

# Herbalife Personal Care Products. Marketing Survey.      Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Birthday \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Home (Postal) Add: \_\_\_\_\_

Referred/Recommended By: \_\_\_\_\_ Your Skin Type: \_\_\_\_\_

Areas / Issues of Concern: \_\_\_\_\_

Products You Are Currently Using: \_\_\_\_\_

	Nourifusion™ MultiVitamin SkinCare	Excellent	Good	Satisfactory
	<i>Please Tick: Sampled by: Facial <input checked="" type="checkbox"/></i>	<i>Sample Sachets</i>	<input checked="" type="checkbox"/>	
1	Lotion Cleanser {Normal to Dry} Foaming Gel Cleanser {Normal to Oily}	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2	Clarifying Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exfoliating Scrub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Moisture Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Toner {Normal to Dry} Toner {Normal to Oily}	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6	Eye Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Eye Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Moisteriser SPF 15 {Normal to Dry} Moisteriser SPF 15 {Normal to Oily}	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9	Night Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i><b>"Experience by Facial only" Products:</b></i>	Excellent	Good	Satisfactory
Skin Activator™ – Daily Replenishing Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiant C™ Range</b>			
Daily Facial Scrub Cleanser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Skin Booster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Lotion with Sunscreens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Quencher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fragrances</b>			
Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Herbal Aloe Body Essentials</b>			
Everyday Soothing Gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Soothing Hand & Body Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Body Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday Soothing Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath & Body Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking part in our Nutritional Skin Care Survey – Your participation and feedback is greatly appreciated & we hope you have enjoyed sampling our beautiful skin care range. You could assist us further by listing below the names and details of friends and family who you think might also like to experience a complimentary facial or sample pack in the mail. To thank you for you extra efforts, for each five names listed you will receive a voucher to purchase the **product of your choice at 40% discount**, or two products of you choice at 40% discount if you also decide to order a skin care program. We ask that for any referrals listed you please inform your family or friends about your facial (or Sample Pack) today and let them know to expect a call or package very soon. *Thank you.*

Facials:

	Name	Contact Number	Mobile	Relationship/Comments
1				
2				
3				
4				
5				
6				
7				

Sample Packs:

	<u>Name</u>	<u>Contact Number</u>	<u>Mobile</u>	<u>Relationship/Comments</u>
Postal Address:	_____	_____	_____	_____
	<u>Name</u>	<u>Contact Number</u>	<u>Mobile</u>	<u>Relationship/Comments</u>
Postal Address:	_____	_____	_____	_____
	<u>Name</u>	<u>Contact Number</u>	<u>Mobile</u>	<u>Relationship/Comments</u>
Postal Address:	_____	_____	_____	_____
	<u>Name</u>	<u>Contact Number</u>	<u>Mobile</u>	<u>Relationship/Comments</u>
Postal Address:	_____	_____	_____	_____
	<u>Name</u>	<u>Contact Number</u>	<u>Mobile</u>	<u>Relationship/Comments</u>
Postal Address:	_____	_____	_____	_____

Also, are you experiencing any of the issues below and would like further information on or assistance with?

- Weight Management  Yes    Sports Nutrition  Yes    Migraines or Headaches  Yes  
 Sleep Problems or Fatigue  Yes    Digestive Disorders  Yes    Stress or Anxiety  Yes  
 Hormonal Imbalances  Yes    Diabetes  Yes    Blood Pressure  Yes  
 Arthritis or Joint Pain  Yes    Allergies or Sinusitis  Yes    Skin Disorders  Yes  
 Energy Problems  Yes    Herbal Aloe Hair Care  Yes    Other  Yes {please list}

Your Consultant: