

Miracle Set Products Survey

Name: _____ Phone Number: _____

1. What, if anything, would you like to change or improve about your skin?
2. Which of the following benefits would you like to receive from your skin care products?
 Reduce visible signs of aging Keep my skin moisturized for hours
 Fragrance-free and allergy-tested Protect my skin from the environment
 Make my skin feel soft Absorb quickly
 Cleanse well, removing dirt, makeup and dead skin cells Help refine the appearance of my pores
3. How important is it that you find a skin care system that has advanced anti-aging benefits AND is easy to use?
 very important important not important
4. Which of the following pertain to you?
 - a. My face feels so dry all over that I need extra moisture.
 - b. My skin is normal, never too dry or oily.
 - c. My skin is pretty normal, except my forehead and nose frequently get oily.
 - d. My skin is so oily that by late morning, I need a powder touch-up.
 - e. I am presently suffering from mild or occasional acne.



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