



Design Questionnaire

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

List family members and ages of children _____

Room Details

Please provide information about the rooms you are interested in redesigning.

Room One _____
Name of Room One

Dimensions _____
Wall One Dimensions

Dimensions _____
Wall Two Dimensions

Dimensions _____
Ceiling Height

Type of ceiling

- Flat
- Cathedral
- Pitched/Sloped
- Trey
- Other _____



Room Two

Name of Room Two

Dimensions

Wall One Dimensions

Dimensions

Wall Two Dimensions

Dimensions

Ceiling Height

Type of ceiling

- Flat Cathedral Pitched/Sloped
 Trey Other _____

Room Three

Name of Room Three

Dimensions

Wall One Dimensions

Dimensions

Wall Two Dimensions

Dimensions

Ceiling Height

Type of ceiling

- Flat Cathedral Pitched/Sloped
 Trey Other _____



Design Style

What do you LOVE about your existing room? Include things that must stay? _____

What do you DISLIKE about the room? _____

Colors you love? _____

Colors you hate? _____

What inspires you? _____



How would you like the style of this room to look?

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Contemporary | <input type="checkbox"/> Country |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Rustic | <input type="checkbox"/> Country French |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Farmhouse | <input type="checkbox"/> Retro |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Other _____ | |

Do you like wallpaper? Yes No

How will you use your newly designed room? _____

Are there any special needs we need to consider? _____

Do you have pets and do they sit on the furniture? Yes No

How does the sunlight affect the room? _____



Lifestyle

Our entertaining style is

- Formal
- Informal
- Both
- Other _____

We entertain

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

Average number of guests

- 1 - 6
- 7 - 12
- More than 12
- Other _____

Average guests ages

- Adults
- Teenagers
- Children
- All ages

Entertaining Type

- Meals
- Music
- Games
- Watching TV
- Other _____

Budget _____
Budget Estimate

Timeframe _____
Desired Completion Date



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that the completion of this Design Questionnaire is for informational purposes only and does not imply a contract with Interior Motives Design Studio in any way until payment has been received.

Signature: _____ Date: _____