

# Interior Design Lifestyle Questionnaire

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Section 1: Project Overview**

1. What type of project is this?

☐ New Home Design ☐ Renovation ☐ Commercial Space ☐ Single Room ☐ Multiple Rooms

2. Which areas will be included in this project? (Check all that apply) ☐ Living Room ☐

Kitchen ☐ Dining Room ☐ Master Bedroom ☐ Guest Bedrooms ☐ Bathrooms ☐ Home Office

☐ Basement ☐ Outdoor Spaces

☐ Other: \_\_\_\_\_

3. What is your desired timeline for completion? ☐ 3-6 months ☐ 6-12 months ☐ 1-2 years

☐ Flexible ☐ Other: \_\_\_\_\_

4. What is your estimated investment range? ☐ \$25,000-\$50,000 ☐

\$50,000-\$100,000 ☐ \$100,000-\$200,000 ☐ \$200,000+

## **Section 2: Lifestyle & Family**

5. Who lives in this home? (Include ages of children) \_\_\_\_\_

6. Do you have pets? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

7. Do you frequently entertain guests?

☐ Weekly ☐ Monthly ☐ Occasionally ☐ Rarely

8. What activities are most important in your home?

☐ Cooking/Dining ☐ Relaxing ☐ Working from home ☐ Exercise ☐ Entertaining ☐ Traveling

☐ Watching TV/Movies ☐ Hobbies ☐ Other: \_\_\_\_\_

9. What time of day do you spend most at home?

☐ Early morning ☐ Daytime ☐ Evening ☐ All day

### **Section 3: Design Preferences**

10. How would you describe your ideal design style?

☐ Modern ☐ Traditional ☐ Transitional ☐ Contemporary ☐ Rustic ☐ Industrial ☐ Scandinavian ☐ Bohemian ☐ Farmhouse ☐ Eclectic ☐ Unsure

11. What colors do you gravitate toward? ☐ Neutrals (whites, grays, beiges) ☐ Earth tones ☐ Bold/Bright colors ☐ Jewel tones ☐ Monochromatic ☐ I need help deciding

12. What colors do you definitely want to avoid? \_\_\_\_\_

13. How important is natural light to you?

☐ Extremely important ☐ Somewhat important ☐ Not a priority

14. Do you prefer: ☐ Open floor plans ☐ Defined separate spaces ☐ A mix of both

### **Section 4: Functional Needs**

15. Kitchen: What's important to you? ☐ Cooking ☐ Baking ☐ Storage

☐ Aesthetics ☐ Functionality ☐ Coffee Bar ☐ Pet Friendly

Other: \_\_\_\_\_

16. Bathroom: What's important to you?

☐ Aesthetics ☐ Functionality ☐ Spa Retreat ☐ Shower Essentials

☐ Vanity Organization ☐ Soaking Tub ☐ ADA Bars

17. Other Areas?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you have any accessibility needs to consider? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

19. Are there any items you definitely want to keep/incorporate? \_\_\_\_\_  
\_\_\_\_\_

20. Are there specific items you want to replace or eliminate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Section 5: Inspiration & Goals**

21. What magazines, websites, or social media platforms inspire you? \_\_\_\_\_  
\_\_\_\_\_
22. What is your primary goal for this project? ☐ Increase home value ☐ Improve functionality ☐ Create a showcase space ☐ Better reflect personal style ☐ Accommodate lifestyle changes ☐ Other: \_\_\_\_\_
23. What feelings do you want to invoke in this space, room or project? \_\_\_\_\_  
\_\_\_\_\_
24. Are there any challenges or concerns you have about this project? \_\_\_\_\_  
\_\_\_\_\_

## **Section 6: Additional Information**

25. Do you work from home? ☐ Yes ☐ No    If yes, do you need a dedicated office space?  
☐ Yes   ☐ No
26. Any allergies or sensitivities to materials/fabrics? \_\_\_\_\_  
\_\_\_\_\_
27. Is there anything else you'd like us to know about your lifestyle, preferences, or this project? \_\_\_\_\_  
\_\_\_\_\_
28. What are your birthdays: \_\_\_\_\_  
\_\_\_\_\_
29. What is your favorite FOOD – DRINK – if you have any allergies? \_\_\_\_\_  
\_\_\_\_\_
- 30: What holidays do you celebrate: \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this questionnaire! This information will help us create a design that perfectly reflects your lifestyle and vision.

**Please Email this Form To: [DICDesignGroup@gmail.com](mailto:DICDesignGroup@gmail.com)**

