



Michelina Mottolese Interior Design Studio

# CLIENT QUESTIONNAIRE

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.

**MICHELINA MOT TOLESE**  
Interiors Design Corp  
ID 0003008 ASID 29088  
P: 786 220 3301 - F: 305 933 1830  
[www.michelinadesign.com](http://www.michelinadesign.com) [michelina@michelinadesign.com](mailto:michelina@michelinadesign.com)



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## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## CLIENT QUESTIONNAIRE

How long have you wanted to complete this project :

What has prevented you from doing so :

What are you envisioning the space to look like when complete (visual representation):

What is the timeframe of the project (special events or dates) :

What are some of the ideas you have considered so far:

What is the construction budget (allowances) and do you have a budget for Interior Design (amount not to exceed) :

What is included in this budget, selections, time, drawings, furniture:

Have you worked with a Designer before (experience) :

Are you interviewing other designers, what will you base your decision on :

How much involvement do you want to have on the project so we are not duplicating efforts:

Who will be making the financial decisions on the project :



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## CLIENT QUESTIONNAIRE

### 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

Name	Work, Study, Space, Special Needs	AGE
	Will soon need own room or study space, needs better lighting in bedroom	

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

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Special Considerations – Check any that apply:

Disabled, elderly or young children in the home?

Are occupants daytime sleepers?



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# CLIENT QUESTIONNAIRE

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: \_\_\_\_\_



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**CLIENT QUESTIONNAIRE**

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.)? \_\_\_\_\_

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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



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# CLIENT QUESTIONNAIRE

### 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

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CLIENT QUESTIONNAIRE

Media Room

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

Table with 3 columns and 8 rows of checkboxes for home enhancements such as Furniture, Flooring, Reupholstery, Remodel Kitchen, Window Treatments, Remodel Bathroom, etc.

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:





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# CLIENT QUESTIONNAIRE

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]

<input type="checkbox"/> Tuscan	<input type="checkbox"/> Mediterranean	<input type="checkbox"/> French Country	<input type="checkbox"/> Mission style
<input type="checkbox"/> Beach Cottage	<input type="checkbox"/> Country Cottage	<input type="checkbox"/> Asian	<input type="checkbox"/> Southwestern
<input type="checkbox"/> Old World	<input type="checkbox"/> Art Deco	<input type="checkbox"/> Early American	<input type="checkbox"/> Industrial

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

Comments: \_\_\_\_\_  
\_\_\_\_\_



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### CLIENT QUESTIONNAIRE

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

- Paisley       Plaid       Toile
- Stripe       Leather .....  Bold pattern  Suede       Silk       Sheer       Velvet
- Subtle pattern       Satin       Cotton       \_\_\_\_\_  \_\_\_\_\_

Preferences of Color: (Check all that apply)

<input type="checkbox"/> Whites	<input type="checkbox"/> Oranges	<input type="checkbox"/> Blues	<input type="checkbox"/> Pastels
<input type="checkbox"/> Blacks	<input type="checkbox"/> Reds	<input type="checkbox"/> Jewel Tones	<input type="checkbox"/> Grays
<input type="checkbox"/> Burgundies	<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Neutrals	<input type="checkbox"/> Beiges
<input type="checkbox"/> Pinks	<input type="checkbox"/> Powder Blue	<input type="checkbox"/> Earth tones	<input type="checkbox"/> Tans
<input type="checkbox"/> Aquas	<input type="checkbox"/> Warm Colors	<input type="checkbox"/> Pale yellows	<input type="checkbox"/> Eggplant
<input type="checkbox"/> Mint Greens	<input type="checkbox"/> Cool Colors	<input type="checkbox"/> Yellows	<input type="checkbox"/> Lavenders
<input type="checkbox"/> Olive Greens	<input type="checkbox"/> Subtle	<input type="checkbox"/> Peach	<input type="checkbox"/> Purples
<input type="checkbox"/> Forest Greens	<input type="checkbox"/> Bright	<input type="checkbox"/> Bold	<input type="checkbox"/> Greens
<input type="checkbox"/> Teals	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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)

<input type="checkbox"/> Hardwood	<input type="checkbox"/> Carpet	<input type="checkbox"/> Laminate
<input type="checkbox"/> Natural Stone	<input type="checkbox"/> Concrete	<input type="checkbox"/> Tile
<input type="checkbox"/> Combination	<input type="checkbox"/> Bamboo	<input type="checkbox"/> Cork

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

<input type="checkbox"/> Custom Draperies	<input type="checkbox"/> Blinds	<input type="checkbox"/> Sheers
<input type="checkbox"/> Shutters	<input type="checkbox"/> Room Darkening	<input type="checkbox"/> Curtains
<input type="checkbox"/> All Fabrics	<input type="checkbox"/> Natural Materials	<input type="checkbox"/> Metal
<input type="checkbox"/> Shades	<input type="checkbox"/> Other _____	<input type="checkbox"/> Combination _____



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## CLIENT QUESTIONNAIRE

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:

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