

NEW CLIENT QUESTIONNAIRE

Please take a few moments to complete the information requested below.
Brief answers are fine. Use the back of these sheets if you would like to provide more information.
Involve your entire household. Have fun telling us about your wants and needs.
We would like to take full advantage of the time we share together and your input is essential.
Thank you for your cooperation. All information will be kept confidential.

Name:

Address:

City:

Day Phone:

Evening Phone:

Fax:

Cell:

E-mail:

How would you prefer to be contacted? (Check all that apply)

Work Phone Home Phone E-mail Cell Day Eve

HOUSEHOLD INFORMATION:

House square footage: _____ Age of house: _____

Bedrooms: _____ # Baths: _____

How long have you lived in your home and how long do you plan to live in your home?

Do you have plans for the future use of your residence? (Will your rooms need to serve different functions in the future for any household members?)

Decorator will work with:

You Significant Other Both Other

Who makes the final financial decisions in the household?

You Significant Other Both Other

Household Members:

Please provide us with the names of the members of your household and what needs they have for space, work, study, or special needs. Please include ages of each child.

Name	Work, Study, Space, Special Needs	Age

Do you anticipate changes for any Household Member: (i.e. College, retirement, etc.) within the next 2-3 years? (Please explain)

Pet's Name	Breed	Indoor (X)	Outdoor (x)

Are they allowed on furniture? Yes: No:

Are they allowed to roam the entire house? Yes: No:

If no, in what rooms are they allowed? _____

Hobbies and Interest:

How do you like to entertain?

Which rooms do you primarily entertain in?

What are your eating habits (i.e. eat on the run, sit down with the family, etc.)?

Do you have designated eating areas or can you eat anywhere?

Do you have any collectibles that you'd like to display?

Do you have any pleasant views?

Do you have an office at home that you work out of?

What "feeling" are you seeking to achieve?

- | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Casual | <input type="checkbox"/> Formal | <input type="checkbox"/> Spacious | <input type="checkbox"/> Clean lines |
| <input type="checkbox"/> Warm/ cozy | <input type="checkbox"/> Light/airy | <input type="checkbox"/> Elegant | <input type="checkbox"/> Sophisticated |
| <input type="checkbox"/> "Lived in" | <input type="checkbox"/> Welcoming | <input type="checkbox"/> Romantic | <input type="checkbox"/> Contemporary |

What are your favorite colors?

What colors do you dislike?

Do you like a lot of color or do you prefer more muted/soft shades?

Do you like dark and dramatic colors or light and airy?

Preferences of Color: (Check all that apply)

- | | | | |
|--|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Whites | <input type="checkbox"/> Oranges | <input type="checkbox"/> Blues | <input type="checkbox"/> Pastels |
| <input type="checkbox"/> Blacks | <input type="checkbox"/> Reds | <input type="checkbox"/> Jewel Tones | <input type="checkbox"/> Grays |
| <input type="checkbox"/> Burgundies | <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Neutrals | <input type="checkbox"/> Beiges |
| <input type="checkbox"/> Pinks | <input type="checkbox"/> Powder Blue | <input type="checkbox"/> Earth tones | <input type="checkbox"/> Tans |
| <input type="checkbox"/> Aquas | <input type="checkbox"/> Warm Colors | <input type="checkbox"/> Pale yellows | <input type="checkbox"/> Eggplant |
| <input type="checkbox"/> Mint Greens | <input type="checkbox"/> Cool Colors | <input type="checkbox"/> Yellows | <input type="checkbox"/> Lavenders |
| <input type="checkbox"/> Olive Greens | <input type="checkbox"/> Subtle | <input type="checkbox"/> Peach | <input type="checkbox"/> Purples |
| <input type="checkbox"/> Forest Greens | <input type="checkbox"/> Bright | <input type="checkbox"/> Bold | <input type="checkbox"/> Greens |
| <input type="checkbox"/> Teals | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Preference of Fabric: (Check all that apply)

- | | | | |
|----------------------------------|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Paisley | <input type="checkbox"/> Stripe | <input type="checkbox"/> Plaid | <input type="checkbox"/> Toile |
| <input type="checkbox"/> Silk | <input type="checkbox"/> Sheer | <input type="checkbox"/> Leather | <input type="checkbox"/> Bold pattern |
| <input type="checkbox"/> Suede | <input type="checkbox"/> Velvet | <input type="checkbox"/> Subtle pattern | <input type="checkbox"/> Satin |
| <input type="checkbox"/> Cotton | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Are there types of flooring you prefer?
(Please check all that apply)

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hardwood | <input type="checkbox"/> Carpet | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Natural Stone | <input type="checkbox"/> Concrete | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Bamboo | <input type="checkbox"/> Cork |

Are there types of window treatment you prefer?
 (Please check all that apply)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Custom Draperies | <input type="checkbox"/> Blinds | <input type="checkbox"/> Sheers |
| <input type="checkbox"/> Shutters | <input type="checkbox"/> Room Darkening | <input type="checkbox"/> Curtains |
| <input type="checkbox"/> All Fabrics | <input type="checkbox"/> Natural Materials | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Shades | <input type="checkbox"/> Other_____ | |
| <input type="checkbox"/> Combination _____ | | |

What kind of enhancements are you considering? (Please check all that apply))

- | | | |
|---|--|---|
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Flooring | <input type="checkbox"/> Reupholstery |
| <input type="checkbox"/> Remodel Kitchen | <input type="checkbox"/> Window/Treatments | <input type="checkbox"/> Remodel Bathroom |
| <input type="checkbox"/> Artwork, mirrors, etc. | <input type="checkbox"/> Appliances | <input type="checkbox"/> Interior paint |
| <input type="checkbox"/> Accents | <input type="checkbox"/> Plumbing fixtures | <input type="checkbox"/> Exterior paint |
| <input type="checkbox"/> Space planning | <input type="checkbox"/> Wallpaper | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Wall finishes | <input type="checkbox"/> Organization | <input type="checkbox"/> _____ |

Please "X" the rooms to be included in the project. If the project will be done in stages, please indicate the order of the work by writing a number in the box to show the order (1= first, 2= second, etc.)

- | | | |
|----------------------|---------------------------|----------------------|
| __Entry Hall /Foyer | __Formal Living Room | __Formal Dining Room |
| __Family /Great Room | __Kitchen | __Nook |
| __Office/Study | __Laundry Area | __Master Bedroom |
| __Master Bathroom | __Hall Bathroom | __Guest Bathroom |
| __Bedroom #2 | __Bedroom #3 | __Bedroom #4 |
| __Other _____ | __Home Theater/Media Room | |

What is your favorite room in the house?

Why?

What is your least favorite room in the house?

Why?

Are there any pieces of furniture, window, wall or floor covering that must stay, and be worked into the new plan?

If you plan to purchase new items, do you wish to do it all at once or in stages?

Have you ever hired an interior designer before? Yes: No:

If yes, when did this take place, and were you pleased with the experience and the results? _____

What is your budget (list by room or entire project)?

Thank you for your input. We look forward to serving you with your decorating needs. You may fax or mail this questionnaire to:

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