

PHONE CALL RECORD

CUSTOMER NAME _____ DATE _____

PHONE NUMBER _____

DATE AND TIME OF APPT _____

ADDRESS AND DIRECTIONS _____

HOW THEY HEARD _____

OBJECTIONS _____

EAT OUT HOW OFTEN _____

WHERE _____

AMOUNT SPENT ON GROCERIES PER WEEK _____

NUMBER OF PEOPLE IN FAMILY _____ CHILDREN/AGES _____

ENJOY COOKING? _____ HOW OFTEN? _____

LIKE VARIETY? _____ CREATIVE BLOCK? _____

SATISFIED WITH EATING HABITS? _____ IF NOT, WHY? _____

EATING HEALTHY? _____ IF NOT, WHY? _____

ENJOY GROCERY SHOPPING? _____ TIME SPENT _____

REMAINING QUESTIONS _____
