

# ARBONNE.

## Sample Sleeve Survey Form

Name: _____	H Phone _____
Address: _____	W Phone _____
City/St/Zip: _____	Can you receive calls at work _____
Email: _____	Cell Phone _____

1. How would you rate your commitment to caring for your skin and protecting your skin? Please rate from 1 to 10 (1 = little commitment ~ 10 = High Commitment) \_\_\_\_\_

2. Please rate the following in the order you feel best describes your perspective regarding your skin care:

1 = least important                      5 = most important

- \_\_\_\_\_ Amount of Effort
- \_\_\_\_\_ Amount of Time
- \_\_\_\_\_ Cost
- \_\_\_\_\_ Quality of Products
- \_\_\_\_\_ Knowledge of products

3. What kind of regimen have you utilized to take care and protect your skin?

4. What brand of skin care and cosmetics do you currently use?

<u>Name</u>	<u>Type</u>	<u>Are you satisfied?</u>	<u>How Often do you Purchase?</u>
-------------	-------------	---------------------------	-----------------------------------

5. What ways would in be interested in improving any aspect of your skin care?

6. Have you faced any allergic reactions to products / ingredients in the past – explain.

7. Do you have any special skin care needs that we have not discussed?

8. What concerns, if any, do you have with the effects that the environment may have on your skin?

9. Please rate from 1-10 how important health and nutrition are to you?

10. What forms of vitamins or nutritional supplements do you take?

11. Do you have interest in new forms of health and skin care?

12. What hesitations or advantages do you see in trying new products?

13. Would you like a personal color consultation? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Share the Arbonne Opportunity with the different ways to win. 😊