

**First Qualifying New Client Response Questionnaire**

**Please answer all questions completely. Return to your consultant-trainee in a sealed envelope.**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**My Sisterlocks® Consultant-  
in-training is:**  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Sisterlocks®? \_\_\_\_\_

What information did you receive before your consultation? \_\_\_\_\_  
\_\_\_\_\_

How long was your consultation? \_\_\_\_\_

What types of questions were you asked? (Give examples)  
\_\_\_\_\_  
\_\_\_\_\_

What did the Consultant share with you about Sisterlocks? \_\_\_\_\_  
\_\_\_\_\_

Did the Consultant give you Sample Locks? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

How many times did you shampoo between the consultation and the locking session? \_\_\_\_\_

Describe if/how your sample locks changed during that time. \_\_\_\_\_  
\_\_\_\_\_

About how long was your locking session? \_\_\_\_\_

Were the results what you expected? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your consultant cover the following areas: Maintenance/Upkeep \_\_\_yes \_\_\_no  
Settling-in Process \_\_\_yes \_\_\_no  
Styling Options \_\_\_yes \_\_\_no  
Sisterlocks Products \_\_\_yes \_\_\_no

Did you receive a Customer Starter Kit? \_\_\_yes \_\_\_no

Was your Follow-up Visit included in the package? \_\_\_yes \_\_\_no

(If yes) How many weeks elapsed between your locking session and the Follow-up? \_\_\_\_\_

Would you recommend Sisterlocks to others? \_\_\_yes \_\_\_no

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the reverse side to write down any questions you would like the Home Office to answer. THANK YOU!



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Phone: _____
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<b>My Sisterlocks® Consultant- in-training is:</b> _____
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	Styling Options	___yes	___no
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