

New Client Questionnaire

R. Cartwright Design - New Client Questionnaire

Your name *

Sandy Ruhs

Mobile Phone *

515-321-6696

Email address *

Drruhs@netscape.net

How would you prefer to be contacted? *

- ☒ Text messages
- ☐ Phone calls
- ☐ Emails

Project Address *

3561 Turnberry Dr, West Des Moines

Is the Project Address the same as your Current Address? *

- ☒ Yes
- ☐ No

Will your partner or spouse be involved in the project? *

☒ Yes

☐ No

Please list at least three times in the next two weeks that would be convenient for you to be contacted via phone about your project *

Wed Thurs 9 am-3pm

Have you ever hired an interior designer before? *

☐ Yes

☒ No

Please describe your experience

How did you hear about us? *

☐ Client referral

☐ Social media

☐ Google/online

☒ Vendor referral

Who referred you?

Kelly Duffy

About the Project

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

Lower level

Project Type *

(Please check all that apply)

- ☐ New construction
- ☐ Remodel
- ☐ Design/Decorating
- ☒ Other: Water damage and needed to replace flooring.

Do you have architectural plans of your home? *

- ☐ Yes
- ☐ No
- ☒ I don't know

What best describes your ideal timeline for your project? *

- ☒ As soon as possible
- ☐ Within three months
- ☐ Three to six months
- ☐ Other: _____

Rooms included in your project *

(Please check all that apply)

- ☐ Entire Home
- ☐ Entry Hall/Foyer
- ☐ Living Room
- ☐ Dining Room
- ☐ Kitchen
- ☐ Family/Great Room
- ☐ Nook
- ☐ Office/Study
- ☐ Laundry
- ☐ Powder Room
- ☐ Master Bedroom
- ☐ Master Bathroom
- ☐ Guest Bedroom
- ☐ Hall Bathroom
- ☐ Children's Bedroom(s)
- ☒ Home Theater/Media Room
- ☒ Lower Level/Basement
- ☐ Outdoor Area
- ☐ Other:

Enhancements being considered *

(Please check all that apply)

- ☐ Furniture and Space Planning
- ☒ Flooring
- ☐ Cabinetry and Countertops
- ☒ Interior Paint and Wallcoverings
- ☐ Artwork, Accessories and Styling
- ☐ Lighting
- ☐ Window Treatments
- ☐ Plumbing Fixtures
- ☐ Window Replacement or Changes
- ☐ Appliances
- ☐ Reupholstery
- ☐ Exterior Paint
- ☐ Other:

Room by Room Enhancements *

Please take us on a walk through the rooms you are looking to enhance and tell us what about each of them you would like to change. e.g. "I would like to change the fireplace built-ins in my great room."

Mainly flooring change from Berber to LVT

Overall Project Budget *

- ☐ Less than \$10,000
- ☒ \$10,000 - \$25,000
- ☐ \$25,000 - \$50,000
- ☐ \$50,000 - \$100,000
- ☐ \$100,000 - \$250,000
- ☐ \$250,000 - \$500,000
- ☐ \$500,000 +

Room by Room Budget *

Please break down your overall budget by what you would like to invest in each room of your project.

10-20K

Which of the following best describes your style? *

(Please check all that apply)

- ☒ Classic and neutral, but also a little bohemian
- ☐ Theatrical and unconventional, yet spare and modern
- ☐ Laid-back, glamorous and traditional, but with a twist
- ☐ Traditional, elegant, classic
- ☐ Modern and neutral with a gentle feel
- ☒ A mix of traditional and modern elements
- ☐ Collected, eclectic, worldly, but not scattered

Colors you like *

Neutrals

Colors you don't like *

Red

What is your favorite room in your home? *

Kitchen

Why? *

Beautiful cabinets(cherry) and flooring (oak). And it's where everyone gathers

What don't you like about your current home? *

Relatively small mud room

What part of your home do you use the most? *

Kitchen, living room, media room

What part of your home do you use the least? *

Formal dining room

How long do you plan on staying in your home? *

- ☐ Less than five years
- ☐ Five to ten years
- ☐ Ten to twenty years
- ☒ Forever

Are there any existing pieces of furniture or collections that must be incorporated into the new plan? *

- ☒ Yes
- ☐ No

Please explain

Pool table

Do you need sun control from your window treatments? *

- ☐ Yes
- ☒ No

Please select the following technical needs associated with your project scope. *

(Please check all that apply)

- ☐ Computers
- ☐ Wireless/DSL/Cable
- ☐ Home Theater/Surround Sound
- ☐ Music
- ☒ Other: No changes needed

Have you engaged with a contractor or builder? *

- ☐ Yes
- ☒ No

Name of the Contractor or Builder

N/a

Your Family

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List household members and any specific requirements *

Me and husband Dave

Are there any physically challenged or elderly people living in the home? *

- ☐ Yes
- ☒ No

Household pets and special considerations

None

Your Lifestyle

Our entertaining style is... *

- ☐ Formal
- ☒ Informal
- ☐ Combination/Both

Average number of guests *

- ☒ 1-6
- ☐ 7-12
- ☐ More than 12
- ☐ Other: _____

Entertaining Preference *

(Please check all that apply)

- ☐ Sit-down meals
- ☒ Buffet-style meals
- ☒ Watching TV/movies
- ☐ Games/cards
- ☐ Music
- ☐ Other: _____

Do you have any hobbies/interests we should consider when designing your space? *

Do you need an area to accommodate your hobby?

No _____

Additional Information

Link to your Houzz Profile or Ideabook

Link to your Pinterest Inspiration Board or Profile page

Is there anything else we should know?

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