



# 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: \_\_\_\_\_

#### 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?

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### 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?

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## 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.**

Entry Hall / Foyer

Living Room

Dining Room

Family / TV Room

Kitchen

Office / Study

Laundry Area

Guest Bathroom

Master Bedroom

Master Bathroom

Home Theater / Media Room / Play Room

Bedroom #2 - used by: \_\_\_\_\_

Bath #2

Bedroom #3 - used by: \_\_\_\_\_

Bath #3

Bedroom #4 - used by: \_\_\_\_\_

Bath #4

Outdoor Living

Outdoor Kitchen

Other: \_\_\_\_\_

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

Accents

Interior paint

Room addition

Appliances

Lighting

Space planning

Artwork, mirrors, etc.

Murals

Wall finishes

Color scheme/ Paint

Plumbing fixtures

Wallpaper

Exterior paint

Re-upholstery

Window Treatments

Flooring

Remodel Bathroom

Window replacements / changes

Furniture

Remodel Kitchen

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
Dark, Moody, Sexy	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

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### 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?

_____	_____	_____
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### 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	Other: _____
Gold	Plastic	Copper	Other: _____
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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Style guide		Page Numbers	
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Style guide		Page Numbers	

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.

A M B I E N C E  
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• END OF CLIENT QUESTIONNAIRE •

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