

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>"Experience by Facial only" Products:</i>	Excellent	Good	Satisfactory
Skin Activator™ – Daily Replenishing Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiant C™ Range			
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"/>
Fragrances			
Man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Aloe Body Essentials			
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 your 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 your 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: