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DESIGNED
INTERIORS

Needs Assessment Questionnaire

Client Name: _____

Project Address: _____

Current Address: _____

Mobile: _____ Home: _____ Office: _____

Email: _____

Project Scope: (Please describe your goals, what would you like to accomplish?)

What are your priorities? _____

What is your time frame? _____

What is your budget? _____

Who will be involved in the decision making process? _____

Are there any lighting or audio/visual concerns? _____

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DESIGNED INTERIORS

Aesthetic Preferences

How would you describe your style? _____

What design styles do you find desirable? _____

What design styles do you dislike? _____

What colors are you most attracted to? _____

What colors are you least fond of? _____

Do you have a preference in finishes or materials? IE., (Natural) (Man-Made) (Recycled) (Green-Friendly)

What patterns and/or textures do you find appealing? _____

Client History

What is your and your spouse's occupation? _____

Who lives in the home? _____

Have you ever used an Interior designer? _____

What was your experience? _____

How long do you plan on staying in the home? _____

Do you like to entertain? _____

Where is your favorite place to go on vacation? _____

What do you like to do with your down time? _____