

TEST PANEL QUESTIONS

Mineral Powder Study

Please answer each question, giving a rating of 1 to 5, with 5 being the BEST.

1. Have you ever used Mineral Powder Foundation? _____ Yes _____ No
2. Are you currently using one? ___ Yes ___ No
3. If so what brand? _____.
4. Are you currently using a skin care program?
_____ .
If yes, which one? _____.
5. What ONE thing would you love to change about your skin now? _____.
6. Did you like the ease of application?
___1___2___3___4___5
7. Do you like the feel of your skin?
___1___2___3___4___5
8. Is the coverage adequate for your skin
___1___2___3___4___5
9. How do you feel about the shade matching your skin?
___1___2___3___4___5
10. Does your skin appear smoother & more perfect?
_____1___2___3___4___5

Skin Type : Dry Normal Combination Oily
Age range: ___18-25___26-35___36-45___46-55___56+

Thank you for the time for giving us your opinion!! =]

Name: _____ . Phone # _____.

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