

Getting to Know You Worksheet

Please take a few moments to complete the information requested below. Be detailed if possible and answer the questions relevant to your home. Use the back of these sheets if you need more space. Answer these questions with your family. 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.

PROJECT ADDRESS:

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CONTACT #1

CONTACT #2

Name:	Name:
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Mobile:	Mobile:
Email:	Email:
Birthday (MM/DD):	Birthday (MM/DD):

May I add you to our mailing list? Yes No

Preferred method of communication: Day Phone Evening Phone Mobile Phone Email

How would you like to receive invoices? Contact 1 Email Contact 2 Email Both

PART 1: HOUSEHOLD INFORMATION

Square Footage: _____ Year Home was Built: _____

How long have you lived in your home & how long do you plan to live in your home? _____

Who lives in your home? Please list names & ages (of children) and any special requirements they may have: _____

Do you have any pets? Please list breed, name & age: _____

Are there any anticipated changes in your household in the next 5 years? (Babies, Retirement, College)

PART 2: LIFESTYLE

I want my house to feel: _____

Do you entertain? How often & what type of entertaining (meals, game-nights, cocktails)? _____

Is there anything you wish you had in your home? _____

How do you like to spend your time in your home? _____

Where do you spend most of your time in your home? _____

Tell me what is important for you in the following rooms:

Dining: _____

Living: _____

Master Bedroom: _____

Secondary Bedrooms: _____

Master Bathroom: _____

Secondary Bathrooms: _____

Powder Room: _____

Office: _____

Kitchen: _____

Exterior: _____

Other: _____

What did you love about your childhood home? _____

What have you disliked about previous homes? _____

What are the three most important things in your home? _____

What are the three least important things in your home? _____

What is your favorite part of your home? _____

What is your least favorite part? _____

Where do you eat your meals? _____

Do you have any hobbies that need a special area in your home? _____

Any additional comments about Lifestyle? _____

PART 3: DESIGN PREFERENCES

To what type of art do you gravitate? _____

Tell me anything you can about the type of sofa you like: arms/legs/fabric/fill/depth/width/cushions

On a scale of 1-10 what level of maintenance would you like your home to require? _____

Do you have any special collections or art to display? _____

Do you have any special audio/visual/computer needs? _____

What type of light do you prefer? (ex: overhead cans/lamps/ bright/ natural/ sconces) _____

Are there any storage issues in your home? _____

What existing furniture must stay? _____

What existing furniture must go? _____

What colors do you love? _____

What colors do you not like? _____

Are there any styles or design elements that you dislike? _____

What type of window coverings do you prefer? Check all that apply.

- Curtains Wood Blinds Roman Shades Honeycomb Shades Natural Material Shades
 Sheers Shutters Blackout Shades

How would you describe your style? Check all that apply.

- Clean Minimal Worldly Colorful Natural Traditional Formal Luxurious
 Cozy Contemporary Country Rustic Organic Bohemian Chic American
 Coastal Beachy Relaxed Moody Quirky Old-World Industrial Art-Deco
 Graphic Bold Feminine Masculine Whimsical Playful Fun Classic
 Romantic Southwestern Hacienda Tropical Vintage Pet-friendly Retro
 Neutral Calm Modern Gothic Baroque Asian Understated Casual

Any additional comments about your design preferences? _____

PART 4: THE PROJECT

PRIORITIES: Please order your priorities by listing 1=first, 2=second, etc for the rooms to be included in the project.

Living Room ____	Kitchen ____	Master Bedroom ____	Entry ____
Family/ TV Room ____	Office/ Study ____	Exterior ____	Laundry ____
Dining Room ____	Bedroom 1 ____	Bedroom 2 ____	Powder Room ____
Master Bathroom ____	Bathroom 1 ____	Bathroom 2 ____	Basement ____
Bedroom 3 ____	Bedroom 4 ____	Pool House ____	Guest House ____
Home Theater	Other _____	Other _____	Other _____

How much do you want to invest in this project? _____

Would you like the project to be done all at once or in phases? _____

When would you like the project to be complete? _____

What are your expectations for the finished project? _____

Have you worked with a designer before? How did it go? _____

Do you have a definitive idea of how you'd like the space to look? _____

On a scale of 1-10 how adventurous do you consider yourself? _____

On a scale of 1-10 how hands on do you like to be? _____

Would you consider yourself decisive or indecisive? _____

What attracted you to Capella Kincheloe Interior Design? _____

THE END