

INSPIRED HOMES

— By Heather —

DESIGN QUESTIONNAIRE

THE ABOUT YOU SECTION

DATE: ___/___/___ NAME: _____

PROJECT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PREFERRED FORM OF CONTACT & BEST TIME TO CALL (SELECT ALL THAT APPLY):

CALL TEXT EMAIL

DAYS: (CIRCLE) MON TUE WED THU FRI SAT SUN (WEEKENDS BY APPOINTMENT)

MORNINGS (9AM - 12 PM) AFTERNOONS (12pm – 4 pm) EVENINGS (4pm – 6pm)

IF OTHER, please specify BEST form/date/time to contact: _____

HOW DID YOUR FIND US :

Friend/Family

Google Search

Facebook

Internet

Instagram

Pinterest

Thumbtack

Houzz

Other: _____

1. HOW INVOLVED DO YOU PLAN TO BE DURING THIS PROCESS?

Minimally Involved Involved Very Involved

2. HAVE YOU WORKED WITH A DESIGNER/CONTRACTOR BEFORE? YES NO

If Yes, could you please give a brief description of your experience. What would you choose to do different, if anything?

3. DID THE PREVIOUS DESIGNER/CONTRACTOR ALREADY BEGIN THE WORK IN WHICH YOU'RE INQUIREING ABOUT? YES NO

If Yes, please describe below.

NOTES/ADDITIONAL INFORMATION:

THE INTRODUCTION OF THE PROJECT

4. WHAT TYPE OF SERVICE ARE YOU INQUIRING ABOUT?

- Consultant Turn-key Full Service
 Consultant/ Collaboration Design + Build
 Other: _____

5. WHAT IS YOUR DESIRED INVESTMENT INTO THIS PROJECT? (Okay to add a range)

- UP TO \$ _____ \$26,000 - \$50,000
 \$1,000 - \$10,000 \$50,000 +++++ _____
 \$11,000 - \$25,000

6. DESIRED START DATE: DESIRED COMPLETION DATE:

7. WHAT IS YOUR PREFERRED TIME FRAME OF PROJECT FROM START TO COMPLETION? (Please note this is just an estimate, realistic completion time frame will be accessed upon discussion of scope of work detail during initial consultation.)

8. PROJECT SIZE:

- One Room Three Rooms If More, How many?
 Two Rooms Four Rooms or more. _____

9. PROJECT TYPE:

- Residential Hospitality Other: _____
 Commercial Multi-Family

10. CONSTRUCTION TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Redecorating | <input type="checkbox"/> Full Remodel/Renovation |
| <input type="checkbox"/> Partial Renovation
<i>(Updating/Upgrading)</i> | <input type="checkbox"/> New Build |
| <input type="checkbox"/> Addition(s) (how many? ____) | <input type="checkbox"/> Other: _____ |

11. IF INDIVIDUAL, PLEASE SELECT ALL ROOM(S)/AREAS INCLUDED IN THIS PROJECT:

(IF APPLICABLE, NEXT TO ROOM ADD # IF MORE THAN ONE OF SAME TYPE)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Home Office | COMMERCIAL/
HOSPITALITY PROJECTS: | |
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Home Gym | | |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Nursery | | |
| <input type="checkbox"/> Den/TV | <input type="checkbox"/> Kids Bedroom | | |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Playroom | | |
| <input type="checkbox"/> Powder Bathroom | <input type="checkbox"/> Game Room | | |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Home Theater | | |
| <input type="checkbox"/> Master Suite | <input type="checkbox"/> Garage | | |
| <input type="checkbox"/> Guest Bedroom(s) | <input type="checkbox"/> Front yard | | |
| <input type="checkbox"/> Master Bathroom | <input type="checkbox"/> Backyard | | |
| <input type="checkbox"/> Guest Bathroom | <input type="checkbox"/> Landscape Design | | |
| | | | <input type="checkbox"/> Office |
| | | | <input type="checkbox"/> Storefront |
| | | | <input type="checkbox"/> Restaurant/Bar |
| | | <input type="checkbox"/> Salon | |
| | | <input type="checkbox"/> Hotel Rooms | |
| | | <input type="checkbox"/> Lobby | |
| | | <input type="checkbox"/> Other: _____ | |
| | | _____ | |

12. ARE YOU PLANNING ON COMPLETING THIS PROJECT:

All at Once

In Phases

If in phases, please list the rooms/areas **by priority** in the specific order that you'd like us to work on them and add dates where you'd like to get started.

Area/Room # 1: _____ Start Date: _____

Area/Room # 2: _____ Start Date: _____

Area/Room # 3: _____ Start Date: _____

Additional Notes: _____

13. WHAT STYLES DO YOU LIKE FOR THIS PROJECT? (Choose from list below or describe below.)

Beachy

Industrial

Scandinavian

Bohemian

Minimalist

Traditional

Contemporary

Mid-Century Modern

Transitional

Eclectic/Collected

Modern

Tuscan

French Country

Rustic/ Boho Chic

Other: _____

Renaissance

14. WHAT STYLES DO YOU DISLIKE FOR THIS PROJECT, IF ANY? (Choose from list below or describe below.)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Beachy | <input type="checkbox"/> Industrial | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> Bohemian | <input type="checkbox"/> Minimalist | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Mid-Century Modern | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Eclectic/Collected | <input type="checkbox"/> Modern | <input type="checkbox"/> Tuscan |
| <input type="checkbox"/> French Country | <input type="checkbox"/> Rustic/ Boho Chic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Renaissance | | |

THE EXISTING SPACE

INSTRUCTIONS: Please fill out this form for Each Room/Space.

ROOM(S) NAME: _____

(If room has new use, please put new room name.)

1. WHAT IS THE CURRENT/NEW SPACE INTENDED USE? WHAT TYPES OF ACTIVITIES ARE DONE HERE? If original intended use will change for new space, please also note below new use(s). (Select as many as applicable)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Playing video games /board games/Billiard | <input type="checkbox"/> Home Office |
| <input type="checkbox"/> playing with toys | | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Entertaining | <input type="checkbox"/> Reading | _____ |
| <input type="checkbox"/> Working out | <input type="checkbox"/> Multi Use Space | |
| <input type="checkbox"/> Room Use will change, if applicable please note room use change below: | | |

2. WHAT DO YOU LOVE ABOUT THE CORRECT DESIGN AND SPACE, IF ANYTHING?

3. WHAT DO YOU DISLIKE ABOUT THE CORRECT DESIGN AND SPACE, IF ANYTHING?

ARE THERE ANY FURNISHINGS, DÉCOR ITEMS, ART, LIGHTING, AND/OR SENTIMENTAL PIECES YOU ABSOLUTELY WANT TO KEEP AND INCORPORATE IN THE NEW DESIGN/SPACE?

THE NEW AESTHETIC

INSTRUCTIONS: Please fill out for Each Style Aesthetic for Each Room that is different. Kindly specify which rooms they are below. If Style Aesthetic is the same for whole project or multiple rooms, then fill out ONLY for Each style/aesthetic and it will be applied to those rooms/areas listed.

ROOM(S) NAME: _____

(If room has new use, please put new room name.)

- 1. DO YOU HAVE ANY INSPIRATIONAL IMAGES OR LINKS TO INSPIRATION TO SHARE?**
(i.e., Pinterest board, Instagram, image zip files, drobox, etc.)

Please Email to: _____

NOTES: _____

- 2. PLEASE DESCRIBE THE AGES AND CHARACTERISTICS OF WHO WILL BE USING THE SPACE? ARE THERE ANY SPECIAL NEEDS THAT NEED TO BE TAKEN INTO ACCOUNT?**
(Examples: ADA compliant, baby proofing, certain height requirements, accessibility needs, rounded corners vs regular edges, etc.)

1. _____

2. _____

3. _____

4. _____

3. DOES THE USER(S) OF THIS SPACE HAVE ANY HOBBIES OR EXTRACURRICULAR ACTIVITIES THAT NEED OR YOU'D LIKE TO BE FACTORED IN THE DESIGN? *(Examples: Display wall, shelf or niche for trophies, achievement certificates, memorabilia's, art, frames, cooking books etc.) Please include descriptions of items, quantity, and sizes if possible. The more detail the better.*

4. WHAT ARE YOUR GOALS FOR THE ROOM SPACE?

5. WILL THIS SPACE BE USED FOR ONE PURPOSE OR MIXED ACTIVITIES? IF MIXED, PLEASE DESCRIBE BELOW:

6. DESCRIBE THE DESIRED MOOD AND FEEL/VIBE OF THE SPACE YOU WANT TO CREATE?

Warm

Bright

Vintage

Cozy

Moody

Other: _____

Airy

Glamorous

DESCRIBE IN YOUR OWN WORDS:

7. WHAT COLOR MOOD ARE YOU MOST DRAWN TO FOR THIS/THESE SPACE(S)?

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bright Colors | <input type="checkbox"/> Tone on Tone | <input type="checkbox"/> Pastels |
| <input type="checkbox"/> Dark Colors | <input type="checkbox"/> Neutrals | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Contrast | |

8. WHAT ARE THE MUST TECHNICAL NEEDS FOR THE SPACE, IF ANY:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Wifi | <input type="checkbox"/> AV/Security Room |
| <input type="checkbox"/> Computers
(QTY:_____) | <input type="checkbox"/> Home Theater | <input type="checkbox"/> Hidden Cables |
| <input type="checkbox"/> Surround Sound | <input type="checkbox"/> Projector | <input type="checkbox"/> Other:_____ |
| | <input type="checkbox"/> Smartboard | |

9. WHAT WORDS WOULD YOU USE TO DESCRIBE THE IDEAL STYLE OF THE SPACE?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Spacious | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Lived-in | <input type="checkbox"/> Minimal | |
| <input type="checkbox"/> Casual Formal | <input type="checkbox"/> Romantic | |

10. WHAT ARE YOUR PREFERENCES FOR FLOORING?

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Real Hardwood | <input type="checkbox"/> Marble | <input type="checkbox"/> Natural stone – (i.e.,
terracotta tile, limestone,
etc.) |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Laminate | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Tile | | |

GETTING TO KNOW YOU

1. WHAT TYPE OF SURROUNDINGS DO YOU PREFER IN YOUR DAILY LIFE?

- Calm – Lake, Beach Colorful - Artsy Other: _____
- Busy – City Life Nature –
Mountains/
Forrest/desert

2. WHERE IS YOUR DREAM VACATION DESTINATION? _____

3. HOW DO YOU LIKE YOUR MORNING COFFEE OR TEA?

- As is With cream and sugar
- With cream Specialty

4. WHAT IS MORE IMPORTANT TO YOU, THE BUDGET OR THE RESULTS?

- Budget Result

5. DO YOU HAVE PETS? *If Yes, tell us about them.*

WHAT TYPE OF PETS? _____

HOW MANY AND WHAT SIZE ARE THEY? (SMALL OR LARGE) CAGED? _____

IF THERE ARE DIFFERENT TYPES AND SIZES OF PETS, PLEASE LIST HERE.

ARE THEY MOSTLY INDOORS, OUTDOOR, OR BOTH?

WHERE DO YOUR PET SLEEP? _____

6. DO YOU ENTERTAIN OFTEN? YES NO

If Yes, How often?

- | | | |
|--|--|--|
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Every Weekend | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Once every 3 months | <input type="checkbox"/> Special Occasio |

7. WHAT ARE SOME OF YOUR HOBBIES/PASSIONS?

- | | | |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Cooking | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Working out | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Watching TV | |

8. WHICH TYPE(S) TYPES OF ARTWORKS DO YOU PREFER?

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Paintings | <input type="checkbox"/> Landscape | <input type="checkbox"/> floral |
| <input type="checkbox"/> Framed prints | <input type="checkbox"/> Nature | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> 3D abstract | <input type="checkbox"/> Photographs | |
| <input type="checkbox"/> Abstract | <input type="checkbox"/> Architecture | |

9. WHAT TYPES OF COLORS MAKE YOU HAPPY?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Light Colors | <input type="checkbox"/> Neutrals | <input type="checkbox"/> Olive greens |
| <input type="checkbox"/> Red Tones | <input type="checkbox"/> Pastels | <input type="checkbox"/> Ocean colors |
| <input type="checkbox"/> Yellow/ Gold | <input type="checkbox"/> Dark color (black/grey) | <input type="checkbox"/> Bold colors |
| <input type="checkbox"/> Orange/Copper | <input type="checkbox"/> White | <input type="checkbox"/> Silver |
| | | <input type="checkbox"/> Other:_____ |

10. WHAT IS YOUR FAVORITE COLOR? _____

11. WHAT IS YOUR LEAST FAVORITE COLOR? _____

12. ARE THERE ANY COLOR COMBINATIONS YOU LIKE? _____

13. ARE THERE ANY COLOR COMBINATIONS YOU DISLIKE? _____

14. WHAT PATTERNS, IF ANY DO YOU REALLY LIKE? *(Chose from list below)*

Stripes

Floral

Solids

Zigzags

Abstract

Other: _____

Polka Dots

Bold Repeat Patterns

15. WHAT PATTERNS, IF ANY DO YOU STRONGLY DISLIKE? *(Chose from list below)*

Stripes

Floral

Solids

Zigzags

Abstract

Other: _____

Polka Dots

Bold Repeat Patterns

16. ARE THERE ANY OTHER SERVICES YOU NEED THAT I CAN HELP YOU WITH?

17. IS THERE ANYTING ELSE YOU'D LIKE FOR US TO KNOW?

