**CLIENT PREFERENCES SURVEY**

As our client, we care about your preferences! Thank you for taking the time to fill out this survey – your answers will help us have things on hand that you actually like when you come to visit us and will help to ensure that we’re communicating with you in the best way for you.

**­**

**GETTING STARTED**

* Your Name:
* When is your birthday?:

**GETTING TO KNOW YOUR FAVORITES**

Drinks – Please check all that apply.

**COFFEE & TEA WATER SODA LIBATIONS**

[ ]  Black Coffee [ ]  Flat [ ]  Coke [ ]  Beer

[ ]  Coffee w/ Extras [ ]  Sparkling [ ]  Diet Coke [ ]  White Wine

[ ]  Specialty Coffees [ ]  Flavored Sparkling [ ]  Coke Zero [ ]  Red Wine

[ ]  Hot Tea [ ]  Alkaline [ ]  Pepsi [ ]  Vodka

[ ]  Iced Tea [ ]  Infused [ ]  Diet Pepsi [ ]  Whiskey

 [ ]  Dr. Pepper [ ]  Rum

 [ ]  Sprite/7Up [ ]  Tequila

* What is your favorite:
	+ Color:
	+ Sport to Watch:
	+ Team to Root For:
	+ Snack:
	+ Candy:
	+ Restaurant:
	+ Type of Music:
	+ Store to Shop at:
* Hard Copy, Digital, or Audio Books?:

**FINAL HELPFUL DETAILS**

* What is the date of your wedding anniversary?:
* What are your kids’ names and birthdays (incl. years)?:
* Do you have any grandchildren? If yes, what are their names and birthdays?:
* What is your preferred method of contact?:

 [ ]  Phone [ ]  Email [ ]  Text [ ]  Video Chat

* Preferred time of day for connecting?

[ ]  Morning [ ]  Afternoon [ ]  Evening

* What social media channels are you on?

[ ]  Facebook [ ]  LinkedIn [ ]  Twitter [ ]  Instagram

 [ ]  TikTok [ ]  Other:

* Do you have any food or environmental allergies? If yes, what are they?:

* Do you have any pets? If yes, what are their names and types (dog, cat, bird, etc.)?: