

Skin Care Survey Template

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

Think about facial skin care products you used during the past seven days, including days when you used none. This survey asks about routines and product information, not medical conditions or treatment. Every question is optional. Please do not include health details, names, or contact information.

1. On how many of the past seven days did you use any facial skin care product?

- ☐ 0 days
- ☐ 1–2 days
- ☐ 3–4 days
- ☐ 5–6 days
- ☐ 7 days
- ☐ Do not remember

2. How many different facial skin care products did you use yesterday?

- ☐ None
- ☐ 1 product
- ☐ 2 products
- ☐ 3 products
- ☐ 4 or more products
- ☐ Do not remember

3. When do you most often use facial skin care products?

- ☐ Mostly in the morning
- ☐ Mostly in the evening
- ☐ Morning and evening about equally
- ☐ At other or varying times
- ☐ I do not use facial skin care products

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4. What mattered most when you last chose a facial skin care product?

- ☐ Price
- ☐ Ingredients
- ☐ Instructions or intended use
- ☐ Texture or feel
- ☐ A recommendation
- ☐ Brand familiarity
- ☐ Something else
- ☐ I have not chosen a facial skin care product
- ☐ Do not remember

5. Before your most recent facial skin care product purchase, how much of the ingredient list did you check?

- ☐ All or nearly all of it
- ☐ Some of it
- ☐ None of it
- ☐ I could not find the ingredient list
- ☐ I have not bought a facial skin care product
- ☐ Do not remember

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6. What, if anything, makes your facial skin care routine difficult to manage?

- ☐ Finding time
- ☐ Cost
- ☐ Choosing among products
- ☐ Understanding product information
- ☐ Remembering to use products
- ☐ Another difficulty
- ☐ No particular difficulty
- ☐ I do not have a facial skin care routine

7. What product information would help you make a more informed choice? Please do not include medical or personal details.
