

ARBONNE® Sample Survey Questions

Samples used: _____

Drop off date: _____

Survey Date/Time: _____

Name: _____

Cell Phone _____ Home Phone _____

Email: _____

Address: _____

1. When it comes to skincare, rank the following from most important (5) to least important (1)
____ Results ____ Amount of Time/effort ____ Cost ____ Quality of Products ____ Knowledge of products
2. What did you like most about trying our products? _____
3. How did your Skin Feel after using Arbonne? _____
4. What brand & type of skin care & cosmetics do you currently use? _____
Are you satisfied? _____
5. If you could improve any aspect of your skin, what would it be? _____
6. Have you had any allergic reactions to any products or ingredients? _____
7. Is health and nutrition important to you? _____
8. Are you currently taking any vitamins or nutritional supplements? If so, which ones _____

9. Would you recommend these Products to your Friends and Family? Yes _____ No _____

ASK if you can take a Minute to tell them about the Arbonne Difference?

Products are: botanically based~pH correct~hypoallergenic~Derm. Tested~No animal testing~no animal by-products~no mineral oil~no chemical dyes or fragrances

Share the Arbonne Opportunity: 4 Ways to Win with Arbonne

1. Host a Get together and you can earn some Free Products
2. Become a Retail Customer
3. Become a Preferred Client and purchase products at a discount
4. Become a consultant and enjoy all the benefits of having your own Arbonne business ~ get your own products at the best price, earn extra income, tax benefits, control over your own schedule and residual income from teaching others to use pure, safe & beneficial products.

Where do you see Yourself?

Referrals:

Do you know anyone else who might be interested in our sample program? If they say Yes suggest a Get together?!

Thank you so much for participating in Arbonne's Sample Program! I really enjoyed chatting with you. Before we wrap up, do you have any questions for me?