Tell me what you think!

THANK YOU so much for joining my test panel for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ skin care line. Your feedback helps me understand what people like and what they are looking for in their skin care. Enjoy using the samples; instructions for use are included. You will find that all the products are *concentrated,* so a small amount works for the whole face and neck; this means you should have enough sample to use through several applications.

Once you are finished, answer the questions below and text/message me a picture of it, or call me and we can discuss your feedback in person. There is no obligation to purchase anything, but if you do fall in love with the products, you will receive 15% off your first purchase after the survey is completed and returned to me.

1. **Do you wash your face before bed on a regular basis?** (circle answer that applies best)

7 xs a week 4-6 xs a week 1-3 xs a week water hits my face in the shower; does that count?

1. **On a scale of 1-10, 1 being “difficult” and 10 being “Simple,” how easy was it to follow the steps for the daily products (not including the microdermabrasion or masks)?**

1 2 3 4 5 6 7 8 9 10

1. **Did you enjoy the fragrance of the products?** (circle one for each product sampled)
	1. **Cleanser** Yes, loved it! It was okay I’m indifferent Not a fan
	2. **Day Cream** Yes, loved it! It was okay I’m indifferent Not a fan
	3. **Night Cream** Yes, loved it! It was okay I’m indifferent Not a fan
	4. **Satin Hand Cream** Yes, loved it! It was okay I’m indifferent Not a fan
	5. **Moisturizing Gel** Yes, loved it! It was okay I’m indifferent Not a fan
	6. **Satin Body Lotion** Yes, loved it! It was okay I’m indifferent Not a fan
	7. **Pore Minimizer**  Yes, loved it! It was okay I’m indifferent Not a fan
2. **Did your skin rinse clean after the cleanser?** YES Not really
3. **How did your skin feel after the application of the Day Cream?** (circle *all* that apply)

Softer Moisturized Balanced Less Tight Firmer Heavy/oily

1. **How did your skin feel after the application of the Night Cream?** (circle *all* that apply)

Softer Moisturized Balanced Less Tight Firmer Heavy/oily

1. **How did the skin around your eyes feel after application of the Eye Cream?**

Softer Moisturized Balanced Firmer Less Puffy

1. **Did you notice any difference in the overall appearance of your skin?** Yes No

**If Yes, what? Circle all that apply** Brighter Tone Fewer Fine Lines Even Tone Less shine No Dry Spots Lighter “Dark circles” Less Puffiness Under Eyes Smaller Pores

Eyes Appear Lifted Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On a scale of 1-10, 1 being “never” and 10 being “absolutely”, how likely would you be to use this skin care line on a regular basis (if price was not an issue)?**

1 2 3 4 5 6 7 8 9 10

1. **On a scale of 1-10, 1 being “no way” and 10 being “without a single hesitation,” how likely would you be to recommend this skin care line to a friend?**

1 2 3 4 5 6 7 8 9 10

 Put any comments on the back