



NEW CUSTOMER QUESTIONNAIRE

Name: _____ Phone No.: _____

Address: _____ Mobile: _____

_____ Date: _____

How did you hear about Reliv? _____

ARE YOU INTERESTED IN..?

	Yes	No	Comments
1. Complete Balanced Nutrition	<input type="radio"/>	<input type="radio"/>	_____
2. Energy	<input type="radio"/>	<input type="radio"/>	_____
3. Better Sleep	<input type="radio"/>	<input type="radio"/>	_____
4. Weight Management (Weight Loss)	<input type="radio"/>	<input type="radio"/>	_____
5. Joint Support	<input type="radio"/>	<input type="radio"/>	_____
6. Children's Wellness	<input type="radio"/>	<input type="radio"/>	_____
7. Athletic Performance (Sports Nutrition)	<input type="radio"/>	<input type="radio"/>	_____
8. Anti-Aging	<input type="radio"/>	<input type="radio"/>	_____
9. Other	<input type="radio"/>	<input type="radio"/>	_____

What do you hope to achieve with Reliv supplementation? _____

What else have you tried? _____

Why didn't it work? _____

How long would you reasonably expect to take to achieve your goal? _____

LIFESTYLE

	Yes	No	Comments
1. Do you sleep well?	<input type="radio"/>	<input type="radio"/>	_____
2. Do you wake refreshed?	<input type="radio"/>	<input type="radio"/>	_____
3. Do you fall asleep before going to bed?	<input type="radio"/>	<input type="radio"/>	_____
4. Do you exercise regularly?	<input type="radio"/>	<input type="radio"/>	_____
5. Do you feel stressed?	<input type="radio"/>	<input type="radio"/>	_____
6. Do you eat out often?	<input type="radio"/>	<input type="radio"/>	_____
7. Do you skip meals?	<input type="radio"/>	<input type="radio"/>	_____
8. Do you eat well-balanced meals?	<input type="radio"/>	<input type="radio"/>	_____
9. Do you drink alcohol?	<input type="radio"/>	<input type="radio"/>	_____
10. Do you smoke?	<input type="radio"/>	<input type="radio"/>	_____
11. Do you drink coffee?	<input type="radio"/>	<input type="radio"/>	_____
12. Do you drink fresh water?	<input type="radio"/>	<input type="radio"/>	_____
13. What form of exercise or sport do you do?			_____
14. What form of exercise or sport would you like to do?			_____
15. How would you rate your overall wellness?			_____

REFERRALS Once you have experienced positive results on these products, may I ask you for referrals to others I could help? Yes No

Reliv products are not intended to diagnose, treat, cure or prevent any disease. If there is a concern regarding a medical condition relative to the consumption of Reliv products, please consult a physician prior to use.



NEW CUSTOMER FOLLOW-UP

Name: ... _____

Best Contact No.: _____

Best Time To Phone: _____

- ALWAYS re-read questionnaire before calling your customer.
- Reassure customer on EVERY call with other customers' success stories (Benefits of good nutrition).
- Review frequency and regularity of product consumption as suggested on label.
- Help customers develop a routine that fits their lifestyle.

DAY	DATE	NOTES	3-WAY
1	_____	How did you mix the product? How was it taken? Encourage them to be consistent. Record notes!	_____
		notes: _____ _____	
7	_____	Check for consistency. If bodily functions change, that's good! Products are working. Ask what results they are seeing. Utilise 3-way calls to reinforce health and business stories.	_____
		notes: _____ _____	
14	_____	Same as Day 7. Utilise 3-way call to reinforce health and business stories. Ask what results they are seeing. Who do you know? Check on product supply.	_____
		notes: _____ _____	
21	_____	Same as Day 14. Reorder day and sign them up for Auto-ship	_____
		notes: _____ _____	
Follow up twice the second month _____			
Follow up once each month thereafter _____			

ADDITIONAL PERSONAL INFORMATION
