Client Questionnaire

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you already love (hate) about your home?

Love: Hate:

How do you use your home (or room/s)?

Are there any special needs that need to be accommodated?

Do you have any hobbies, extra-curricular activities or collections that need to be factored in?

What colors do you love?

What colors do you hate?

What style(s) are you drawn to?

What is your time frame?

What is your budget?