



CLIENT LIFESTYLE QUESTIONNAIRE COMMERCIAL 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)

☐ Office 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. What is the purpose to design or redesign your commercial space?

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

- ☐ Entrance and Reception
☐ Offices | Executive | General
☐ Pantry
☐ Wash Rooms - Male | Female
☐ Outdoor Seating Area
☐ Other : (Please specify) _____

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

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

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. Are there any pieces of equipment that must be worked into the new floor plan?

- ☐ No ☐ Yes (Please Specify) _____

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

- ☐ No ☐ Yes

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

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music |
| <input type="checkbox"/> Wireless / DSL / Cable | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Media Theatre / Surround Sound | <input type="checkbox"/> Other: (Please Specify) _____ |



YOUR FAMILY

1. List company employees and requirements:

EMPLOYEE POSITION	REQUIREMENTS

2. Are there any physically challenged or elderly people working with your company?
If yes, please specify any special requirements:

3. Nature of your business:

☐ Retail Store / Type ☐ Offices ☐ Restaurant ☐ Food and Beverage

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

☐ No ☐ Yes (Please Specify) _____

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

☐ No ☐ Yes (Please Specify) _____