



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:
Relationship:	Relationship:
Cell Phone:	Cell Phone:
Home/Work Phone:	Home/Work Phone:
E-Mail:	E-Mail:

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

Work Phone

Cell Phone

Email

Morning

Evening

Part 1. HOUSEHOLD INFORMATION

House Square Footage:_____ Age of house:_____

#Bedrooms:_____ #Bathrooms:_____

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? I.e. Mother-in-law suite)

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HOUSEHOLD MEMBERS:

Please provide what needs and us with the names of the members of your household they have for the space, work, study or special needs. Please Include ages of each child.

Name:	Work, Study, Space, Special Needs	Age

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

Do you have pets? Please list type, age, and any special needs (ie. Dog wash station): _____

Special Considerations – Check any that apply:

<input type="checkbox"/>	Disabled, elderly or young children in the home (under the age of 3)?
<input type="checkbox"/>	Are occupants daytime sleepers?

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LIFESTYLE

Entertaining:

Our entertaining style is:

Formal Informal Combination

We entertain:

1-2x/week 1-2x/month 1-2x/year

Average # guests:

1-6 7-12 More than 12

Entertaining type:

Meals Music Games

Watching TV Other: _____

Meals:

Where do you typically eat your meals? Circle all that apply.

Dining Table Kitchen Counter/Bar
Family/Living Room

Maintenance:

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

Hobbies:

Are there any areas of the house that need to be dedicated to crafts/hobbies?

If yes, explain: _____

Do you have any collections (on display or in safe keeping)? If yes, explain:

Hobbies include:

<input type="checkbox"/>	Reading	<input type="checkbox"/>	T.V./Gaming	<input type="checkbox"/>	Crafts/Sewing
<input type="checkbox"/>	Entertaining	<input type="checkbox"/>	Music /Instruments	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Cooking/Baking	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	_____

Are you looking to create a designated 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, etc.)? _____

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

Lighting:

Are there additional lighting needs?

If yes, locations:

	Bathroom		Living Room		Family Room
	Bedrooms		Kitchen/ Nook		Other _____

Storage Needed:

	Multipurpose Furniture (i.e. storage ottoman)
	Hidden Storage (clutter Issues)
	Closet Storage/ Organizers

Part 2. PROJECT INFORMATION

Person(s) responsible for project decisions: _____

What is the total budget for your project? (Designer fee, furniture & art costs, etc)

	\$1,000 - \$5,000		\$5,000 - \$10,000
	\$10,000 - \$30,000		\$30,000 - \$90,000
	Other:		

The project is to be done: All at one time

In stages

Priorities:

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ROOMS:

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.)

Entry Hall / Foyer	Formal Living Room	Formal Dining Room	Family / Great Room
Kitchen	Nook	Office / Study	Laundry Area
Master Bedroom	Master Bathroom	Bathroom #2	Guest Bathroom
Home Theater / Media Room	Outdoor Kitchen	Outdoor Living	Other:

What kind of enhancements are you looking for? (Please check all that apply):

<input type="checkbox"/>	Furniture	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	Reupholster
<input type="checkbox"/>	Remodel Kitchen	<input type="checkbox"/>	Window Treatments	<input type="checkbox"/>	Remodel Bathroom
<input type="checkbox"/>	Window Replacement	<input type="checkbox"/>	Artwork, Mirrors, Etc	<input type="checkbox"/>	New Appliances
<input type="checkbox"/>	Interior Paint	<input type="checkbox"/>	Accents	<input type="checkbox"/>	New 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"/>	Other:

What is your favorite room in the house? Why? _____

What don't you like about the house? Why? _____

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

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

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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)

<input type="checkbox"/>	Very involved (Call you with details and updates daily or weekly)
<input type="checkbox"/>	Involved (Keep you updated with install dates, deliveries, work schedule, etc.)
<input type="checkbox"/>	Minimally involved (Don't call until everything is ready to install)
<input type="checkbox"/>	Other:

What is your "ideal" timeline for your project?

<input type="checkbox"/>	Within 3 months
<input type="checkbox"/>	3 – 6 months
<input type="checkbox"/>	Other:

Part 3. DESIGN PREFERENCES

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?

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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"/>	Modern	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	French Country	<input type="checkbox"/>	Southwestern
<input type="checkbox"/>	Contemporary	<input type="checkbox"/>	Coastal	<input type="checkbox"/>	Art Deco	<input type="checkbox"/>	Combination
<input type="checkbox"/>	Rustic	<input type="checkbox"/>	Mediterranean	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other:

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)

Whites Oranges Blues Pastels Blacks Reds Jewel Tones Grays Burgundies
 Navy Blue Neutrals Beiges Pinks Powder Blue Earth tones Tans Aqua Warm
 Colors Pale yellows Eggplant Mint Greens Cool Colors Yellows Lavenders
 Olive Greens Subtle Peach Purples Forest Greens Bright Bold Greens Teals

Colors you dislike? _____

Do you have a color theme in mind? Yes No

Are there types of flooring you prefer? (Check all that apply)

<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Bamboo	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	Natural Stone
<input type="checkbox"/>	Cork	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Combination

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Are there types of window treatments you prefer? (Please check all that apply)

<input type="checkbox"/>	Custom Draperies	<input type="checkbox"/>	Roman Shades	<input type="checkbox"/>	Sheers
<input type="checkbox"/>	Shutters	<input type="checkbox"/>	Rice Paper	<input type="checkbox"/>	All Fabrics
<input type="checkbox"/>	Blinds	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Natural Materials
<input type="checkbox"/>	Curtains	<input type="checkbox"/>	Room Darkening	<input type="checkbox"/>	Other:

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 email us pages 1-8

DabasDesigns@gmail.com

Phone: 813-773-5961