



Test Panel Questions



Mineral Products Study

Please answer each question.

The rating system is 1 the least desirable and 5 the BEST!

1. Have you ever used a Mineral Makeup? ___Yes ___No
2. Are you currently using one? ___Yes ___No
3. If so, what brand? _____
4. What ONE thing would you love to change about your skin (if anything)? _____

Skin Type: Dry___ Normal ___ Combination___ Oily___

Age Range: ___18-25 ___26-35 ___36-45 ___46-55 ___55+

5. Did you like the ease of application? ___1 ___2 ___3 ___4 ___5
6. Did you like the feel of your skin? ___1 ___2 ___3 ___4 ___5
7. Is the foundation coverage adequate for your skin? ___1 ___2 ___3 ___4 ___5
8. How do you feel about the shade matching your skin? ___1 ___2 ___3 ___4 ___5
9. Does your skin appear smoother and more perfect? ___1 ___2 ___3 ___4 ___5
10. What was your favorite product? _____
11. Do you have any other comments? _____

Do you current use Mary Kay skin care products? Yes No

Indicate which products you would like to learn more about ...

- | | | |
|---|--|--|
| <input type="checkbox"/> Basic Skin Care | <input type="checkbox"/> Teen Skin Care Products | <input type="checkbox"/> Anti-Aging Products |
| <input type="checkbox"/> Special Needs Products | <input type="checkbox"/> Cleansers | <input type="checkbox"/> Moisturizers |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Concealers | <input type="checkbox"/> Eye Products |
| <input type="checkbox"/> Cheek Colors | <input type="checkbox"/> Lip Products | <input type="checkbox"/> Powders |
| <input type="checkbox"/> SPA/Body Care Products | <input type="checkbox"/> Fragrances | <input type="checkbox"/> Men's Products |
| <input type="checkbox"/> Sun Screens | <input type="checkbox"/> Cellulite Reduction | <input type="checkbox"/> Hand Care |
| <input type="checkbox"/> Mineral Products | <input type="checkbox"/> Microdermabrasion | |