

SKIN CARE SURVEY

1. Are you using a skin care program? ☐ Yes ☐ No
2. Are you happy with the results? ☐ Yes ☐ No
3. What type of skin do you have?
☐ Dry ☐ Normal ☐ Combination ☐ Oily
4. Do you have any skin problems? ☐ Yes ☐ No
5. Have you ever tried our products? ☐ Yes ☐ No
6. Do you have a current Mary Kay Consultant?
☐ Yes ☐ No
7. Are you looking for a Consultant? ☐ Yes ☐ No
8. Would you like information on becoming a Mary Kay Consultant? ☐ Yes ☐ No
9. Would you enjoy a free facial at no obligation to give us your opinion of our products? ☐ Yes ☐ No
10. Would you prefer to have your facial
☐ Alone ☐ With one or more friends
11. Would you like some samples to try? ☐ Yes ☐ No

Name _____
Address _____

Phone _____

Best time to call _____

Email: _____

Age: ☐ under 18 ☐ 18-29 ☐ 30-55 ☐ over 55

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