



NAME and SURNAME

AGE: _____

PERSONAL TYPE: _____

EDUCATION: _____

LOCATION: _____

LIVE WITH: _____

OCCUPATION: _____

QUOTE: _____

HOBBIES:

1. _____

2. _____

3. _____

NEEDS:

1. _____

2. _____

3. _____

4. _____

GOALS:

1. _____

2. _____

3. _____

4. _____

EXPECTATION:

1. _____

2. _____

3. _____

4. _____

WHERE DOES SHE PREFER TO EXERCISE?

1. _____

2. _____

3. _____

A DAY IN THE LIFE (BEHAVIOUR PATTERNS):

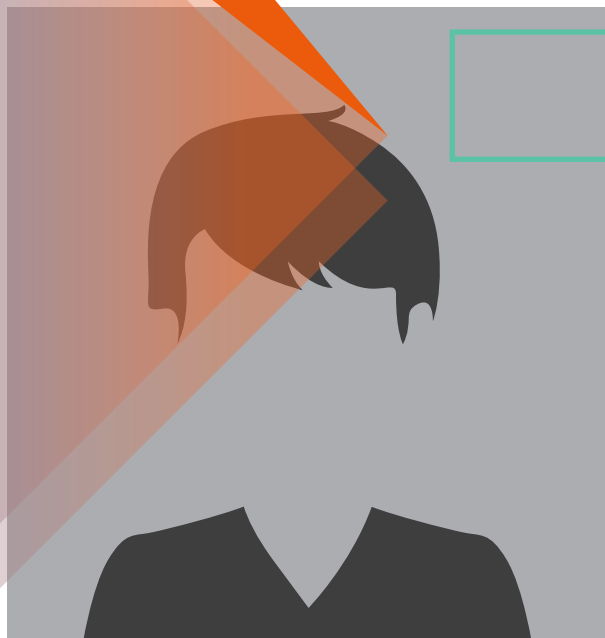
EXPERIENCE WITH FITNESS:

PREFER FITNESS METHOD:

BIGGEST CHALLENGE WITH FITNESS:

SOLUTION ALREADY TRIED:

YOUR SOLUTION:



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