



By Design Consulting, LLC
MarieLindenmeyer.com

Interior Design 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. 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 creating a design plan for my home
 - Need assistance with selecting and/or purchasing products for my home
 - Need assistance with room planning and furniture placement
 - Other _____
5. If your project hasn't begun yet, when would you like to begin? _____
6. When would you like to be finished by? _____

PARTICIPANTS

1. Who will be involved in the design/style selections and decisions? _____
2. Who will make the budget decisions? _____
3. Do you have an established budget for your project? Yes _____ No _____
4. Do you have an established budget for design services? Yes _____ No _____
5. Do you have a set of floorplans that can help with room planning and furniture layouts? Yes _____ No _____
6. If yes, would you be willing to provide those to BDC? Yes _____ No _____

CURRENT HOUSE SPECS

- 1. Year house was built _____ Builder _____
- 2. Approximate Heated square footage _____ Total square footage under roof _____
- 3. Foundation
 - Elevated
 - Crawl Space
 - Slab
 - Raised Slab
- 4. Number of stories
 - One
 - Two
 - Three
 - Other
- 5. Garage
 - None
 - Attached
 - Detached
 - Under
 - Number of cars _____
- 6. Number of Bedrooms _____ Number of full baths _____ Number of half baths _____
- 7. Which of the following rooms or spaces would you like design assistance with?
 - Kitchen
 - Dining Room
 - Living Room
 - Media or Game Room
 - Laundry Room
 - Mudroom
 - Screened Porch
 - Outdoor Patio
 - Other _____
 - Primary Bedroom
 - Primary Bathroom
 - Secondary Bedroom(s)
 - Secondary Bathroom(s)
 - Office or study
- 8. Which of the following do you wish to update or add? *Please check all that apply.*
 - Upholstered furniture (sofas, sectionals, accent chairs, etc.)
 - Dining table and chairs
 - Case goods (coffee tables, accent tables, dressers, office desk, etc.)
 - Accessories (mirrors, throw pillows, art, lamps, decorative items, etc.)
 - Window treatments (curtain panels, blinds, shutters, etc.)
 - Rugs
 - Bedding
 - Other _____

CURRENT LIVING SITUATION

- 1. What do you LIKE about your home? _____
- 2. What do you NOT LIKE? _____
- 3. What are your goals for your interior design project? _____

PRIORITIES FOR YOUR PROJECT

1. What are your non-negotiables? _____

2. What is on your wish list? _____

STYLE

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. In regards to fabrics, which of the following style or type of fabrics do you prefer? *Please check all that apply.*
 - Solids
 - Patterns
 - Checks
 - Stripes
 - Textured
 - Soft touch
 - Performance (Pet & Kid Friendly)
 - Washable
 - Outdoor Durable
5. Do you like to mix different fabric patterns together within a space? Yes _____ No _____
6. 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
7. Do you like to mix finishes? Yes _____ No _____
8. Do you like to collect and display art or objects? Yes _____ No _____
9. If yes, what do you enjoy collecting and/or displaying? _____

10. Who do you like to follow on Instagram or Pinterest? _____

11. Where do you generally like to shop for home goods and/or furniture? Local Retail _____ Online _____

12. Where do you like to shop retail? _____
Where do you like to shop online? _____

LIFESTYLE

1. How do you want your home to look or feel? *Please check all that apply.*
- | | |
|---|--|
| <input type="radio"/> Formal | <input type="radio"/> Structured and organized |
| <input type="radio"/> Informal | <input type="radio"/> Relaxed and approachable |
| <input type="radio"/> Mix of formal and informal spaces | <input type="radio"/> Other |
2. Which best describes your current season of life?
- | | |
|--|---|
| <input type="radio"/> Single | <input type="radio"/> Married with kid(s) # _____ |
| <input type="radio"/> Engaged | <input type="radio"/> Empty Nesters |
| <input type="radio"/> Married with no kids | <input type="radio"/> Retired |
3. Do you have pets? Yes _____ No _____ If yes, how many _____ Species/breed _____

4. If you have pets, are they allowed on the furniture? Yes _____ No _____
5. Other lifestyle details that would be helpful to know: _____

WINDOW COVERINGS *If applicable.*

1. Which type of window coverings would you like to use? *Please check all that apply.*
- | | |
|---|--------------------------------------|
| <input type="radio"/> Plantation shutters | <input type="radio"/> Curtain panels |
| <input type="radio"/> Blinds | <input type="radio"/> None |
| <input type="radio"/> Roller shades | <input type="radio"/> 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 indicate which rooms you would like to have light control in: _____
4. Do you need privacy in any of your rooms? Yes _____ No _____ If yes, please indicate which 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. Please allow up to 5 business days for a reply.

Marie Lindenmeyer
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