**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.)?: