



NAME: _____

Age: _____

Location: _____

Work: _____

Family: _____

WHAT DOES HE / SHE DO:

PERSONALITY: _____

WHAT DOES HE / SHE WANT FROM AN APP:

HIS / HER NEEDS:

HIS / HER FRUSTRATIONS:

TECHNOLOGY

_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>