CUSTOMER FOLLOW-UP RECORD

Customer Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: (H) _____
(W) _____
(C) _____
Email: _____

Best time to be reached? □ a.m. □ p.m.

Preferred approximate time? _____

Primary Interest in AdvoCare:

□ Trim □ Active □ Performance

□ Wellness □ Children □ STEP 1-2-3

□ Income Opportunity

Other Nutritional Supplement/Weight Loss Programs : _____
_____
_____

Common Questions to Customer

Recommended Fiber Type?
- □ Citrus (Infrequent Elimination)
- □ Peaches 'n Cream (Regular Elimination)

Meal Replacement flavor preference?
- □ Vanilla
- □ Chocolate
- □ Berry

SPARK Flavor Preference?
- □ Citrus
- □ Cherry
- □ Grape
- □ Fruit Punch
- □ Mandarin Orange

Metabolic Recommendation?
- □ Basic
- □ Max Appetite
- □ Max Energy
- □ Wellness System

Exercise as a part of daily regimen?
- □ Yes
- □ No

Favorite Foods I consider "unhealthy"?
_____

Current LifeStyle Questions

Currently eat breakfast?	□ Yes □ No	
Adequate water consumed daily?	□ Yes □ No	
Eat fast-food frequently?	□ Yes □ No	
Skip meals throughout day?	□ Yes □ No	
Desire to snack "late at night"?	□ Yes □ No	
Daytime or Nighttime eater?	□ Day □ Night	
Crave sweet or salty?	□ Sweet □ Salty	
Crave carbohydrates frequently?	□ Yes □ No	When: _____
Struggle with fatigue all day?	□ Yes □ No	
Drink coffee, tea, or soda?	□ Yes □ No	How Often: _____
Get an afternoon "low"?	□ Yes □ No	
Tired in the early evening?	□ Yes □ No	
Diet on an "on/off" basis?	□ Yes □ No	
Find "comfort" in food?	□ Yes □ No	
Eat until "too full" at meals?	□ Yes □ No	
Wake up very hungry?	□ Yes □ No	
Understand CPF Ratio?	□ Yes □ No	
Understand CPF calories?	□ Yes □ No	

Date	Follow – Up Log

Additional Information: