



Client Questionnaire

Contact Information

Project Address

Street Address:

City:

State:

Zip:

Client Name #1:

Cell Phone:

Email:

Client Name #2:

Cell Phone:

Email:

How would you prefer to be contacted? Cell phone #1, Cell phone #2, email

Who is responsible for project decisions?

Have you ever hired an interior designer? If yes, when did this take place and were you pleased with the results and experience?

How did you hear about us? Internet, Houzz, Luxe, Referral, Other

Why are you looking to design or redesign your space now?

About Your Project

Project Type: New Construction, Remodel, Design/Decorating

Project Investment: (Circle One) \$5,000-\$10,000, \$10,000-\$20,000,
\$20,000-\$30,000, \$30,000-\$50,000, \$50,000-\$100,000, \$100,000-\$250,000,
\$250,000-\$500,000, \$500,000+

Project Square Footage:

What best describes your ideal timeline for your project? Immediately, Within 3 months, 3-6 months, Other

Rooms to be included in your project: (Circle all that apply) Entire home, Entry Hall/Foyer, Living Room, Dining Room, Family/Great Room, Kitchen, Nook, Office/Study, Laundry Area, Powder Room, Master Bedroom, Guest Bedroom, Master Bathroom, Guest Bathroom, Home Theater/Media Room, Lower Level/Basement, Outdoor Area

Enhancements being considered: (Circle all that apply) Furniture, Reupholstery, Flooring, Window Treatments, Window Replacements or changes, Appliances, Plumbing Fixtures, Interior Paint, Exterior Paint, Wallcovering, Space Planning, Lighting, Artwork and accessories

What best describes your style? Traditional, Contemporary, Transitional, Eclectic/Mix, Formal, Casual

Colors you like:

Colors you don't like:

What is your favorite room in your home & why?

What don't you like about your current home?

What part of your home do you use the most?

What part of your home do you use the least?

How long do you plan on staying in your home?

Are there any pieces of furniture or collections that must be worked into the new plan? Please explain:

Do you need sun control from your window treatments? Please explain:

Are there any technical needs associated with your project scope?

Your family

List household members and requirements:

Are there any physically challenged or elderly people living in the house? If yes, please explain any special requirements:

Household pets and special needs:

Your lifestyle

Our entertaining style is: Formal, Informal, Combination/both

Average number of guests: 1-6, 7-12, More than 12

Average guest age: Adults, Teenagers, Children, All ages

Entertaining preference: Sit down meals, buffet-style meals, watching TV/movies, games/cards, music

Do you have any hobbies/interests we should consider when designing your space? Do you need an area to accommodate your hobby?

Thank you for your input. Please email this questionnaire back to us at info@orangecoastinteriordesign.com. We look forward to speaking with you about your project!