



# KAMILLOSAN

## CHAMOMILE OINTMENT PRODUCT QUESTIONNAIRE FOR KAMILLOSAN CONSUMERS

1. Name

Address

Postcode

Telephone

E-mail

Would you like to be contacted again with further information about Kamillosan? Yes No

2. Where did you first hear about the Kamillosan range of products?

Shop

Website

Friend

Advice from midwife / GP

Parenting book / guide Other, please specify

3. Where did you / do you go for advice and support on breastfeeding?

Midwife / GP / HCP

Friends

Family

Online websites which ones?

Parenting book / guide which ones?

Other, please specify

4. What did you look for when choosing a product suitable for sore nipples? Please specify

5. How would you describe the efficacy of the Kamillosan Ointment on a scale of 1 to 9?

Poor

OK

Excellent

1

2

3

4

5

6

7

8

9

6. What do you think about the product fragrance? What changes would you make if any?

Like

Dislike

Please specify

7. What do you think about the product consistency? What changes would you make if any?

Like

Dislike

Please specify

8. What do you think about the packaging? What changes would you make if any?

Like

Dislike

Please specify

9. What do you think about the tube size? Too much or too little? What changes would you make if any?

Like

Dislike

Please specify

10. Was it a problem to wipe off the Ointment between feeds?

Yes                      No                      Please specify

11. How much Ointment did you use?

Less than ½ tube                      Whole Tube                      More than 1 tube

12. Did you try any other brands to soothe sore nipples? Please specify

Yes                      No                      Which ones?

13. What did you like / dislike about them?

Like

Dislike

14. What made you chose/use Kamillosan over the competition?

Efficacy                      Recommendation                      Price                      Availability

Other Please specify

15. Have you ever used Kamillosan Ointment on other sore skin conditions?

Yes                      No                      Please specify where

16. Are you more or less likely to use products containing natural ingredients on the skin?

More likely                      Less likely                      No preference

17. Please use the space below to add any other comments/suggestions/improvements or user testimonials regarding Kamillosan and any suggestions for new products suitable for mum and baby.

18. Would you recommend Kamillosan Ointment to other new mums?

Yes      No      Why?

Please email your completed questionnaire to [l.harrison@goldshieldplc.com](mailto:l.harrison@goldshieldplc.com)

Goldshield Plc, No.1 Croydon, 12-16 Addiscombe Road, Croydon, Surrey CR0 0XT

In accordance with the Data Protection Act 1998 your personal details will be treated as strictly confidential and will not be passed onto any third party organisations.

[www.kamillosan.co.uk](http://www.kamillosan.co.uk)