

# WHAT'S YOUR 20 WORKSHEET

CONTACT INFO	TOUCHES		REFERRALS
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....

# WHAT'S YOUR 20 WORKSHEET

CONTACT INFO	TOUCHES		REFERRALS
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....

# WHAT'S YOUR 20 WORKSHEET

CONTACT INFO	TOUCHES		REFERRALS
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....

# WHAT'S YOUR 20 WORKSHEET

CONTACT INFO	TOUCHES		REFERRALS
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....
Name: ..... Contact information: ..... .....	Q1 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q2 <input type="checkbox"/> ..... <input type="checkbox"/> .....	Q3 <input type="checkbox"/> ..... <input type="checkbox"/> ..... Q4 <input type="checkbox"/> ..... <input type="checkbox"/> .....	..... ..... ..... .....