

Client Survey Form
Bailiwick Interior Design
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201-919-7811



Name(s): _____

Address: _____

Work-site Address (if different from above): _____

Phone Number: _____

Work Number: _____

E-mail address: _____

How did you hear about Bailiwick Design? _____

Initial Consultation Appointment: _____

Follow-up Appointment: _____

Estimated Project Start Date: _____

Estimated Project Finish Date: _____

Special timing considerations? _____

Residence Information

How long have you lived in this residence? _____ Full- or Part-time? _____

How old is the residence? _____ How long do you plan to live in this residence? _____

Please list the dates and types of any previous renovations: _____

Services requested from Bailiwick Design: _____

Budget? _____

Do you have any specific contractors you would like us to work with? _____

Planning Considerations:

Family size: _____ Adults: _____ Children (ages): _____ Grandparents: _____
Person(s) with special needs? _____ Plans to enlarge family? _____
Pets? _____ Are they allowed on furniture? _____ Limited to specific rooms? _____
Lifestyle: (active, relaxed, formal, organized, special considerations?) _____

What activities do you and your family enjoy? _____

In what rooms do you generally spend most of your time? _____

How often do you entertain? What style? (informal/formal) _____

How large is your extended family? _____

Do you and those you share the space with have similar tastes or different? _____

Does anyone in the family have allergies? (environmental, wool, etc.) _____

Are you a collector? If yes, what do you collect? Is it displayed? _____

Do you like to display family photos? _____

Are there any family heirlooms to consider? _____

What type of artwork do you prefer/collect? (Abstract, Photographic, Naturals, Landscapes) _____

Color Style:

Have you thought about a color scheme? _____

What color(s) do you like? _____

What color(s) do you dislike? _____

Do you like bright or muted tones? _____

Do you like patterns? _____

Florals? _____ Stripes? _____ Plaids? _____

Material Preferences:

Do you have a wood preference? (oak, maple, walnut, mahogany, teak, pine, etc.) _____

Wood color and finishes? _____ Large grain or small grain? _____

What textures do you find most appealing? (smooth, sleek, nubby, distressed, velvety) _____

What flooring types do you prefer? (carpeting, wood, tile, etc.) _____

Do you like area rugs? (Persian, Aubusson, geometric) _____

Are there other materials you would like to use in your home design? (metals, glass, lacquer, natural woven) _____

What types of window treatment fabrics and styles are you comfortable with? (dressy, layered, minimal, shades, casual, room-darkening) _____

Personal Design Style: How would you describe your personal style?

(You may choose more than one style. Please indicate if choices are made by different people.)

- ___ Traditional – (modest, smooth woods, smaller scale pieces, classic furniture and patterns)
- ___ American Country – (rustic, primitive antiques, handmade textiles, stencils, collections)
- ___ European Country (distressed, carved woods, antiques, various mixed patterns, especially florals)
- ___ Vintage – (artful mix of updated, clean-lined classic, distressed finishes and antique details)
- ___ Romantic – (over-stuffed furnishings, mix of florals and patterns, nostalgic, light and airy)
- ___ Modern – (restrained, open plan, tailored, minimalist, light, reflective natural textures)
- ___ Casual – (relaxed, earthy neutrals, natural fabrics, mixture of traditional and contemporary)
- ___ Eclectic – (mixture of woods and patterns, combination of curved and straight lines, antique)
- ___ International – (adventurous, ultra-modern lines with mix of materials, accent on form and materials)
- ___ Sophisticated – (classic and luxurious, clean lines highlighted by glass and metal accents)

Please take a moment to add your personal thoughts about the styles you've selected:

Are there cultural styles you are interested in using? (Asian, Southwestern, Scandinavian, French, etc.)

Are you looking to change from an existing style or step out-of-the-box? _____

Room Analysis: *(If project includes more than one room, please make copies of this form)*

Name of Room: _____

Measurements: (approx. dimensions here or please provide architectural floor plans if available) _____

Placement: (location within house, adjacencies with other rooms, compass orientation) _____

What activities take place in this room? By whom? _____

Are there any Audio/Visual needs? (tv, home theater, sound system, lighting controls, alarm systems) _____

What do you like about this room? What do you want to keep? _____

What is your main dislike about the room? What would you like to see changed? _____

Existing Features:

What are the existing light sources? (natural or artificial light) _____

What are the existing window conditions? Is there a need for privacy or room-darkening? _____

Heating/AC? (forced-air, baseboard, locations of vents) _____

Are there any drafts? Is the room normally cold or warm? _____

Is there a focal point/emphasis? (architectural or artistic) _____

Would you like to use the existing color palette? _____

Do you plan on using the existing furniture or purchase? _____

Walls: (what are they made of? (Wall board, plaster, painted or wallpaper) _____

Flooring: (wood, carpet, tile, area rug) Stay with existing or change? _____

Do you have enough storage? What do you need stored? _____