

Bedroom Lifestyle Questionnaire

Client: _____ Home Address: _____ Phone: _____

Date: _____ Job Location: _____ Phone: _____

SCOPE OF JOB:

HOUSEHOLD

Adult Names: _____

Girls' Names: _____ Ages: _____

Boys' Names: _____ Ages: _____

Household Help: _____

Pets: _____ Dogs: _____ Cats: _____ Other: _____

ACTIVITIES

Reading: _____

Deskwork: _____

Television: _____

Other: _____

BEDDING REQUIREMENTS

OBJECTIVES

Style: _____

Mood: _____

Color Preference: _____

Furniture to Keep: _____

Budget Considerations: _____

Project Deadline: _____

OTHER CONSIDERATIONS
