Interior Design Lifestyle Questionnaire

Client Name:	Date:
Project Address:	
	Email:
Section 1: Project (Overview
1. What type of proj	iect is this? gn □ Renovation □ Commercial Space
□ Kitchen □ Dining	be included in this project? (Check all that apply) 🗆 Living Room Room 🗆 Master Bedroom 🗆 Guest Bedrooms 🗆 Bathrooms 🗆 ement 🗆 Outdoor Spaces 🗆 Other:
3. What is your desi years □ Flexible □ C	ired timeline for completion? 🗆 3-6 months 🗆 6-12 months 🗆 1-2 Other:
4. What is your estir □ \$100,000-\$200,0	mated budget range? = \$25,000-\$50,000 = \$50,000-\$100,000
Section 2: Lifestyle	<u>e & Family</u>
	home? (Include ages of children)
6. Do you have pets	s? 🗆 Yes 🗆 No If yes, please describe:
7. Do you frequently	y entertain guests? □ Weekly □ Monthly □ Occasionally □ Rarely
□ Working from hor	re most important in your home? Cooking/Dining Relaxing Exercise Entertaining Reading Watching TV/Movies
9. What time of day	do you spend most at home? Early morning Daytime

Section 3: Design Preferences		
10. How would you describe your ideal design style? ☐ Modern ☐ Traditional ☐		
Transitional \square Contemporary \square Rustic \square Industrial \square Scandinavian \square Bohemian \square		
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? $\hfill \Box$ Extremely important $\hfill \Box$ Somewhat important $\hfill \Box$ Not a priority		
14. Do you prefer: □ Open floor plans □ Defined separate spaces □ A mix of both		
Section 4: Functional Needs 15. What storage needs are most important? □ Closet organization □ Kitchen storage □ Book/media storage □ Toy storage □ Office supplies □ Seasonal items □ Other:		
16. Do you have any accessibility needs to consider? □ Yes □ No If yes, please explain:		
17. Are there any items you definitely want to keep/incorporate?		
18. Are there specific items you want to replace or eliminate?		
Section 5: Inspiration & Goals		
19. What magazines, websites, or social media accounts inspire you?		
20. What is your primary goal for this project? □ Increase home value □ Improve		
functionality \square Create a showcase space \square Better reflect personal style \square		
Accommodate lifestyle changes Other:		
21. What would make this project a complete success for you?		
22. Are there any challenges or concerns you have about this project?		

Section 6: Additional Information

23. Do you work from home? Yes No	If yes, do you need a dedicated office
24. Any allergies or sensitivities to materia	als/fabrics?
25. Is there anything else you'd like us to l this project?	know about your lifestyle, preferences, or

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