

The Empathy Map

Researchers: _____

Version No.: _____

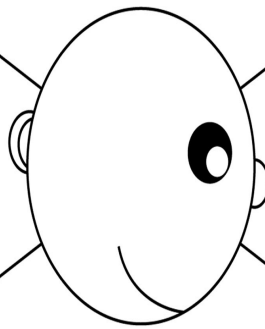
Date: _____

Perspective Client

What does the visitors
THINK & FEEL?

What does the visitors
HEAR?

What does the visitors
SEE?



What does the visitors
SAY & DO?

What does the visitors
PAIN?
Fears, Frustrations, Obstacles

What does the visitors
GAIN?
Wants/Needs, Measures of happiness