



AMBIENCE

BY *Andrea Böck*

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. 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 name: _____

Project Address: _____

Keyholder name: _____ Phone : _____

PART ONE - PROPERTY INFORMATION

Age of House: _____ N° Bedrooms: _____ N° Bathrooms: _____

Covered Square Meters: _____ Total Square Meters: _____

Have you been living in this house / apartment?

Building completion date: _____

Deadline for first presentation: _____

Project Budget: _____

Quality:

Medium/Standard (No brands)

High-Ends (Brands & Bespoke)

Mix 1&2

Which of the following aspects are most important:

The Look and Style of the home

Functionality / Practicality

A home geared to entertaining guests

What is the purpose for your home:

A holiday home

A rental home

A private home

What would you like to achieve with the décor:

A stylish outcome to make a statement

A comfortable cozy homely feeling

A functional and inviting place to stay

Special Considerations - Check any that apply:

Disabled

Young children or Elderly in the home?

Other: _____

LIFESTYLE, INTERESTES & OFFICE SPACE

Do you have any collections, artwork, etc, that you would like to display?

Typ of Display	Where should it be displayed

Does any household member work from home?

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?

What are your technical needs?

TV or Smart TV Size: _____	Where will TVs be needed? _____	
Computers	Home Theater	Other: _____
Wireless / DSL / Satellite	Surround Sound	Other: _____

Are you looking to create a children's play area?

Do you need any additional storage?

Multipurpose Furniture	Closet Storage	Outdoor Cushions
Hidden Storage	Organizers	Other: _____

Is additional lighting needed? If yes, locations:

Bathrooms	Family Room	Office
Bedrooms	Halls	Outdoor
Dining Room	Kitchen	Other: _____

Are there pieces of furniture, wall or floor coverings that must stay, and be worked into the new plan?

PART TWO - PROJECT INFORMATION

Person(s) responsible for project decisions:		
The project is to be done:	All at one time	In stages: _____
Is the property under construction and when will building works be completed? _____		
Will occupants be home during the project installation / construction for access?		
Priorities:		

What is your "ideal" timeline for your project?		
Within 3 months	3 - 6 months	Other: _____

Please select 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 next the check box to show the order.			
<input type="checkbox"/> Entry Hall / Foyer	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Family / TV Room
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Office / Study	<input type="checkbox"/> Laundry Area	<input type="checkbox"/> Guest Bathroom
<input type="checkbox"/> Master Bedroom	<input type="checkbox"/> Master Bathroom	<input type="checkbox"/> Home Theater / Media Room / Play Room	
<input type="checkbox"/> Bedroom #2 - used by: _____			<input type="checkbox"/> Bath #2
<input type="checkbox"/> Bedroom #3 - used by: _____			<input type="checkbox"/> Bath #3
<input type="checkbox"/> Bedroom #4 - used by: _____			<input type="checkbox"/> Bath #4
<input type="checkbox"/> Outdoor Living	<input type="checkbox"/> Outdoor Kitchen	<input type="checkbox"/> Other: _____	

What kind of enhancements are you considering? (Please check all that apply)		
<input type="checkbox"/> Accents	<input type="checkbox"/> Interior paint	<input type="checkbox"/> Room addition
<input type="checkbox"/> Appliances	<input type="checkbox"/> Lighting	<input type="checkbox"/> Space planning
<input type="checkbox"/> Artwork, mirrors, etc.	<input type="checkbox"/> Murals	<input type="checkbox"/> Wall finishes
<input type="checkbox"/> Color scheme/ Paint	<input type="checkbox"/> Plumbing fixtures	<input type="checkbox"/> Wallpaper
<input type="checkbox"/> Exterior paint	<input type="checkbox"/> Re-upholstery	<input type="checkbox"/> Window Treatments
<input type="checkbox"/> Flooring	<input type="checkbox"/> Remodel Bathroom	<input type="checkbox"/> Window replacements / changes
<input type="checkbox"/> Furniture	<input type="checkbox"/> Remodel Kitchen	<input type="checkbox"/> Other: _____

What is your favorite room in the house and why?	
What don't you like about your current home?	
What part of your house do you use the most?	
What part of your house do you use the least?	

PART THREE - DESIGN PREFERENCES

The following questions are designed to provide us with a general description of your likes and dislikes regarding your personal style:

What "feeling" are you seeking to achieve? (Please check all that apply)

Light, Airy, Beachy	Warm, Cozy, Welcoming	Spacious, Contemporary, Elegant
Neutral & Organic	Romantic, Cute, "Lived in"	Modern, Cool, Designy
Ethnic, Rustic, Shabby Chic	Scandinavian, Clean, Open	Traditional, Classic, Luxurious

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

Modern	Classic	French / Country
Beachy	Retro	Funky
Ethnic	Mediterranean	Art Dèco
Contemporary	Industrial	Minimalistic

Do you and your partner's style preferences agree?

YES

NO

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

Paisley	Stripe	Plaid	Suede
Silk	Linen	Leather	Cotton
Velvet	Satin	Sheer	Other: _____
Bold Pattern	Subtle Pattern	Toile	Other: _____

Select from the following to describe your preference of Color: (Check all that apply)

Whites	Oranges	Neutrals	Tans
Blacks	Reds	Earth Tones	Eggplant
Burgundies	Blues	Pale Yellows	Lavender
Pinks	Navy Blue	Yellows	Purples
Aquas	Powder Blue	Peach	Greens
Mint Greens	Warm Colours	Pastels	Silver
Olive Greens	Cool Colours	Grays	Other: _____
Teals	Gold	Beiges	Other: _____

Are there colors you dislike?

Do you have a color theme in mind?

Please describe:

Bed preferences

Bedheight:	Low (40 - 50 cm)	Medium (50 - 60 cm)	High (60+ cm)
Mattress Firmness:	Soft	Medium	Hard

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

Hardwood	Carpet	Laminate	Bamboo
Concrete	Tile	Combination	Other: _____
Cork	Terracotta	Natural Stone	Other: _____

What wood finishes do you like? (Check all that apply)

Natural	Brown	Wenge (Very Dark)	Grey
Walnut	Oak	Black	White
Gloss Finish	High Gloss lacquer	Matt lacquer finish	Varnish
Raw Wood	Polished Wood	Carved Wood	Modern Wood
Artisan	Teak	Wicker	Other: _____

Other finishes for furniture you like? (Check all that apply)

Brass	Steel	Mixture	Marble
Gold	Plastic	Copper	Wall cladding
Glass	Metal	Modern Wood	Other: _____

Other wall finishes you like? (Check all that apply)

Brass	Steel	Mixture	Other: _____
Gold	Plastic	Copper	Other: _____
Glass	Metal	Modern Wood	Other: _____

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

Custom Draperies	Blinds	Sheers	Shutters
Black Out	Curtains	All Fabrics	Natural Materials
Metal	Shades	Combination	Other: _____

Do you need sun control or privacy with your window treatments?

YES

NO

Do you have any additional information regarding your preferences?

Do you have any other note/information you would like to point out?

You can refer to our Style guide for more ideas of different styles.

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Thank you for taking the time to complete our client questionnaire. The answers you provided are essential for our design team to create a design concept tailored to you.

Thank you for your cooperation, all information will be kept confidential.

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