



NEW CUSTOMER QUESTIONNAIRE

Name: _____ Phone No.: _____

Address: _____ Date: _____

How did you hear about Reliv? _____

Are you interested in...?

- Complete Balanced Nutrition _____
- Energy _____
- Better Sleep _____
- Weight Management (Weight Loss) _____
- Joint Support _____
- Heart Health _____
- Children's Wellness _____
- Athletic Performance Enhancement (Sports Nutrition) _____
- Anti-Aging _____
- Women's Wellness _____
- Skin Care _____
- Other _____

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. What form of exercise or sport do you do? | | | |
| 10. What form of exercise or sport would you like to do? | | | |
| 11. 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: . _____

Phone No.: _____

Best Time To Phone: _____

1. ALWAYS re-read questionnaire before calling your customer.
2. Reassure customer on EVERY call with other customers' success stories (Benefits of good nutrition).

Review frequency and regularity of product consumption. Encourage consistency in taking product 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. | |
| 3 | | Check for consistency. If bodily functions change, that's good! Products are working. | |
| 5 | | Same as Day 3. Utilise 3-way call to reinforce health and business stories. | |
| 7 | | Same as Day 3. Are you seeing any results? Utilise 3-way call for support. | |
| 10 | | What results have you noticed? | |
| 15 | | Check how much product is left? Ask: Who do you know? | |
| 20 | | Same as Day 10. Utilise 3-way call for support. | |
| 25 | | Reorder day | |
| | | *Follow up twice the second month *Follow up once each month thereafter | |

ADDITIONAL PERSONAL INFORMATION

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