



## **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 additional information. 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.*

### **CONTACT INFORMATION:**

#### **Project Location:**

Address: \_\_\_\_\_

\_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

\_\_\_\_\_

#### **Billing Address:**

Address: \_\_\_\_\_

\_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

\_\_\_\_\_

Primary Contact:	Secondary Contact:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Fax:	Fax:
Cell:	Cell:
Email:	Email:

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

☐ Work Phone    ☐ Home Phone    ☐ Email    ☐ Cell    ☐ Day    ☐ Evening

### **PART 1: HOUSEHOLD INFORMATION**

House square footage: \_\_\_\_\_

Age of Home: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

# of Baths: \_\_\_\_\_

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

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

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**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
Example: Adam, 10	Will soon need own room for study space, needs better lighting in bedroom	Jan 1

Do you anticipate changes for any household members: (Retirement, etc.) within the next 2-3 years? (Please explain). \_\_\_\_\_

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

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Special Considerations: (Check all that apply)

☐ Disabled, elderly or young children in the home?

☐ Are occupants daytime sleepers?

☐ Other \_\_\_\_\_

## **LIFESTYLE**

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### **ENTERTAINING:**

Our entertaining style is:

☐ Formal      ☐ Informal      ☐ Combination of both

We entertain:

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

Average # of 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? Check 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      ☐ \_\_\_\_\_

### **HOBBIES:**

Do you have any collections? YES / NO

If yes, please list. \_\_\_\_\_

Are any collections on display? YES / NO

If no, would you like to display your collection? Where? \_\_\_\_\_

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Hobbies:

☐ Reading      ☐ TV/ Home Theater      ☐ Crafts/ Sewing      ☐ Entertaining  
☐ Music      ☐ Sports      ☐ Cooking      ☐ \_\_\_\_\_

What are your technical needs?

☐ Computers      ☐ Surround Sound      ☐ Wireless DSL/ Satellite  
☐ Home Theater      ☐ Other \_\_\_\_\_

**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? YES / NO

If yes, which locations?

☐Living Room      ☐Family Room      ☐Kitchen/ Nook      ☐Bedrooms  
☐Bathrooms      ☐Office      ☐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 2: 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 phases

Will occupants be home during project/ construction for access? YES / NO

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 phases, please indicate the order of the work by writing a number on the line 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"/> Home Theater/ Media Room	<input type="checkbox"/> Outdoor Kitchen	<input type="checkbox"/> Outdoor Living Area
	<input type="checkbox"/> Other _____	<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 Replacement 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 plan? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any items that MUST GO? Please explain. \_\_\_\_\_

\_\_\_\_\_

What is your "ideal" timeline for your project?

☐ Within 3 months

☐ 3- 6 months

☐ Other \_\_\_\_\_

## **PART 3: DESIGN PREFERENCES**

### **DESIGN GOALS:**

Prioritize the following personal design goals for your home from 1-3, with 1 being your most 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 \_\_\_\_\_

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?

☐ Tuscan

☐ Mediterranean

☐ French Country

☐ Mission Style

☐ Beach Cottage

☐ Country Cottage

☐ Asian

☐ Southwestern

☐ Old World

☐ Art Deco

☐ Early American

☐ Tropical

What albums on our website or facebook page appeal to you the most? \_\_\_\_\_

Do you and your partner's style preferences agree? 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)

☐ Paisley

☐ Stripe

☐ Plaid

☐ Toile

☐ Silk

☐ Sheer

☐ Leather

☐ Bold Pattern

☐ Suede

☐ Velvet

☐ Subtle Pattern

☐ Satin

☐ Cotton

☐ \_\_\_\_\_

☐ \_\_\_\_\_

Preferences in 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"/> Beiges       | <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Neutrals    | <input type="checkbox"/> Burgundies    |
| <input type="checkbox"/> Pinks       | <input type="checkbox"/> Tans    | <input type="checkbox"/> Earth tones  | <input type="checkbox"/> Aquas     | <input type="checkbox"/> Eggplant    | <input type="checkbox"/> Powder Blue   |
| <input type="checkbox"/> Cool Colors | <input type="checkbox"/> Yellows | <input type="checkbox"/> Lavenders    | <input type="checkbox"/> Subtle    | <input type="checkbox"/> Peach       | <input type="checkbox"/> Forest Greens |
| <input type="checkbox"/> Bright      | <input type="checkbox"/> Bold    | <input type="checkbox"/> Greens       | <input type="checkbox"/> Teals     | <input type="checkbox"/> Purples     | <input type="checkbox"/> Pale Yellows  |
| <input type="checkbox"/> Mint Greens |                                  | <input type="checkbox"/> Olive Greens |                                    | <input type="checkbox"/> Warm Colors |  |
| <input type="checkbox"/> _____       |                                  | <input type="checkbox"/> _____        |                                    |                                      |  |

Colors you dislike? \_\_\_\_\_

Do you have a color scheme in mind? YES / NO

Please Describe: \_\_\_\_\_

Are there types of flooring you prefer? (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 treatments you prefer? (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"/> Natural materials | <input type="checkbox"/> All fabrics       | <input type="checkbox"/> Metal  | <input type="checkbox"/> Shades   | <input type="checkbox"/> Curtains       |
| <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? YES / NO

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

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*Thank you for your input. The more information you can provide to us at the beginning of your project, the better we can meet all of your needs and wants!*

*We look forward to serving you with your design needs.*

*You may fax or mail this questionnaire back to us.*

*Juliano Interior Design, LLC  
1102 North Main Street, STE. D  
Wildwood, FL 34785*

*FAX: 352.330.4031*