

Client Questionnaire

Client Name: _____ Date: _____

Address: _____

Phone(s): _____ Email(s): _____

Referral: _____

General Information

How many members are in your household? _____

How long have you lived in your home? _____

When was your house built? _____ Septic? age/size _____

How many rooms in your house? Bedrooms _____ Bathrooms _____

How old is the area of interest? _____

What season would you prefer to have work done? _____

When would you like to have the project completed? _____

What is the budget range you have established for your project? _____

Do you plan to gut the area? _____

Do you plan to keep the same layout and simply make cosmetic changes? _____

Which elements will be replaced? _____

What Improvements are you looking for?

_____ Easier to clean _____ More storage _____ More efficient traffic pattern

_____ Better lighting _____ Additional workspace _____ Upgraded electrical service

_____ Other, please explain _____

List details about the area that are important to you:
