

# Evaluation Sheet for Skin Conditioning Products



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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Department

Dear test participant

You have received the above-mentioned skin conditioning 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 taking a break). Please follow the respective application instructions. Please answer the following questions as carefully and as completely as possible.

**1.) How do you rate the fluidity of the conditioning product on the skin?**

very good     good     moderate     less good     bad

**2.) How do you rate the absorption of the conditioning 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 conditioning 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