

1) Did it leave your skin feeling nourished? Yes / No

2) Did it provide immediate hydration? Yes / No

3) Are you currently using a skincare program? Yes / No - If yes, which brand?

4) What is the number one thing you would like to change about your skin?

5) Would you like more information on the Mary Kay opportunity? Yes / No

6) Would you be interested in sharing a complementary facial with a few friends in exchange for FREE products? Yes / No

Compared to my current skin care program, I like the Clear Proof® products (check one)

☐ More than what I'm currently using

□ Just as well as what I'm currently using

□ Not as well as what I'm currently using

Name:

Date:

Phone:

Botanical Effects® Skin Care Survey

Circle Yes or No:

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