

CUSTOMER NEEDS ASSESSMENT

CUSTOMER NAME: _____ **PHONE:** _____

ADDRESS: _____

E-MAIL: _____

CUSTOMER CATEGORY:

_____ Family _____ Friend/Neighbor _____ Colleague/Co-worker

_____ Existing Client _____ New Contact

Referred by: _____

Notes: _____

NEEDS (Circle each of the following that apply and make any helpful notes)

- ASSOCIATION: _____
- SELF EXPRESSION: _____
- MONEY: _____
- VALUE: _____
- SELF ESTEEM: _____

ADDITIONAL QUESTIONS:

- What do you love to do with your spare time? _____
- What would you do with an extra \$300/month? _____
- Have you ever thought of owning your own business/being your own boss? _____
- How would you like to earn a cruise to Alaska or the Caribbean every year? _____
- What events/needs do you have coming up for which you need some extra money? _____
- What kinds of activities do you like to do with your friends? _____
- What are your current creative pursuits? _____

DIAGNOSIS: _____

PRESCRIPTION: _____