

# REVIEW REACTION TIMELINE

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PRODUCT NAME: \_\_\_\_\_

## REVIEW TIMELINE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONE TIME	TWO TIMES	THREE TIMES	DAILY FOR	EVERY OTHER DAY FOR	WEEKLY	MONTHLY
			# _____	# _____	# _____	# _____
			DAYS / WEEKS / MONTHS	DAYS / WEEKS / MONTHS	WEEKS	MONTHS
				<input type="checkbox"/>		
				OTHER		
				_____		
				DAYS / WEEKS / MONTHS		

INITIAL THOUGHTS / REACTION: \_\_\_\_\_

THOUGHTS ON PACKAGING: \_\_\_\_\_

01. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

02. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

03. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

04. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

05. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

06. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

07. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

08. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

09. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

10. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

11. DATE OF REVIEW: \_\_\_\_\_ NOTES: \_\_\_\_\_

TIPS ABOUT USING THIS PRODUCT: \_\_\_\_\_

FINAL THOUGHTS / REACTION: \_\_\_\_\_