

Massage Practice Competitive Analysis Form

Competitive Business:	Phone #:
Address:	Phone #:
	E-mail:
City: State: Zip Code:	Business Owner:
Website:	Date:

Services	Fees	Services	Fees

Target Clients	Needs/Wants of Target Clients



Get your practice in shape

For more member benefits, visit ABMP.com.

Item	Strengths	Weaknesses	How Do I Compare?
Branding			
Signage			
Printed Materials			
Website			
Services			
Fees			
Parking			
Facility/Decor			
Greeting			
Paperwork			

Massage			
Promotion			
Other:			

Two areas I need to improve to compete with this business:	Two areas where I outshine the competition:	Two ways to highlight my strengths in my marketing plan:

Other Comments: