



CLIENT LIFESTYLE QUESTIONNAIRE RESIDENTIAL PROPERTY

The purpose of this questionnaire is to help our design team have a better understanding of your goals, desires, and objectives for your project. We also feel that by completing this questionnaire, you will have a clear idea of your needs and you will be able to articulate them more succinctly. If you are uncertain of the answer to a question, simply leave it blank or make a note/ask a question and we will address it when we speak. We ask that you endeavor to be as specific as possible - clear communication will go a long way toward ensuring your vision is achieved.

CONTACT INFORMATION

Project Address : _____

Street Address : _____

City : _____

Home Phone : _____

Fax : _____

Client Name #1 : _____

Mobile # : _____

E-mail : _____

Client Name #2 : _____

Mobile # : _____

E-mail : _____

1. How would you prefer to be contacted? (Please check one)

☐ Home Phone

☐ Mobile #1

☐ E-mail

☐ Mobile #2

2. Who is responsible for project decisions?

3. Have you ever hired an interior designer? If yes, when did this take place? What was the project? And were you pleased with the results and experience?

4. How did you hear about us?

☐ Internet

☐ Referral

☐ Others: (Please Specify) _____

☐ Houzz.com

☐ Social Media

5. Why are you looking to design or redesign your space now?

ABOUT YOUR PROJECT

1. Project Type (Check all that apply)

- ☐ New Construction ☐ Remodel ☐ Design / Decorating

2. Project Investment (Please check one)

- ☐ AED 60,000 to 90,000 (our project minimum)
☐ 90,000 to 150,000
☐ 150,000 to 300,000
☐ 300,000 to 750,000
☐ 750,000 to 1,500,000
☐ 1,500,000 plus
☐ Other : (Please specify) _____

PROJECT SQUARE FOOTAGE _____

1. Project Deadline: (Check all that apply)

- ☐ Immediately ☐ 3 to 6 months
☐ Within 3 months ☐ Other : (Please specify) _____

2. Rooms to be included in your project: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Entire Home | <input type="checkbox"/> Office / Study | <input type="checkbox"/> Kids Room |
| <input type="checkbox"/> Entry Hall / Foyer | <input type="checkbox"/> Laundry Area | <input type="checkbox"/> Home Theatre / Media Room |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Powder Room | <input type="checkbox"/> Lower Level / Basement |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> Outdoor Area |
| <input type="checkbox"/> Family / Guest Room | <input type="checkbox"/> Guest Bedroom | <input type="checkbox"/> Other : (Please specify) _____ |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Master Bathroom | |
| <input type="checkbox"/> Nook | <input type="checkbox"/> Guest Bathroom | |

3. Enhancements Being Considered: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Plumbing Fixtures | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Reupholster | <input type="checkbox"/> Interior Decor | <input type="checkbox"/> Artwork and Accessories |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Exterior Paint | <input type="checkbox"/> Water Feature |
| <input type="checkbox"/> Window Treatments | <input type="checkbox"/> Wall Covering | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Window Replacements or changes | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Other : (Please specify) _____ |
| <input type="checkbox"/> Home Automation | <input type="checkbox"/> Space Planning | |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Ceiling | |

4. What best describes your style? (Check all that apply)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Formal | <input type="checkbox"/> Asian / Zen |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Casual | <input type="checkbox"/> Modern |
| <input type="checkbox"/> Eclectic / Mix | <input type="checkbox"/> Tropical | <input type="checkbox"/> Others: (Please Specify) _____ |

5. Consultations: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Feng Shui | <input type="checkbox"/> Sustainability | <input type="checkbox"/> Others: (Please Specify) _____ |
| <input type="checkbox"/> Light Specialist | <input type="checkbox"/> Landscaping | |

6. Colors you like: (Please specify)

7. Colors you don't like: (Please specify)

8. What is your favorite room in your home? Why?

9. What you don't like about your current home?

10. What part of your home do you use the most?

11. What part of your home do you use the least?

12. How long do you plan on staying in your home?

13. Are there any pieces of furniture or collections that must be worked into the new plan?

☐ No ☐ Yes (Please Specify) _____

14. Do you need sun control from your window treatments?

☐ No ☐ Yes

15. Are there any technical needs associated with your project scope? (Check all that apply)

☐ Computers ☐ Music
☐ Wireless / DSL / Cable ☐ Security Cameras
☐ Home Theatre / Surround Sound ☐ Other: (Please Specify) _____

YOUR FAMILY

1. List household members and requirements:

MEMBERS	REQUIREMENTS

2. Are there any physically challenged or elderly people living in the home?

If yes, please specify any special requirements:

3. List household pets and special needs:

PETS	SPECIAL NEEDS

YOUR LIFESTYLE

1. Our entertaining style is: (Please check one)

- ☐ Formal
 ☐ Informal
 ☐ Combination / Both

2. Average number of guests: (Please check one)

- ☐ 1 to 6
 ☐ 7 to 12
 ☐ More than 12

3. Average guest age: (Please check one)

- ☐ Adults
 ☐ Teenagers and Children
 ☐ All Ages

4. Entertaining preferences: (Check all that apply)

- ☐ Sit-down meals
 ☐ BBQ's
 ☐ Watching TV / Movies
☐ Buffet-Style Meals
 ☐ Games / Cards
 ☐ Music

5. Do you have any hobbies / interests we should consider when designing your space?

- ☐ No
 ☐ Yes (Please Specify) _____

6. Do you need an area to accommodate your hobby?

- ☐ No
 ☐ Yes (Please Specify) _____