



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.

PRIMARY CONTACT INFORMATION:

Date:

Address:
City:

CONTACT #1:

CONTACT #2:

Name:	Name:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Fax:	Fax:
Cell:	Cell:
E-Mail:	E-mail:

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

- Work Phone
 Home Phone
 E-mail
 Cell
 Day
 Eve

Part I HOUSEHOLD INFORMATION
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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?)

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	Birthday

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

Do you have pets in household? Please list type, age, special needs:

Special Considerations – Check any that apply:

- Disabled, elderly or young children in the home?
- Are occupants daytime sleepers?

LIFESTYLE

ENTERTAINING:

Our entertaining style is:

- Formal Informal Combination or both

We entertain:

- 1-2 times/week 1-2 times/month 1-2 times/year

Average # guests:

- 1 – 6 7 – 12 More than 12

Average guests ages:

- Adults Teenagers Children All ages

Entertaining Type:

- Meals Music Games
- Watching TV Other _____

MEALS:

What cooking facilities are required? Circle one
Average Above Average Elaborate

Does more than one person cook at a time? Yes / No

Where do you eat your meals?

- Dining Table Kitchen Counter _____
 Kitchen Table Family Room _____

MAINTENANCE:

How many hours per week will be devoted to cleaning and/or maintenance of your home?

Do you have professionals clean your home? Yes / No

If yes, how often ? _____

HOBBIES:

Do the household members share common time around the home together? Yes / No

If yes, is an area needed to accommodate you? Yes / No

Explain:

Do you have any collections? Yes / No

If yes, please list-

Are any collections on display? Yes / No

If you circled yes, would you like to display your collection? Where?

Hobbies:

- Reading T.V. / Home Theater Crafts/ Sewing
 Entertaining Music Sports
 Cooking _____

What are your technical needs?

- Computers Surround Sound Other _____
 Wireless DSL/Satellite Home Theater _____

Are you looking to create a children's play area? Yes / No

HOME OFFICE:

Does any household member work from home? Yes / No
If yes, are there any special needs (i.e., lighting, soundproofing, computers, etc.)?

Is there a designated area for working in your home ? Yes / No

LIGHTING

Is additional lighting needed?

If yes, locations:

- Bathroom Office Living Room Family Room
 Bedrooms Kitchen/nook Other _____

STORAGE

- Multipurpose Furniture
 Hidden Storage (for clutter issues)
 Closet Storage/ Organizers

VACATION TIME:

We stay at home for our rest/relaxation:

- All the time Some of the time Rarely

We travel for our vacations:

- All the time Some of the time Rarely

Part II PROJECT INFORMATION

Person(s) responsible for project decisions: _____

What is the budget for your project?

- \$5,000 – 10,000 \$10,000 - \$30,000
 \$40,000 - \$90,000 \$100,000 – \$200,000
 Other _____

The project is to be done: All at one time In stages

Will occupants be home during project/construction for access?

If not, will you authorize neighbors or designee to provide access?

Priorities:

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.)

<input type="checkbox"/> Entry Hall / Foyer	<input type="checkbox"/> Formal Living Room	<input type="checkbox"/> Formal Dining Room	<input type="checkbox"/> Family / Great Room
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Nook	<input type="checkbox"/> Office/Study	<input type="checkbox"/> Laundry Area
<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Master Bathroom	<input type="checkbox"/> Hall Bathroom	<input type="checkbox"/> Guest Bathroom
<input type="checkbox"/> Bedroom #2	<input type="checkbox"/> Bedroom #3	<input type="checkbox"/> Bedroom #4	<input type="checkbox"/> Other _____
<input type="checkbox"/> Home Theater/ Media Room	<input type="checkbox"/> Outdoor Kitchen	<input type="checkbox"/> Outdoor Living Area	<input type="checkbox"/> Other _____

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"/> Window replacements or changes	<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"/> Room addition
<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Murals	<input type="checkbox"/> Lighting
<input type="checkbox"/> Wall finishes	<input type="checkbox"/> Color scheme/ Paint	<input type="checkbox"/> _____

What is your favorite room in the house? _____

Why? _____

What don't you like about your current home? _____

Why? _____

What part of your house do you use the most? _____

What part of your house do you use the least? _____

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

Please explain:

Are there any items that MUST GO?

Please explain:

How involved do you wish to be in this project: (Please check)

- Very involved (Call you with details and updates daily or weekly)
- Involved – KPSID to act as project manager (Keep you updated with install dates, deliveries, work schedule etc.)
- Minimally involved – don't call until everything is ready to install
- Other: _____

What is your "ideal" timeline for your project?

- Within 3 months
- 3 – 6 months
- Other _____

PART III

DESIGN PREFERENCES

Design Goals

Prioritize the following personal design goals for your home from 1-3, with 1 being your most important quality.

_____ I am interested in achieving a more stylish/beautiful appearance for my home

_____ I want my home to function more effectively for my household.

_____ I want my home to better reflect our personal tastes.

Other _____

Would you like to include "green products" when possible?

- Yes No what do you mean?

What “feeling” are you seeking to achieve?

- Casual Formal Spacious Clean lines Warm/ cozy
 Light/airy Elegant Sophisticated “Lived in” Welcoming
 Romantic Contemporary

What style are you seeking to achieve? [See Style Photos on pages to follow]

<input type="checkbox"/> Tuscan	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> French Country	<input type="checkbox"/> Mission style
<input type="checkbox"/> Beach Cottage	<input type="checkbox"/> Country Cottage	<input type="checkbox"/> Asian	<input type="checkbox"/> Southwestern
<input type="checkbox"/> Old World	<input type="checkbox"/> Art Deco	<input type="checkbox"/> Early American	<input type="checkbox"/> Industrial

Do you and your partner’s style preferences agree? Circle Yes / No

Comments:

The following questions are designed to provide us with a general description of your likes and dislikes regarding your personal style:

Select from the following to describe your preference in 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"/> _____

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"/> _____

Colors you dislike? _____

Do you have a color theme in mind? Yes No

Please Describe:

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

Do you need sun control or privacy with your window treatments?
 Yes No

Additional information regarding preferences:

Have you ever hired an interior designer before? Circle Yes / No
 If yes, when did this take place, and were you pleased with the experience
 and the results:

The following pages include style photos you can reference when
 answering the second question on page 7.

Thank you for your input. We look
 forward to serving you with your design needs. You may e-mail us
 pages 1-8

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