

LIFESTYLE QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ (Phone) Home: _____

E-mail: _____ Fax: _____ Business: _____ Cell: _____

Your answers to the following questions will be helpful as we work together. Please complete this questionnaire to reflect the wishes of all interested family members.

LIFESTYLE

1. Please list all family members. Include the ages of the children, and the type and number of pets.

2. Describe your favorite ways to entertain - casual or formal, number of people, etc.

3. Special Audio/Video/Computer needs: _____

4. Special Hobbies/Activities: _____

DESIGN PROJECT

1. Please list the room(s) you would like to work on, and indicate how each room is used.

Area(s): _____

Use of room(s): _____

Desired completion date: _____

Please indicate the style of your existing home furnishings. I will be taking photos to attach.

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Craftsman | <input type="checkbox"/> French Country | <input type="checkbox"/> Southwestern | <input type="checkbox"/> Neo Classic |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> 18 th Century | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Modern Transitional | <input type="checkbox"/> Old World | <input type="checkbox"/> Art Deco | <input type="checkbox"/> Country |
| <input type="checkbox"/> Other _____ | | | |

2. Existing furnishings that you plan to keep in this room include:

Wood pieces: _____

Upholstery: _____

Other: _____

3. Describe any favorite possessions that may be an inspiration for the design of your room:

4. In the room(s) you're working on, what mood do you want to create?

(Check as many as apply or add your own to the list.)

- | | | | |
|---------------------------------------|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Elegant | <input type="checkbox"/> "Lived In" | <input type="checkbox"/> Casual | <input type="checkbox"/> Uncluttered |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Informal | <input type="checkbox"/> Indestructible | <input type="checkbox"/> Vibrant |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Country | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Delicate |
| <input type="checkbox"/> Romantic | <input type="checkbox"/> Active | <input type="checkbox"/> Spacious | <input type="checkbox"/> Contemporary |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Cozy | <input type="checkbox"/> Welcoming | |

My goal is to help you create a beautiful home. Which of the following are you interested in for your home?

- | | | | |
|--|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wood Furniture | <input type="checkbox"/> Area Rugs | <input type="checkbox"/> Wallpaper | <input type="checkbox"/> Clocks |
| <input type="checkbox"/> Upholstery | <input type="checkbox"/> Paint Color/Treatment | <input type="checkbox"/> Bedding | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Window Treatments | <input type="checkbox"/> Mirrors/Screens | <input type="checkbox"/> Accessories | <input type="checkbox"/> Bedding |
| <input type="checkbox"/> Other | <input type="checkbox"/> Flooring | <input type="checkbox"/> Wall Décor | <input type="checkbox"/> Pillows |

Comments: _____

COLOR AND FABRIC

1. Color Preferences: (please circle)

- | | | | |
|-------------|-------------|--------------|-------------------|
| White | Red-orange | Blue | Pastels |
| Black | Red | Periwinkle | Jewel Tones |
| Gray | Burgundy | Navy Blue | Neutrals/Naturals |
| Beige | Pastel Pink | Powder Blue | Earth Tones |
| Tan | Mauve | Aqua | Warm Colors |
| Pale Yellow | Eggplant | Mint Green | Cool Colors |
| Yellow | Lavender | Sage Green | Subtle |
| Peach | Purple | Green | Bright |
| Coral | Teal | Forest Green | |

Colors you dislike: _____

2. Please describe the color scheme you have in mind for the room(s) you're working on:

3. Please circle your pattern and fabric preferences:

- | | | | |
|--------------|--------------|----------|----------|
| Solid | Plaid | Velvet | Chintz |
| Stripe | Paisley | Moiré | Tapestry |
| Floral | Geometric | Satin | Damask |
| Mini-pattern | Abstract | Textured | Chenille |
| Bold pattern | Flame stitch | Leather | Toile |

Other: _____

Fabrics you dislike: _____

4. What amount are you planning for your budget for the room(s)? _____

Other facts I should consider as we work together on the project are: (For example: family allergies or special needs, special events, etc.)

Thank you for thoughtfully completing the questionnaire.

Robin Green
Owner

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