Please take a few moments to complete the information requested below. Brief answers are fine. Use the back of these sheets if you would like to provide more information. Involve your entire household. Have fun telling us about your wants and needs. We would like to take full advantage of the time we share together and your input is essential. Thank you for your cooperation. All information will be kept confidential.
**CLIENT QUESTIONNAIRE**

Client: ____________________________________________________________________________________________

Address: _____________________________________________________________________________________________

Home Phone: ___________________ Cell: ___________________ Office: ___________________

Design Authorized by: ________________________________________________________________________________

**DESIGN CRITERIA**

| Anticipated Budget/Size: ____________________________________________________________________________ |
| Property Cost: ____________________________________________________________________________________ |
| S.F. of Living Space: ____________________________________________________________________________ |
| S.F. of Unfinished Space: __________________________________________________________________________ |
| Size of Garage: ___________________ Size of Property: ___________________ |
| Other: __________________________________________________________________________________________ |

**CONSULTANTS**

| Architect: ____________________________________________________________________________________ |
| Builder: _____________________________________________________________________________________ |
| Plumber: _____________________________________________________________________________________ |
| Electrician: __________________________________________________________________________________ |
| Other: ______________________________________________________________________________________ |
| Other: ______________________________________________________________________________________ |

**GENERAL STATEMENT OF PROJECT**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

www.michelinadesign.com michelina@michelinadesign.com
**CLIENT QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you wanted to complete this project:</td>
<td></td>
</tr>
<tr>
<td>What has prevented you from doing so:</td>
<td></td>
</tr>
<tr>
<td>What are you envisioning the space to look like when complete (visual representation):</td>
<td></td>
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<tr>
<td>What is the timeframe of the project (special events or dates):</td>
<td></td>
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<tr>
<td>What are some of the ideas you have considered so far:</td>
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<tr>
<td>What is the construction budget (allowances) and do you have a budget for Interior Design (amount not to exceed):</td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>What is included in this budget, selections, time, drawings, furniture:</td>
<td></td>
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<td></td>
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<tr>
<td>Have you worked with a Designer before (experience):</td>
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<tr>
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<tr>
<td>Are you interviewing other designers, what will you base your decision on:</td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>How much involvement do you want to have on the project so we are not duplicating efforts:</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will be making the financial decisions on the project:</td>
<td></td>
</tr>
</tbody>
</table>
**Household Members:**
Please provide us with the names of the members of your household and what needs they have for space, work, study or special needs. Please include ages of each child.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Work, Study, Space, Special Needs</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Will soon need own room or study space, needs better lighting in bedroom</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have pets in household? Please list type, age, special needs:

---------------------------------------------------------------------------------------------------------------------------------  

Special Considerations – Check any that apply:

- [ ] Disabled, elderly or young children in the home?  [ ]

Are occupants daytime sleepers?
Formal ______ Informal We entertain: ________________________________

Combination or both ________________

1-2 times/week ______________________ 1-2 times/month Average # guests: ____________

1-2 times/year ______________________ 1 – 6 ________ 7 – 12 ________ More than 12 ______________

Average guests ages: ________________

Adults Entertaining Type: Teenagers ___ Children ___ All ages ________________________________

“Meals _______ Music _______ Watching TV __________

Games
Other ______________________________

MEALS:
What cooking facilities are required? Circle one Average Above Average

Does more than one person cook at a time? Yes / No

Where do you eat your meals?
□ Dining Table □ Kitchen □ Kitchen Counter Table □ Family Room

MAINTENANCE:
How many hours per week will be devoted to cleaning and/or maintenance of your home?
___________________________________________

Do you have professionals clean your home? Yes / No
If yes, how often? ______________________________

HOBBIES:
Do the household members share common time around the home together? Yes / No

If yes, is an area needed to accommodate you? Yes / No
Explain: __________________________________________________________________________
Do you have any collections? Yes / No
If yes, please list-__________________________________________________________
Are any collections on display? Yes / No
If you circled yes, would you like to display your collection?
Where? ____________________________________________

Hobbies:
☐ Reading ☐ T.V. / Home Theater ☐ Crafts/ Sewing
☐ Entertaining ☐ Music ☐ Sports ☐
☐ Cooking

What are your technical needs?
☐ Computers ☐ Surround Sound
☐ Wireless DSL/Satellite ☐ Home Theater ☐ Other

Are you looking to create a children’s play area? Yes / No

HOME OFFICE:

Does any household member work from home? Yes / No
If yes, are there any special needs (i.e., lighting, soundproofing, computers, etc.)?

__________________________________________________________

__________________________________________________________

Is there a designated area for working in your home? Yes / No

LIGHTING

Is additional lighting needed? If yes, locations:

☐ Bathroom ☐ Office ☐ Living Room
☐ Bedrooms ☐ Kitchen/nook ☐ Other

☐ Family Room

STORAGE

☐ Multipurpose Furniture
☐ Hidden Storage (for clutter issues) ☐ Closet Storage/ Organizers
VACATION TIME:

We stay at home for our rest/relaxation:   All the time  Some of the time  Rarely

We travel for our vacations:
   All the time   Some of the time   Rarely

Part II  PROJECT INFORMATION

Person(s) responsible for project decisions: _________________________________________

What is the budget for your project? ____________________________

☐ $5,000 – 10,000   ☐ $10,000 - $30,000
☐ $40,000 - $90,000   ☐ $100,000 – $200,000
☐ Other __________________

The project is to be done: ˜All at one time  ˜In stages

☐ Will occupants be home during project/construction for access?
☐ If not, will you authorize neighbors or designee to provide access?

Priorities: _____________________________________________________________
                                                                 __________
                                                                 __________
                                                                 __________
                                                                 __________
                                                                 __________

Please “X” the rooms to be included in the project. If the project will be done in stages, please indicate the order of the work by writing a number in the box to show the order (1 = first, 2 = second, etc.)

List all the rooms
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
Media Room

What kind of enhancements are you considering? (Please check all that apply)

<table>
<thead>
<tr>
<th>Furniture</th>
<th>Flooring</th>
<th>Reupholstery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remodel Kitchen</td>
<td>Window Treatments</td>
<td>Remodel Bathroom</td>
</tr>
<tr>
<td>Window replacements or changes</td>
<td>Artwork, mirrors, etc.</td>
<td>Appliances</td>
</tr>
<tr>
<td>Interior paint</td>
<td>Accents</td>
<td>Plumbing fixtures</td>
</tr>
<tr>
<td>Exterior paint</td>
<td>Space planning</td>
<td>Room addition</td>
</tr>
<tr>
<td>Wallpaper</td>
<td>Murals</td>
<td>Lighting</td>
</tr>
<tr>
<td>Wall finishes</td>
<td>Color scheme/ Paint</td>
<td></td>
</tr>
</tbody>
</table>

What is your favorite room in the house? ______________________ Why? ______________________________________

What don’t you like about your current home? _________________ Why? ______________________________________

What part of your house do you use the most? ________________

What part of your house do you use the least? ________________

Are there any pieces of furniture, window, wall or floor coverings that must stay, and be worked into the new plan? Please explain: ________________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Are there any items that MUST GO? Please explain: __________________________________________________________

______________________________________________________________________________________________
How involved do you wish to be in this project:  (Please check)

☑ Very involved (Call you with details and updates daily or weekly)

☑ Involved – MMID to act as project manager (Keep you updated with
  install dates, deliveries, work schedule etc.)

☑ Minimally involved – don’t call until everything is ready to install

☐ Other: ______________________________________________________

What is your “ideal” timeline for your project?

☑ Within 3 months

☑ 3 – 6 months

☑ Other ______________________________________________________

PART III DESIGN PREFERENCES

Design Goals

Prioritize the following personal design goals for your home from 1-3, with 1 being your most important quality.

_____ I am interested in achieving a more stylish/beautiful appearance for my home
_____ I want my home to function more effectively for my household. _____ I want my home to better reflect our personal
tastes.

Other ______________________________________________________

Would you like to include “green products” when possible?  ☐ Yes  ☐ No  ☐ what do you mean?

What “feeling” are you seeking to achieve?

☐ Casual  ☐ Formal  ☐ Spacious  ☐ Clean lines  ☐ Warm/ cozy  ☐ Elegant  ☐ Sophisticated  ☐ “Lived in”  ☐ Welcoming

☐ Romantic  ☐ Contemporary  ☐ Light/airy

What style are you seeking to achieve? [See Style Photos on pages to follow]

☐ Tuscan  ☐ Mediterranean  ☐ French Country  ☐ Mission style

☐ Beach Cottage  ☐ Country Cottage  ☐ Asian  ☐ Southwestern

☐ Old World  ☐ Art Deco  ☐ Early American  ☐ Industrial

Do you and your partner’s style preferences agree?  Circle Yes / No

Comments: ______________________________________________________

______________________________________________________________

______________________________________________________________

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Select from the following to describe your preference in fabric: (Check all that apply)

- [ ] Paisley
- [ ] Plaid
- [ ] Toil
- [ ] Stripe
- [ ] Leather
- [ ] Bold pattern
- [ ] Suede
- [ ] Silk
- [ ] Sheer
- [ ] Velvet
- [ ] Subtle pattern
- [ ] Satin
- [ ] Cotton
- [ ] __________
- [ ] __________

Preferences of Color: (Check all that apply)

- [ ] Whites
- [ ] Oranges
- [ ] Blues
- [ ] Pastels
- [ ] Blacks
- [ ] Reds
- [ ] Jewel Tones
- [ ] Grays
- [ ] Burgundies
- [ ] Navy Blue
- [ ] Neutrals
- [ ] Beiges
- [ ] Pinks
- [ ] Powder Blue
- [ ] Earth tones
- [ ] Tans
- [ ] Aquas
- [ ] Warm Colors
- [ ] Pale yellows
- [ ] Eggplant
- [ ] Mint Greens
- [ ] Cool Colors
- [ ] Yellows
- [ ] Lavenders
- [ ] Olive Greens
- [ ] Subtle
- [ ] Peach
- [ ] Purples
- [ ] Forest Greens
- [ ] Bright
- [ ] Bold
- [ ] Greens
- [ ] Teals
- [ ] __________
- [ ] __________
- [ ] __________

□ Colors you dislike? ____________________________

□ Do you have a color theme in mind?  □ Yes □ No

Are there types of flooring you prefer? (Please check all that apply)

- [ ] Hardwood
- [ ] Carpet
- [ ] Laminate
- [ ] Natural Stone
- [ ] Concrete
- [ ] Tile
- [ ] Combination
- [ ] Bamboo
- [ ] Cork

Are there types of window treatment you prefer? (Please check all that apply)

- [ ] Custom Draperies
- [ ] Blinds
- [ ] Sheers
- [ ] Shutters
- [ ] Room Darkening
- [ ] Curtains
- [ ] All Fabrics
- [ ] Natural Materials
- [ ] Metal
- [ ] Shades
- [ ] Other
- [ ] Combination
Do you need sun control or privacy with your window treatments?  Yes  No
Additional information regarding preferences:

Have you ever hired an interior designer before? Circle Yes / No

If yes, when did this take place, and were you pleased with the experience and the results:
________________________________________________________________________
________________________________
________________________________________________________________________

GENERAL NOTES:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your input. We look forward to serving you with your design needs.