

Screener-skincare product users

Quotas

Gender: 100% Female

Age: even distribution in five brackets: 18-24, 25-34, 35-44, 45-54 and >=55

Recruiting Criteria

N=100

Regular users of skincare products (use at least 2 different types of skincare products on a typical day)

SQ1. What is your gender?

1. Male
2. Female

If 1 selected, TERMINATE

SQ2. What is your age?

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55 or older

If 1 selected, TERMINATE

If 2-5 selected, CONTINUE (Quota:
even distribution of the five age bracket)

SQ3. Which of the following races/ethnicities do you most closely identify with?

1. Caucasian/White
2. African American/Black
3. Hispanic/Latino
4. Asian-All Countries
5. Pacific Islander
6. Native American/American Indian
7. Prefer not to answer
8. Other _____

SQ4. In what state do you currently reside?

SQ5. What is your zip code?

SQ6. Do you, or does anyone in your household, work for any of the following types of companies?
(Choose all that apply)

1. An advertising agency or advertising department
2. A restaurant or café or fast food chain
3. A marketing research company
4. A bank or financial institution
5. School – primary, secondary, or university
6. Fashion or beauty care company
7. None of the above

If 6 selected, TERMINATE

SQ7. Which of the following categories of personal care products do you currently use? (Choose all that apply)

1. Skin care
2. Hair care
3. Makeup
4. Oral care
5. None of the above

If 1 selected, CONTINUE
If 1 not selected, TERMINATE

SQ8. How much do you agree or disagree with the following statement?

"I have a daily routine/regime for maintaining the care of my skin"

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

If 3, 4, 5, TERMINATE

SQ9. On a typical day, how many different SKINCARE products do you use?

1. 0-1
2. 2-3
3. 4-5
4. 6 or more

If 1 selected, TERMINATE

SQ10. Would you be willing to share both positive and negative experiences with SKINCARE products in your skincare journey?

1. Yes
2. No

If 2 selected, TERMINATE

SQ11. Where do you typically purchase your SKINCARE products? (Choose all that apply)

1. Ulta, Beauty Brands, Sephora
2. Walgreens/CVS
3. Walmart or Target
4. Department store
5. Brands' official websites
6. Through personal sales rep (Direct selling such as Mary Kay or Avon)
7. Other _____
8. None of the above

Questionnaire-Skincare Category

The purpose of this survey is to understand your experiences and attitudes toward SKINCARE products.

By SKINCARE products, we mean any products you use on your skin (face or body) to support skin integrity, to enhance its appearance and to relieve skin conditions such as cream, lotion, serum, mask, etc.

1. What are your FAVORITE skincare products? Please describe two of your FAVORITE skincare products (brands or product types) and the reasons why you like them.

Note: if you do not have any favorite skincare products. Please describe two skincare products (brands or product types) that you have had positive experiences with, and the reasons for the positive experiences.

Product 1:

Product 2:

2. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these FAVORITE skincare products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

Motivated	Trust	Reassured	Healthy
Glamorous	Put-together/Polished	Pampered	Adventurous
Natural	Loving	Excited	Elegant
Calm	Cool	Special	Active
Fresh	Nourished	Clean	Refreshed/Rejuvenated/Energized
Desire/Crave	Genuine	Effortless	Secure
Confident	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE skincare products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

Superior	Carefree	Hopeful/Promising	Fun
Impressed	Sexy	Pleasant	Prestigious
Neat	Relieved	Luxurious	Appreciative
Inspired	Passionate	Proud	Vibrant
Adult	Strong	Chic	Approachable
Ready	Creative	Perfect/Flawless	Sophisticated
Awake	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE skincare products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

Balanced	Happy	Glowing	Youthful
Ecstatic	Responsible	Pleased/Satisfied	Comfortable
Free	Self-indulgent	Amazed	Romantic
Pretty/Beautiful	Soothed	Attractive	Outstanding
Professional	Awesome/Wonderful	Boosted	Rewarded
Fascinated	Loyal	Relaxed	Accomplished
None of the above			

3. Have you had any other feelings or emotions about your FAVORITE skincare products (or products you have had POSITIVE experiences with) which are not covered in the options above?
 - Yes---go to Question 4

- No---go to Question 5

4. Please describe any other feelings or emotions that you have ever had, as related to your FAVORITE skincare products (or products you have had POSITIVE experiences with).

There may be times when you use skincare products that you do not like.

5. What are your LEAST FAVORITE skincare products?
Please describe two of your LEAST FAVORITE skincare products (brands or product types) and the reasons why you don't like them.

Note: if you do not have any least favorite skincare products. Please describe two skincare products (brands or product types) that you have had negative experiences with, and the reasons for the negative experiences.

Product 1:

Product 2:

6. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE skincare products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

"These products made me feel _____, while I was using them."

(Check all that apply)

old	confused	upset	duped/deceived
unimpressed	sad	tired	frustrated
indifferent	clueless	incomplete	unhealthy
vain	bored	unpleasant	flawed
sloppy/messy/unkempt	disgusted	bland	inferior
strange	gross	lazy	uncomfortable
None of the above			

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE skincare products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
 (Check all that apply)

self-conscious	unhappy	dull	frumpy
regret	bad	embarrassed	unnatural
dissatisfied	cautious	annoyed/irritated	overwhelmed
concerned/worried	insecure	vulnerable	ugly
unprofessional	ridiculous	stressed	skeptical
intimidated	unconfident	disappointed	None of the above

7. Have you had any other feelings or emotions about your LEAST FAVORITE skincare products (or products you have had NEGATIVE experiences with) which are not covered in the options above?
 - Yes---go to Question 8
 - No---end of the survey

8. Please describe any other feelings or emotions that you have ever had, as related to your LEAST FAVORITE skincare products (or products you have had NEGATIVE experiences with).

Screening-Hair care product users

Quotas

Gender: 100% Female

Age: even distribution in five brackets: 18-24, 25-34, 35-44, 45-54 and >=55

Recruiting Criteria

N=100

Regular users of hair care products (Use at least one more other hair product than shampoo and conditioner in caring her hair)

SQ1. What is your gender?

- 3. Male
- 4. Female

If 1 selected, TERMINATE

SQ2. What is your age?

- 7. Under 18
- 8. 18-24
- 9. 25-34
- 10. 35-44
- 11. 45-54
- 12. 55 or older

If 1 selected, TERMINATE

If 2-5 selected, CONTINUE (Quota:
even distribution of the five age bracket)

SQ3. Which of the following races/ethnicities do you most closely identify with?

- 9. Caucasian/White
- 10. African American/Black
- 11. Hispanic/Latino
- 12. Asian-All Countries
- 13. Pacific Islander
- 14. Native American/American Indian
- 15. Prefer not to answer
- 16. Other _____

SQ4. In what state do you currently reside?

SQ5. What is your zip code?

SQ6. Do you, or does anyone in your household, work for any of the following types of companies?
(Choose all that apply)

- 8. An advertising agency or advertising department
- 9. A restaurant or café or fast food chain
- 10. A marketing research company
- 11. A bank or financial institution
- 12. School – primary, secondary, or university
- 13. Fashion or beauty care company
- 14. None of the above

If 6 selected, TERMINATE

SQ7. Which of the following categories of personal care products do you currently use? (Choose all that apply)

6. Skincare
7. Hair care
8. Makeup
9. Oral care
10. None of the above

If 2 selected, CONTINUE
If 2 not selected, TERMINATE

SQ8. How much do you agree or disagree with the following statement?

“I have a daily routine/regime for maintaining the care of my hair”

6. Strongly agree
7. Agree
8. Neither agree nor disagree
9. Disagree
10. Strongly disagree

If 3, 4, 5, selected, TERMINATE

SQ9. What product do you use in caring your hair? (Choose all that apply)

1. Shampoo and conditioner
2. Oil and Serum
3. Hair mask
4. Styling product
5. Other hair treatments____
6. None of the above

Select at least two options, CONTINUE
Otherwise, TERMINATE

SQ10. Would you be willing to share both positive and negative experiences with HAIR CARE products in your haircare journey?

1. Yes
2. No

If 2 selected, TERMINATE

SQ11. Where do you typically purchase your HAIR CARE products? (Choose all that apply)

9. Ulta, Beauty Brands, Sephora
10. Walgreens/CVS
11. Walmart or Target
12. Department store
13. Brands' official websites
14. Through personal sales rep (Direct selling such as Mary Kay or Avon)
15. Other_____
16. None of the above

Questionnaire-Hair Care Category

The purpose of this survey is to understand your experiences and attitudes toward HAIR CARE products.

By HAIR CARE products, we mean any products you use to treat your hair's health and appearance such as shampoo, conditioner, hair mask, scalp treatment, etc.

1. What are your FAVORITE hair care products? Please describe two of your FAVORITE hair care products (brands or product types) and the reasons why you like them.

Note: if you do not have any favorite hair care products. Please describe two hair care products (brands or product types) that you have had positive experiences with, and the reasons for the positive experiences.

Product 1:

Product 2:

2. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these FAVORITE hair care products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

"These products made me feel _____, while I was using them."

(Check all that apply)

Motivated	Trust	Reassured	Healthy
Glamorous	Put-together/Polished	Pampered	Adventurous
Natural	Loving	Excited	Elegant
Calm	Cool	Special	Active
Fresh	Nourished	Clean	Refreshed/Rejuvenated/Energized
Desire/Crave	Genuine	Effortless	Secure
Confident	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE hair care products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
 (Check all that apply)

Superior	Carefree	Hopeful/Promising	Fun
Impressed	Sexy	Pleasant	Prestigious
Neat	Relieved	Luxurious	Appreciative
Inspired	Passionate	Proud	Vibrant
Adult	Strong	Chic	Approachable
Ready	Creative	Perfect/Flawless	Sophisticated
Awake	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE hair care products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
 (Check all that apply)

Balanced	Happy	Glowing	Youthful
Ecstatic	Responsible	Pleased/Satisfied	Comfortable
Free	Self-indulgent	Amazed	Romantic
Pretty/Beautiful	Soothed	Attractive	Outstanding
Professional	Awesome/Wonderful	Boosted	Rewarded
Fascinated	Loyal	Relaxed	Accomplished
None of the above			

3. Have you had any other feelings or emotions about your FAVORITE hair care products (or products you have had POSITIVE experiences with) which are not covered in the options above?
 - Yes---go to Question 4
 - No---go to Question 5

4. Please describe any other feelings or emotions that you have ever had, as related to your FAVORITE hair care products (or products you have had POSITIVE experiences with).

There may be times when you use hair care products that you do not like.

5. What are your LEAST FAVORITE hair care products?
Please describe two of your LEAST FAVORITE hair care products (brands or product types) and the reasons why you don't like them.

Note: if you do not have any least favorite hair care products. Please describe two hair care products (brands or product types) that you have had negative experiences with, and the reasons for the negative experiences.

Product 1:

Product 2:

--

6. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE hair care products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

old	confused	upset	duped/deceived
unimpressed	sad	tired	frustrated
indifferent	clueless	incomplete	unhealthy
vain	bored	unpleasant	flawed
sloppy/messy/unkept	disgusted	bland	inferior
strange	gross	lazy	uncomfortable
None of the above			

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE hair care products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

self-conscious	unhappy	dull	frumpy
regret	bad	embarrassed	unnatural
dissatisfied	cautious	annoyed/irritated	overwhelmed
concerned/worried	insecure	vulnerable	ugly
unprofessional	ridiculous	stressed	skeptical
intimidated	unconfident	disappointed	None of the above

7. Have you had any other feelings or emotions about your LEAST FAVORITE hair care products (or products you have had NEGATIVE experiences with) which are not covered in the options above?

- Yes---go to Question 8

- No---end of the survey

8. Please describe any other feelings or emotions that you have ever had, as related to your LEAST FAVORITE hair care products (or products you have had NEGATIVE experiences with).

Screener-Makeup product users

Quotas

Gender: 100% Female

Age: even distribution in five brackets: 18-24, 25-34, 35-44, 45-54 and >=55

Recruiting Criteria

N=100

Regular users of makeup products (Wear makeup at least two times per week, use at least 2 types of makeup product while wearing makeup)

SQ1. What is your gender?

- 5. Male
- 6. Female

If 1 selected, TERMINATE

SQ2. What is your age?

- 13. Under 18
- 14. 18-24
- 15. 25-34
- 16. 35-44
- 17. 45-54
- 18. 55 or older

If 1 selected, TERMINATE

If 2-5 selected, CONTINUE (Quota:
even distribution of the five age bracket)

SQ3. Which of the following races/ethnicities do you most closely identify with?

- 17. Caucasian/White
- 18. African American/Black
- 19. Hispanic/Latino
- 20. Asian-All Countries
- 21. Pacific Islander
- 22. Native American/American Indian
- 23. Prefer not to answer
- 24. Other_____

SQ4. In what state do you currently reside?

SQ5. What is your zip code?

SQ6. Do you, or does anyone in your household, work for any of the following types of companies?
(Choose all that apply)

- 15. An advertising agency or advertising department
- 16. A restaurant or café or fast food chain
- 17. A marketing research company
- 18. A bank or financial institution
- 19. School – primary, secondary, or university
- 20. Fashion or beauty care company

If 6 selected, TERMINATE

21. None of the above

SQ7. Which of the following categories of personal care products do you currently use? (Choose all that apply)

- 11. Skincare
- 12. Hair care
- 13. Makeup
- 14. Oral care
- 15. None of the above

If 3 selected, CONTINUE
If 3 not selected, TERMINATE

SQ8. In a typical week, how often did you wear MAKEUP such as powder, foundation, blush, eyeshadow, lipstick, etc.?

- 1. Every day
- 2. 4-6 times per week
- 3. 2-3 times per week
- 4. Once per week or less

If 4 selected, TERMINATE

SQ9. On a day when you wear makeup, how many different MAKEUP products do you typically use?

- 7. 0-1
- 8. 2-3
- 9. 4-5
- 10. More than 5

If 1 selected, TERMINATE

SQ10. Would you be willing to share both positive and negative experiences with MAKEUP products in your makeup journey?

- 1. Yes
- 2. No

If 2 selected, TERMINATE

SQ11. Where do you typically purchase your MAKEUP products? (Choose all that apply)

- 17. Ulta, Beauty Brands, Sephora
- 18. Walgreens/CVS
- 19. Walmart or Target
- 20. Department store
- 21. Brands' official websites
- 22. Through personal sales rep (Direct selling such as Mary Kay or Avon)
- 23. Other _____
- 24. None of the above

Questionnaire-Makeup Category

The purpose of this survey is to understand your experiences and attitudes toward MAKEUP products.

By MAKEUP products, we mean cosmetics such as lipstick, mascara, eye shadow, foundation, highlighter, bronzer, etc.

1. What are your FAVORITE makeup products?

Please describe two of your FAVORITE makeup products (brands or product types) and the reasons why you like them.

Note: if you do not have any favorite makeup products, please describe two makeup products (brands or product types) that you have had positive experiences with, and the reasons for the positive experiences.

Product 1:

Product 2:

2. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these FAVORITE makeup products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”

(Check all that apply)

Motivated	Trust	Reassured	Healthy
Glamorous	Put-together/Polished	Pampered	Adventurous
Natural	Loving	Excited	Elegant
Calm	Cool	Special	Active
Fresh	Nourished	Clean	Refreshed/Rejuvenated/Energized
Desire/Crave	Genuine	Effortless	Secure
Confident	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE makeup products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
(Check all that apply)

Superior	Carefree	Hopeful/Promising	Fun
Impressed	Sexy	Pleasant	Prestigious
Neat	Relieved	Luxurious	Appreciative
Inspired	Passionate	Proud	Vibrant
Adult	Strong	Chic	Approachable
Ready	Creative	Perfect/Flawless	Sophisticated
Awake	None of the above		

Which of the following describes your feelings or emotions while you were using these FAVORITE makeup products (or products you have had POSITIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
(Check all that apply)

Balanced	Happy	Glowing	Youthful
Ecstatic	Responsible	Pleased/Satisfied	Comfortable
Free	Self-indulgent	Amazed	Romantic
Pretty/Beautiful	Soothed	Attractive	Outstanding
Professional	Awesome/Wonderful	Boosted	Rewarded
Fascinated	Loyal	Relaxed	Accomplished
None of the above			

- Have you had any other feelings or emotions about your FAVORITE makeup products (or products you have had POSITIVE experiences with) which are not covered in the options above?

- Yes---go to Question 4
- No---go to Question 5

4. Please describe any other feelings or emotions that you have ever had, as related to your FAVORITE makeup products (or products you have had POSITIVE experiences with).

There may be times when you use makeup products that you do not like.

5. What are your LEAST FAVORITE makeup products?
Please describe two of your LEAST FAVORITE makeup products (brands or product types) and the reasons why you don't like them.

Note: if you do not have any least favorite makeup products. Please describe two makeup products (brands or product types) that you have had negative experiences with, and the reasons for the negative experiences.

Product 1:

Product 2:

6. Think about how you felt while you were using the two products you described above.

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE makeup products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

"These products made me feel _____, while I was using them."

(Check all that apply)

old	confused	upset	duped/deceived
unimpressed	sad	tired	frustrated
indifferent	clueless	incomplete	unhealthy
vain	bored	unpleasant	flawed
sloppy/messy/unkept	disgusted	bland	inferior
strange	gross	lazy	uncomfortable
None of the above			

Which of the following describes your feelings or emotions while you were using these LEAST FAVORITE makeup products (or products you have had NEGATIVE experiences with)? *The positions of the terms need to be randomized across participants.*

“These products made me feel _____, while I was using them.”
(Check all that apply)

self-conscious	unhappy	dull	frumpy
regret	bad	embarrassed	unnatural
dissatisfied	cautious	annoyed/irritated	overwhelmed
concerned/worried	insecure	vulnerable	ugly
unprofessional	ridiculous	stressed	skeptical
intimidated	unconfident	disappointed	None of the above

7. Have you had any other feelings or emotions about your LEAST FAVORITE makeup products (or products you have had NEGATIVE experiences with) which are not covered in the options above?
 - Yes---go to Question 8
 - No---end of the survey

8. Please describe any other feelings or emotions that you have ever had, as related to your LEAST FAVORITE makeup products (or products you have had NEGATIVE experiences with).