

# CUSTOMER AVATAR

## WORKSHEET

|         |          |
|---------|----------|
| PROFILE | NAME     |
|         | GENDER   |
|         | AGE      |
|         | LOCATION |

|         |                     |
|---------|---------------------|
| PROFILE | MARITAL STATUS      |
|         | NO.OF CHILDREN /AGE |
|         | RACE / ETHNIC GROUP |
|         | TYPE OF HOUSING     |

|      |                       |
|------|-----------------------|
| WORK | EDUCATIONAL LEVEL     |
|      | OCCUPATION / INDUSTRY |
|      | JOB TITLE             |
|      | INCOME                |

|                |                             |
|----------------|-----------------------------|
| GOALS & VALUES | GOALS & STRIVE TO DO        |
|                | VALUES THEY COMMITTED TO DO |

|                                  |  |
|----------------------------------|--|
| CUSTOMER BEHAVIOR & DESCRIPTIONS |  |
|----------------------------------|--|

|           |                           |         |                      |
|-----------|---------------------------|---------|----------------------|
| INTERESTS | WHAT ARE THEIR INTERESTS? | SOURCES | INFORMATION SOURCES: |
|           | WHAT ARE THEIR HOBBIES?   |         | BOOKS & MAGAZINES:   |
|           |                           |         | BLOGS & WEBSITES:    |
|           |                           |         | CONFERENCES:         |
|           |                           |         | ROLE MODELS:         |

|            |  |             |   |
|------------|--|-------------|---|
| CHALLENGES | WHAT ARE THE CHALLENGES IN THEIR LIFE? | PAIN POINTS | WHAT MAKES THEM TO FEEL UNEASY / GIVES THEM PAIN OR FEAR? |
|------------|--|-------------|---|

|           |  |            |   |
|-----------|--|------------|---|
| QUESTIONS | WHAT ARE THE USUAL QUESTIONS THEY ASK? | OBJECTIONS | WHAT ARE THEIR REASONS WHY THEY WOULD NOT BUY THE PRODUCTS OR THE SERVICES? |
|-----------|--|------------|---|

|            |  |             |   |
|------------|--|-------------|---|
| CHALLENGES | WHAT ARE THE CHALLENGES IN THEIR LIFE? | PAIN POINTS | WHAT MAKES THEM TO FEEL UNEASY / GIVES THEM PAIN OR FEAR? |
|------------|--|-------------|---|

|      |   |      |   |
|------|---|------|---|
| INFO | WHERE THEY FOUND INFORMATIONS ABOUT THE PRODUCTS/SERVICES?<br>OFFLINE:<br>ONLINE: | ROLE | WHAT ARE THEIR ROLE IN DECIDING ON BUYING A PRODUCT OR A SERVICE? |
|------|---|------|---|