

New Client Questionnaire

R. Cartwright Design - New Client Questionnaire

Your name *

Rose Roth

Mobile Phone *

770-330-1266

Email address *

Rroth021@gmail.com

How would you prefer to be contacted? *

- ☒ Text messages
- ☐ Phone calls
- ☐ Emails

Project Address *

8525 Serenbe Road

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 *

Anytime between 12:00-1:00 or in the evenings

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?

About the Project

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

Office space and possibly a couple of bedrooms

Project Type *

(Please check all that apply)

- ☒ New construction
- ☐ Remodel
- ☐ Design/Decorating
- ☐ Other:

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."

This a new build so this is a blank canvas

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
- ☐ \$500,00 +

Room by Room Budget *

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

Not sure

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 *

Neutral tones with pops of color - love blues, yellows, deep purple, some tones of green. Love black and grays as well

Colors you don't like *

Orange

What is your favorite room in your home? *

Love it all

Why? *

Very spacious with big Windows

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

High ceilings and lots of natural light

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

1st floor

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

2nd floor

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

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: None

Have you engaged with a contractor or builder? *

- ☒ Yes
- ☐ No

Name of the Contractor of Builder

Your Family

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List household members and any specific requirements *

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

- ☐ Yes
- ☒ No

Household pets and special considerations

Will have 2 small dogs

Your Lifestyle

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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

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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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