



**BY DESIGN CONSULTING, LLC**  
MARIELINDENMEYER.COM

**NEW CONSTRUCTION QUESTIONNAIRE**

Welcome to By Design Consulting! The purpose of the following questionnaire is to gather information regarding you and your particular project so that I can customize your design experience. Your answers will remain private and not be posted or shared with others outside of By Design Consulting. Once completed, you may scan and email to: [ByDesign.Marie@gmail.com](mailto:ByDesign.Marie@gmail.com). Thank you in advance for taking the time to provide the following information!

Date \_\_\_\_\_

Name \_\_\_\_\_

Project Location \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**GENERAL INFORMATION**

1. Which best describes the current stage of your project?
  - Gathering information
  - Ready to start
  - In-progress now
2. Have you worked with a designer or consultant before? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If so, what was your experience like? \_\_\_\_\_  
\_\_\_\_\_
4. What motivated or inspired you to contact a designer for your project? *Please check all that apply.*
  - Need assistance with selecting products that will go into my new home
  - Need someone to coordinate with my builder or general contractor
  - Need someone to oversee my project during installations
  - Other \_\_\_\_\_
5. If your project hasn't begun yet, when would you like to break ground? \_\_\_\_\_
6. When would you like to move into your new home? \_\_\_\_\_
7. Who will be involved in the design/style selections and decisions? \_\_\_\_\_
8. Who will make the budget decisions? \_\_\_\_\_
9. Do you have an established budget for your project? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have an established budget for design services? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARTICIPANTS**

1. Have you contracted with a builder or general contractor yet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Name/Company \_\_\_\_\_
2. Do you have a house plan or an idea of what you would like to build? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes, are your plans finalized \_\_\_\_\_ conceptual only \_\_\_\_\_

4. Are you currently working with an Architect or Home Designer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Name/Company \_\_\_\_\_
5. Do you have structural/engineering plans? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Name/Company \_\_\_\_\_

**HOUSE SPECS**

*Please answer the following questions based on the desired finished project, whether or not your house plans are finalized.*

1. Approximate Heated square footage \_\_\_\_\_ Total square footage under roof \_\_\_\_\_
2. Foundation
- Elevated
  - Crawl Space
  - Slab
  - Raised Slab
3. Number of stories
- One
  - Two
  - Three
  - Other
4. Garage
- None
  - Attached
  - Detached
  - Under
  - Number of cars \_\_\_\_\_
5. Number of Bedrooms \_\_\_\_\_ Number of full baths \_\_\_\_\_ Number of half baths \_\_\_\_\_
6. Other Details \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT LIVING SITUATION**

1. What do you LIKE about your current home or past living situations? \_\_\_\_\_  
 \_\_\_\_\_
2. What do you NOT LIKE? \_\_\_\_\_  
 \_\_\_\_\_
3. What are your goals for your new home? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITIES FOR YOUR NEW HOME**

1. What are your non-negotiables? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What is on your wish list? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STYLE** *If you are interested in Interior Design Services as a part of your new construction project, please see Interior Design Project questionnaire.*

1. How would you describe your style? Whether it is reflected in your current home or not. *Please check all that apply.*
  - Traditional
  - Transitional (mixture of traditional and current trends)
  - Modern
  - Minimalistic
  - Classic
  - Bohemian
  - Colorful
  - Tone on tone
  - Textural
  - Rustic (use of wood elements)
  - Industrial (use of various metals)
  - Coastal
  - Farmhouse
2. What is your favorite color(s)? \_\_\_\_\_
3. What color(s) do you **not** like? \_\_\_\_\_
4. Which of the following metal finishes do you prefer? *Please check all that apply.*
  - Gold tones
  - Oil rubbed bronze
  - Black
  - Brass
  - Chrome
  - Stainless steel
  - Polished nickel
5. Do you like to mix finishes? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you like to collect and display art or objects? Yes \_\_\_\_\_ No \_\_\_\_\_
7. If yes, what do you enjoy collecting and/or displaying? \_\_\_\_\_
8. Who do you like to follow on Instagram or Pinterest? \_\_\_\_\_

## LIFESTYLE

1. How do you want your new home to look or feel? *Please check all that apply.*
  - Formal
  - Informal
  - Mix of formal and informal spaces
  - Structured and organized
  - Relaxed and approachable
  - Other
2. Where would you like to enter and exit your home on a daily basis?
  - Garage entry
  - Front entry
  - Back entry
  - Side entry
  - Other
3. Where would you like your guests to enter and exit your home?
  - Front entry
  - Back entry
  - Side entry
  - Other
4. Which best describes your current season of life? *Please check all that apply.*
  - Single
  - Engaged
  - Married with no kids
  - Married with kid(s) # \_\_\_\_\_
  - Empty Nesters
  - Retired
5. Do you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many \_\_\_\_\_ Species/breed \_\_\_\_\_  
\_\_\_\_\_
6. If you have pets, are they allowed on the furniture? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Which of the following do you enjoy? *Please check all that apply.*
- Cooking
  - Grilling out
  - Entertaining family
  - Entertaining friends
  - Entertaining colleagues
  - Hosting large events
8. Where do you prefer to eat your meals? *Please check all that apply.*
- At the kitchen counter or island
  - Breakfast table
  - Dining table
  - Sofa while watching TV
  - Outdoor table
  - Other \_\_\_\_\_
9. Do you have frequented out of town guests? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you work from home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where do you prefer to work in the home?
- Dedicated room
  - Kitchen counter or island
  - Dining table
  - Small work area within a room
  - Other \_\_\_\_\_

### WINDOW COVERINGS

1. Which type of window coverings would you like to use? *Please check all that apply.*
- Plantation shutters
  - Blinds
  - Roller shades
  - Curtain panels
  - None
  - Other \_\_\_\_\_
2. Please indicate the rooms you need window coverings in? \_\_\_\_\_  
\_\_\_\_\_
3. Do you need light control in any of your rooms? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the rooms you would like to have light control in: \_\_\_\_\_
4. Do you need privacy in any of your rooms? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the rooms you would like to have privacy in: \_\_\_\_\_

### REFERRAL THANK YOU

1. Who can I thank for referring you to By Design Consulting? \_\_\_\_\_
2. Contact email, phone number or mailing address \_\_\_\_\_

Thank you for completing! You may scan and email your questionnaire to: [ByDesign.Marie@gmail.com](mailto:ByDesign.Marie@gmail.com). Please allow up to 5 business days for a reply.

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