

Dining Room 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: _____

DINING

	Number of People	Where	Remarks
Breakfast			
Lunch			
Dinner			

SPECIFIC REQUIREMENTS

Wine Bar: _____

Storage: _____

Other: _____

ENTERTAINING

	Number of People	Style	How Often	Remarks
Parties				
Dinner				
Holidays				

OBJECTIVES

Style: _____

Mood: _____

Color Preference: _____

Furniture to Keep: _____

Budget Considerations: _____

Project Deadline: _____

OTHER CONSIDERATIONS
