

# Cosmetic Survey Template

All questions are optional. Follow each question's directions.  
Write your answers to the open questions in the space provided.

Use these questions as a starting point. Show the options as written below, replace bracketed placeholders with the real cosmetic survey materials, and leave every item optional.

## 1. How often do you use this type of cosmetic product?

- ☐ Daily
- ☐ Several times a week
- ☐ About weekly
- ☐ Less often
- ☐ Never

## 2. Have you tried the product shown here?

- ☐ Yes, I used it
- ☐ No, I only saw the concept
- ☐ Not sure

## 3. How appealing is the product's texture or expected texture?

- ☐ Very appealing
- ☐ Somewhat appealing
- ☐ Neither
- ☐ Somewhat unappealing
- ☐ Very unappealing
- ☐ Cannot assess

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## 4. How appealing is its scent or described scent?

- ☐ Very appealing
- ☐ Somewhat appealing
- ☐ Neither
- ☐ Somewhat unappealing
- ☐ Very unappealing
- ☐ Unscented or cannot assess

## 5. What do you think of the packaging for everyday use?

- ☐ Very practical
- ☐ Somewhat practical
- ☐ Neither
- ☐ Somewhat impractical
- ☐ Very impractical
- ☐ Cannot assess

## 6. What would most stop you from trying or buying it?

- ☐ Price
- ☐ Ingredients or sensitivities
- ☐ Scent
- ☐ Texture
- ☐ Packaging
- ☐ Unclear benefit
- ☐ Nothing currently
- ☐ Other

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## 7. What would you change about this product concept?

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