your session? (please check all that apply) Refer to the "your personal style" list if needed:


Do you or have any handicaps or medical conditions that we need to be aware of (problems kneeling, etc...)?

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Why are you doing a boudoir session?

Do you have any scars, tattoos or birthmarks?

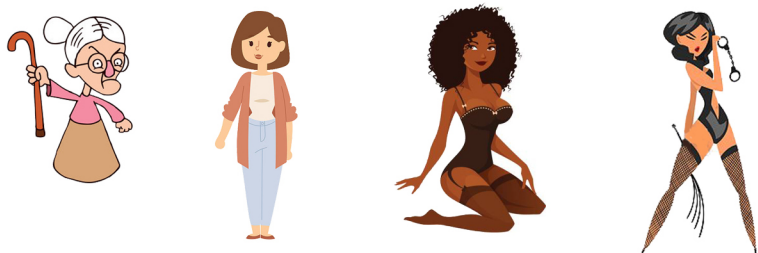
  
  

How do you want those treated?

How conservative do you consider yourself?

10 9 8 7 6 5 4 3 2 1 0



What style do you want from your session? (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Fully clothed, but sexy | <input type="checkbox"/> Full Nudity       |
| <input type="checkbox"/> Lingerie                | <input type="checkbox"/> Maternity Boudoir |
| <input type="checkbox"/> Implied Nudity          | <input type="checkbox"/> Bridal Boudoir    |
| <input type="checkbox"/> Partially nudity        | <input type="checkbox"/> Erotic (tasteful) |

For your session, how risqué do you want to be?

- |  |   |
|--|---|
| <input type="checkbox"/> Stick to classic poses      | <input type="checkbox"/> Hot but keep it light                    |
| <input type="checkbox"/> Let's push a few boundaries | <input type="checkbox"/> I want my partner to sweat and shake.... |

If you are doing a session for your partner, please fill out below:

What are some of your partner's hobbies and likes?

What does your partner do for a living?

Does your partner wear a uniform or have a special piece of clothing (hat, jersey, vest)?

What are your partner's favorite features (on you)?

What are your partner's least favorite features (on you)?

Do you have any props or special items you plan to bring?

Do you have a pinterest board or any saved inspiration photos?