

FAMILY QUESTIONNAIRE
RESIDENTIAL DESIGN PROGRAM

Family Questions

Husband

Business or Profession _____

Hobbies, Collections, Sports (list interests which include equipment or special space requirements)

Office space at home plus special requirements _____

Wife

Business or Profession _____

Special interest (list activities and interests which necessitate extra space or storage)

Office space at home plus special requirements _____

Child or Young Adult

Name _____ Age _____

Hobbies, Collections, Sports (list interests which involve space requirement only) _____

Work or study space required, if so, please explain _____

Is music practiced? Yes ____ No ____ Is sound a concern? _____

FAMILY QUESTIONNAIRE

Child or Young Adult

Name _____ Age _____

Hobbies, Collections, Sports (list interests which involve space requirements only)

Work or study space required, if so, please explain _____

Is music practiced? Yes ____ No ____ Is sound a concern? _____

Child or Young Adult

Name _____ Age _____

Hobbies, Collections, Sports (list interests which involve space requirements only) _____

Work or study space required, if so, please explain _____

Is music practiced? Yes ____ No ____ Is sound a concern? _____

Child or Young Adult

Name _____ Age _____

Hobbies, Collections, Sports (list interests which involve space requirements only) _____

Work or study space required, if so, please explain _____

Is music practiced? Yes ____ No ____ Is sound a concern? _____

Home Social Activities We Need To Plan For

Formal Dinners _____

Card Parties _____

Club Meetings _____

Teas, Luncheons _____

Children's Parties _____

Outdoor Barbecues _____

Additional Room Questions _____

FAMILY QUESTIONNAIRE

Bedrooms

Bedroom Size Location Closet Space Comment

Baths Please indicate items desired with yes and size if important

Item	Master	Bath 2	Bath 3	Bath 4
Vanity	_____	_____	_____	_____
Shower	_____	_____	_____	_____
Tub	_____	_____	_____	_____
Water Closet	_____	_____	_____	_____
Bidet	_____	_____	_____	_____
Sauna	_____	_____	_____	_____
Jacuzzi	_____	_____	_____	_____
Heat Lamp	_____	_____	_____	_____
Medicine Cabinet	_____	_____	_____	_____
Mirrors	_____	_____	_____	_____
Clothes Chute	_____	_____	_____	_____
Towel Bars	_____	_____	_____	_____
Grab Bars	_____	_____	_____	_____
Ceramic Tile	_____	_____	_____	_____
Linen Storage	_____	_____	_____	_____
Luminous Ceiling	_____	_____	_____	_____

Comments (Bathrooms)

Living Room

Furniture Accomodations Approximate Size

FAMILY QUESTIONNAIRE

Want Living Room Located Next to

Room Size _____

Fireplace Yes ___ No
 Gas ___ Wood

Comments

Family Room

Furniture Accomodations Approximate Size

Want Family Room Located Next to

Room Size _____

Fireplace Yes ___ No
 Gas ___ Wood
Bar Yes ___ No
 Refrigerator ___ Other

Comments

Great Room (This is a combined Living Room-Family Room)

Furniture Accomodations Approximate Size

Want Great Room Located Next to

Room Size _____

FAMILY QUESTIONNAIRE

Fireplace Yes ___ No
 Gas ___ Wood
Bar Yes ___ No

Comments _____

Formal Dining Room

Furniture Accomodations Approximate Size

Normal Seating _____ Expanded Seating

Desired Built-In Storage

If related to Living Room (L-shaped), please comment: _____

_____Should
it be a seperate room? _____

Special Lighting or ceiling treatment (Formal Dining Room):

Kitchen

Location in relation to other rooms _____

Eating in Kitchen. How Many _____ at Table _____ at Snack bar

Planning Desk _____

Pantry

Item (List appliances or other amenities you expect in the kitchen.)

Appliance Yes/No Type Name Brands (choice)

Sink(stainless/porcelain) _____ _____

Disposal _____ _____

Faucets _____ _____

FAMILY QUESTIONNAIRE

Dishwasher	_____	_____
Compactor	_____	_____
Cook-Top	_____	_____
Oven/Range Top	_____	_____
Double Oven	_____	_____
Refrigerator	_____	_____
Micro-Wave	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments

Utility Room

Desired location of utility room

Item	Yes/No	Item	Yes/No

Washer		_____	Coat Closet
Dryer		_____	Freezer
Sink	_____	Pantry	
Ironing Space		_____	Bath
Drip-Dry Area		_____	Laundry Tub
_____		_____	_____

Comments

Recreation Room

Your recreation (game) Room should be located at which level (circle one):

1st floor	2nd floor	_____	Basement/Lower Level
Pool Table		_____	Kitchen
Ping Pong		_____	Bath
Seating	_____	Bar	
Fireplace		_____	Sauna
Exercise		_____	_____
_____	_____	_____	

Basement

Special Needs or Storage: _____ Work Shop _____
 Dark Room _____ Hobby Room _____
 Comments: _____

Garage

FAMILY QUESTIONNAIRE

How many cars _____ Make _____

Garage Door Preference

Single Door ___ Double Door

Special storage requirements such as: canoes, motors, snowmobiles, tires, etc.

comments: _____

Gazebo or Out Buildings

Comment on need to have a special building for gardening, outdoor equipment, storage: _____

Pets/Animals or special needs: _____

Special Rooms or Spaces

Library	_____	Sewing Room
Music Room	_____	Screen Porch
Den	_____	Wine Cellar
Office	_____	Work Shop
Garden Room	_____	Hobby Room
Greenhouse	_____	Sauna
Studio	_____	Exercise
Gallery	_____	Valuables Vault

Criteria Questions

In that all families are unique in regard to interests, furniture needs, equipment and life styles, please outline your special interests or needs.

Special items for pets.

Any items for Handicapped such as ramps, wide doors, grab bars, etc.

Patios, balconies or special outdoor areas

Are you interested in Energy Conservation? If so, in what way concerning your house?

Are there certain rooms or doors or spaces, a special orientation would be desired, such as 1) front or rear of house, 2) north, south, east or west:

Do you wish to plan for maid quarters or live-in quarters?

What planning should be made for future rooms or expansion of your home?

Future swimming pool, hot tub, tennis court, etc.?

FAMILY QUESTIONNAIRE

Check List of Miscellaneous Items

Special Exterior Lighting
Vaulted or Slope Ceiling
Intercom System
Automatic Garage Doors
Stereo Hi-Fi
Smoke Detectors
Built-in Vacuum
T.V. Antenna/or cable connections
Lawn Sprinkler System
Water Softener
Power Humidifier
Electronic Furnace Filter
Landscaping, please explain

Discipline Questions

1. When will you want to move into your home?
2. Do you have a home that must be sold? Yes ___ No
3. Do you have your property selected? Yes ___ No ___ Lot
Subdivision _____ Property Description _____ 4.

Type of Home (Circle)
Ranch (1-Story) 2 Story Split-Level Split-Entry
Basement No Basement Walk-Out Basement

5. Any special brand names you wish to use? _____ 6.

Barring unforeseen circumstances, do you plan on staying in this home permanently? ____
If no, how long do you foresee staying in this home? _____

7. How many square feet of "finished space" is there in your present home or apartment? _____

8. Have you obtained financing for your new home?

9. Please list the professionals associated with your home project and who will have a direct involvement.

Bank or Finance Company
Contact
Address

Phone #

Builder

FAMILY QUESTIONNAIRE

Contact
Address

Phone #

Interior Designer
Contact
Address

Phone #

Landscape Arch./Nursery
Contact
Address

Phone #

Real Estate Agent
Contact
Address

Phone #

10. Please detail your anticipated budget for the construction of your new home.

Land

Building Cost

(includes appliances, fixtures, and floor coverings)

Landscaping

Furnishings

Decor

(includes window coverings, special wall coverings, etc.)

Design Fees

Architect

Interior Designer

Misc.

Financing Costs

Total Budget Figure \$_____