Your Opinion About "No Appointment Necessary®" Nail Care

Name: _____ Phone Number: _____

1. On a scale of 1–5, how easy to follow was the nail care system?

   Not Easy Very Easy
   1 - 2 - 3 - 4 - 5

2. How easy was it to apply the nail care system?

   Not Easy Very Easy
   1 - 2 - 3 - 4 - 5

3. Was the nail care system fast-drying?

   ___ Yes ___ No

4. On a scale of 1–5, how satisfied were you with the color choices?

   Not Satisfied Very Satisfied
   1 - 2 - 3 - 4 - 5

5. Would you use the nail care system if you had it?

   ___ Yes ___ No

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