

MARY KAY

Skin Care Survey

Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(evening): \_\_\_\_\_

City & State \_\_\_\_\_

Best time to call: \_\_\_\_\_

- 1. Have you ever tried a skin care system? Y N
- 2. Are you currently using a skin care system Y N
- 3. If yes, what brand \_\_\_\_\_?
- 4. Have you ever tried Mary Kay skin care Y N
- 5. If yes when \_\_\_\_\_?
- 6. If I were to give you a free facial and makeover, would you give me your opinion of Mary Kay products? Y N
- 7. Would you rather receive your facial \_\_\_alone or \_\_\_with 1 or 2 friends?
- 8. What is your current age? 8-23 24-29 30-39 40-49 50+



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