



NEW CLIENT QUESTIONNAIRE

WWW.JEFFFIORITOINTERIORDESIGN.COM | 831.588.3411 | GEOFFFIO@SBCGLOBAL.NET

CLIENT CONTACT INFORMATION

NAME:

ADDRESS:

CITY:

COUNTY:

HOME PHONE:

CELL PHONE:

EMAIL:

HOW WOULD YOU PREFER TO BE CONTACTED?

☐ HOME PHONE

☐ CELL PHONE

☐ EMAIL

CONTACT #2 (OPTIONAL)

NAME:

HOME PHONE:

CELL PHONE:

EMAIL:

HOW WOULD YOU PREFER TO BE CONTACTED?

☐ HOME PHONE

☐ CELL PHONE

☐ EMAIL

IF JOB SITE IS DIFFERENT FROM YOUR RESIDENCE:

ADDRESS:

CITY: COUNTY:

HOUSEHOLD/JOB SITE INFORMATION

HOUSE SQ. FOOTAGE:

- ☐ SEPARATE DINING ROOM
- ☐ SEPARATE LIVING ROOM
- ☐ SEPARATE FAMILY ROOM
- ☐ OPEN-PLAN LIVING/FAMILY/KITCHEN

NUMBER OF BEDROOMS:

AGE OF HOME:

NUMBER OF BATHROOMS:

HOW LONG HAVE YOU LIVED IN YOUR HOME?

DO YOU HAVE A

GARAGE?

☐ Yes

☐ No

IF YES, MAY YOUR PROJECT MATERIALS BE STORED THERE?

☐ Yes

☐ No

HOUSEHOLD MEMBERS

PLEASE PROVIDE NAMES OF THE MEMBERS OF YOUR HOUSEHOLD AND WHAT NEEDS THEY HAVE FOR SPACE.

NAME AND AGE:

NEEDS:

DO YOU HAVE ANY PETS IN THE HOUSEHOLD? IF YES, PLEASE LIST TYPE, NAME, AGE AND NEEDS

TYPE, NAME, AGE:

NEEDS:

PROJECT INFORMATION

PLEASE CHECK THE AREAS/ROOMS TO BE INCLUDED IN YOUR PROJECT:

- | | | |
|---|--|---|
| <input type="checkbox"/> ENTRY/FOYER | <input type="checkbox"/> FORMAL LIVING ROOM | <input type="checkbox"/> FORMAL DINING ROOM |
| <input type="checkbox"/> FAMILY ROOM/GREAT ROOM | <input type="checkbox"/> KITCHEN | <input type="checkbox"/> NOOK |
| <input type="checkbox"/> OFFICE/STUDY | <input type="checkbox"/> LAUNDRY AREA | <input type="checkbox"/> PRIMARY BEDROOM |
| <input type="checkbox"/> PRIMARY BATHROOM | <input type="checkbox"/> POWDER ROOM | <input type="checkbox"/> GUEST BATHROOM |
| <input type="checkbox"/> BEDROOM #2 | <input type="checkbox"/> BEDROOM #3 | <input type="checkbox"/> BEDROOM #4 |
| <input type="checkbox"/> BEDROOM #5 | <input type="checkbox"/> HOME THEATER/MEDIA ROOM | |

OTHER SPACE:

WHAT KINDS OF ELEMENTS ARE YOU CONSIDERING FOR YOUR PROJECT?

- | | | |
|---|---|--|
| <input type="checkbox"/> REMODEL KITCHEN | <input type="checkbox"/> REMODEL BATHROOM | <input type="checkbox"/> PLUMBING FIXTURES |
| <input type="checkbox"/> APPLIANCES | <input type="checkbox"/> FLOORING | <input type="checkbox"/> TILE |
| <input type="checkbox"/> FURNITURE | <input type="checkbox"/> RE-UPHOLSTERY | <input type="checkbox"/> LIGHTING |
| <input type="checkbox"/> WALLPAPER | <input type="checkbox"/> WALL FINISHES | <input type="checkbox"/> MURAL |
| <input type="checkbox"/> INTERIOR PAINT | <input type="checkbox"/> ARTWORK, MIRRORS, ETC. | <input type="checkbox"/> DRAPERY/WINDOW TREATMENTS |
| <input type="checkbox"/> WINDOW REPLACEMENT | <input type="checkbox"/> ROOM ADDITION | |

OTHER

HOW LONG HAVE YOU BEEN PLANNING THIS PROJECT?

HAS ANYTHING PREVENTED YOU FROM DOING SO?

WHAT IS YOUR BUDGET FOR THIS PROJECT?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$100,000 - \$200,000 |
| <input type="checkbox"/> \$200,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> Let's discuss my project budget |

WHO WILL BE MAKING FINAL DECISIONS FOR YOUR PROJECT?

WILL OCCUPANTS BE HOME DURING PROJECT/CONSTRUCTION FOR ACCESS? ☐ Yes ☐ No

WHAT IS YOUR IDEAL TIMEFRAME FOR THIS PROJECT?

- ☐ WITHIN 3 MONTHS ☐ 3 -6 MONTHS ☐ OTHER; PLEASE SPECIFY:

ARE THERE ANY TIME CONSTRAINTS, SPECIAL EVENTS, OR DATES TO NOTE?

PROJECT CONSULTANTS

PLEASE LIST THE NAMES OF ANY PROFESSIONALS YOU MAY HAVE ALREADY CONSULTED WITH FOR THIS PROJECT.

ARCHITECT:

CONTRACTOR:

PLUMBER:

ELECTRICIAN:

OTHER:

OTHER:

WHAT IS YOUR FAVORITE ROOM IN YOUR HOUSE, AND WHY?

WHAT PART OF YOUR HOUSE DO YOU USE THE MOST, AND WHY?

WHAT DON'T YOU LIKE ABOUT YOUR HOUSE, AND WHY?

WHAT PART OF YOUR HOUSE DO YOU USE THE LEAST, AND WHY?

HAVE YOU WORKED WITH AN INTERIOR DESIGNER BEFORE? IF YES, WHEN DID THIS TAKE PLACE, AND HOW WOULD YOU DESCRIBE YOUR EXPERIENCE?

ARE YOU INTERVIEWING OTHER INTERIOR DESIGNERS? ☐ Yes ☐ No

STYLE AND DESIGN

WHAT ARE YOUR DESIGN GOALS FOR THIS PROJECT?

- ☐ I AM INTERESTED IN CREATING A MORE STYLISH/BEAUTIFUL/UPDATED HOME.
- ☐ I AM INTERESTED IN MAKING CHANGES THAT WILL ALLOW MY HOME TO FUNCTION MORE EFFECTIVELY.
- ☐ I WANT MY HOME TO BETTER REFLECT MY/OUR PERSONAL TASTE(S).
- ☐ OTHER:

WHAT "FEELING" WOULD YOU LIKE TO CREATE FOR YOUR HOME? CHECK ALL THAT APPLY.

- ☐ CASUAL ☐ FORMAL ☐ ELEGANT/SOPHISTICATED ☐ CLEAN-LINED ☐ ECLECTIC
- ☐ ROMANTIC ☐ CONTEMPORARY ☐ WARM/COZY ☐ LIGHT/AIRY

DO YOU HAVE A PARTICULAR "STYLE" YOU WOULD LIKE TO CREATE FOR YOUR HOME?

IF APPLICABLE, DO YOU AND YOUR PARTNER'S STYLE PREFERENCES AGREE? ☐ Yes ☐ No

PLEASE LIST ANY COLORS YOU LIKE. (IF YOU ARE NOT SURE, LOOK THROUGH YOUR WARDROBE FOR HINTS.)

PLEASE LIST ANY COLORS YOU DISLIKE.

ARE THERE ANY PIECES OF FURNITURE OR WINDOW, WALL, OR FLOOR COVERINGS THE MUST STAY AND BE WORKED INTO THE PLAN FOR YOUR HOME? IF YES, PLEASE DESCRIBE.

ARE THERE ANY ITEMS (FURNITURE, FURNISHINGS, OR OTHER INTERIOR ELEMENTS) THAT MUST GO? IF YES, PLEASE DESCRIBE.

ANY ADDITIONAL INFORMATION REGARDING DESIGN AND STYLE PREFERENCES:

Thank you so much for taking the time to complete this questionnaire. When you are done, please save your completed form and return by email. All information will be kept confidential. If there are any questions you were unable to answer, we can discuss them at our initial meeting.

Thank you again, and I look forward to meeting you and helping you with your design needs.

