

Evaluation Sheet for Skin Cleansing Products



(Name of the Skin Cleansing Product)

Company

(Company Stamp)

Department

Dear test participant

You have received the above-mentioned skin cleansing product. Please use this product during the next _____ days before breaks and after work (use a skin care product afterwards). 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 product's cleansing power?

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

2.) How do you rate the skin feeling while and after washing?

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

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

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

4.) Which cleansing product have you been using up to now?

5.) How do you rate the test product's cleansing power 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 working substances (greases, soot, etc.) has your skin been confronted with during the test period?

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

9.) Personal Data:

☐ male ☐ female age: _____

I have

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

Finish Date of the Test Period

