

# Evaluation Sheet for Skin Care Products



\_\_\_\_\_  
(Name of the Skin Care Product)

\_\_\_\_\_  
Company

\_\_\_\_\_  
(Company Stamp)

\_\_\_\_\_  
Department

Dear test participant

You have received the above-mentioned skin care product. Please apply this product during the next \_\_\_\_\_ days **after** work and for general care of the skin (e.g. after washing your hands when making a break). Please follow the respective application instructions.

Please answer the following questions as carefully and as completely as possible. This is the only way for us to consider your interests (requirements) when developing products.

**1.) How do you rate the spreadability of the care product on the skin?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**2.) How do you rate the absorption of the care product by the skin?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**3.) How do you rate the product's scent?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**4.) Have you been using another skin care product, up to now? If so, which one?**

\_\_\_\_\_

**5.) How do you rate the test product in comparison to the product used before?**

☐ much better    ☐ better    ☐ equal    ☐ less good    ☐ worse

**6.) If you had to choose between your former product and the test product, which one would you choose?**

☐ former product    ☐ test product    ☐ I don't care

**7.) Which cleansing product do you use for washing your hands?**

\_\_\_\_\_

**8.) In your opinion, which changes of the test product are necessary?**

\_\_\_\_\_

**9.) Personal Data:**

☐ male    ☐ female    age: \_\_\_\_\_

**In general, the skin on my hands is rather...**

☐ dry, rough    ☐ clammy, sweaty    ☐ normal    ☐ other \_\_\_\_\_

**I have**

☐ no skin problem    ☐ the following skin problem (e.g. allergy against...)

\_\_\_\_\_

\_\_\_\_\_  
Finish Date of the Test Period

