



Design Questionnaire

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Project type: _____

Do you have a timeline you would like to start and finish by? _____

What is your budget range? _____ Are you working with a contractor? _____

How long do you plan to live in the home? _____

Lifestyle

Please provide a brief description of all members in your household.

Describe your favorite ways to entertain

Do the rooms need to be pet/kid friendly? _____

Design Aesthetic

Which of the following describes your design style?

___ Traditional

___ Transitional

___ Modern

___ Contemporary

What is your favorite color? _____ Do you like antiques? _____

Please list the rooms you would like designed.
