

Questionnaire



BROOKHAVEN
HOMES

ARBOR CHASE LOT 419

**THIS EXAMPLE QUESTIONNAIRE HAS BEEN
ABBREVIATED TO SHOW A SMALL SAMPLE OF THE
INTERIOR DESIGN FORM**



General Info

The following questionnaire helps with the planning and design of your new home. Please answer as fully as possible.

Contact

Name :

Address :

Phone :

Email :

PROJECT OVERVIEW

Smart Home

Do you have any specific smart home features

Interests

What are some things your family is interested in (e.g. sports, music, dance, travel, outdoor recreation etc...)

Lifestyle

Can you describe your lifestyle (e.g. homebodies, active, entertain often, have pets etc.)

Who lives in your home and what are their ages?

Do you have any accessibility needs that we should be aware of?

Personal Preferences

Aesthetic

How would you describe your design style (e.g. modern, traditional, Hamptons, beachy, relaxed, moody etc.)

Colors

Are there any colors that you love or hate?

Materials

Do you have any preferred materials or finishes (or any you don't like) (e.g. wallpaper, wall panels, interior stone finishes, hardware finishes etc.)

Existing pieces

Do you have any existing furniture or decor pieces that you would like incorporated into the design? If the list is too long just write 'yes' and we can discuss in person.

Functionality

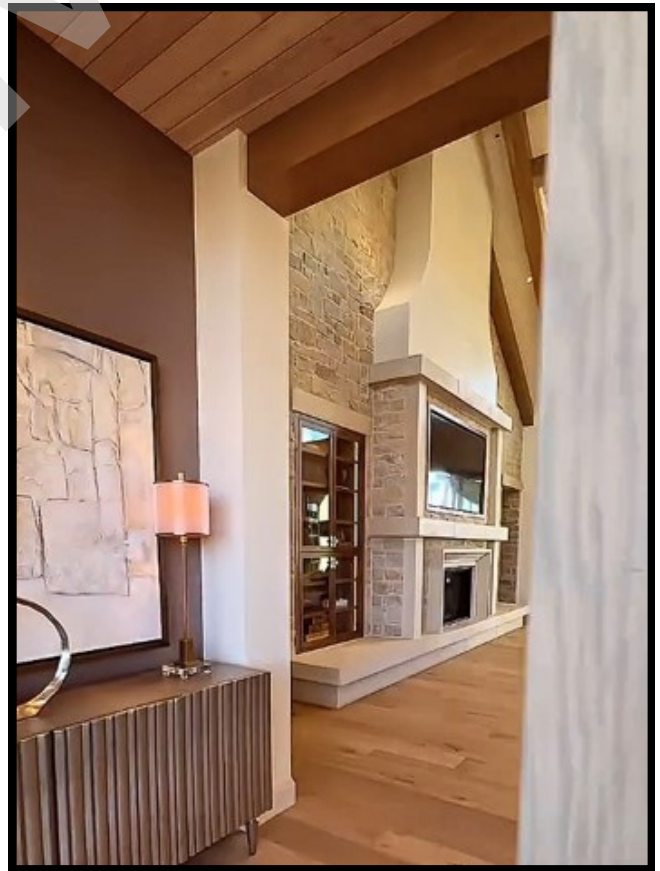
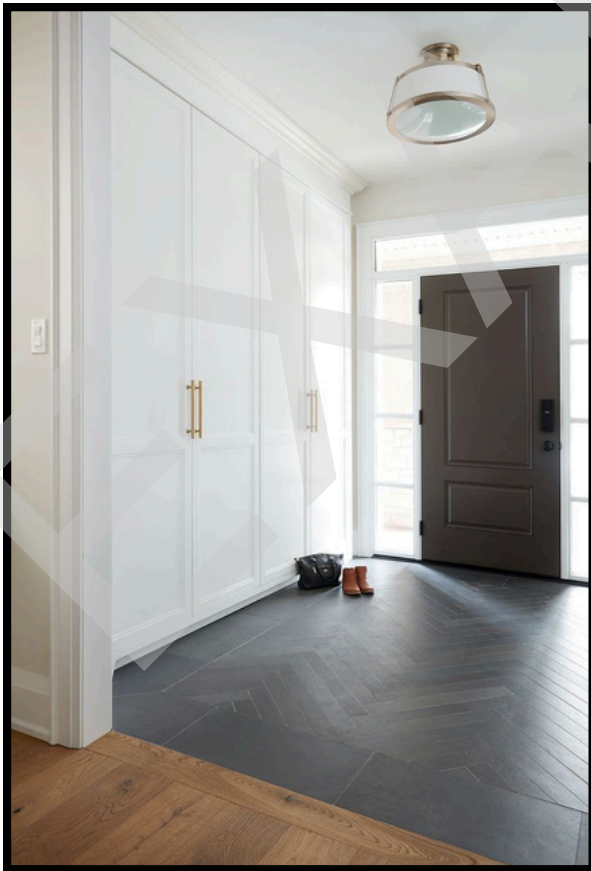
Describe the ideal functionality of your new home (e.g. lots of storage, workspaces for X people, entertaining space, movie room etc. - how does your family live?)

Entryway

These questions relate to the design and preferences within your home

Preferences

Do you have any specific requests about your design - e.g. colors you like, flooring preferences, paint colors etc.



Great Room

Preferences

Do you have any specific requests about your design – e.g. colors you like, flooring preferences, paint colors etc.

Functionality

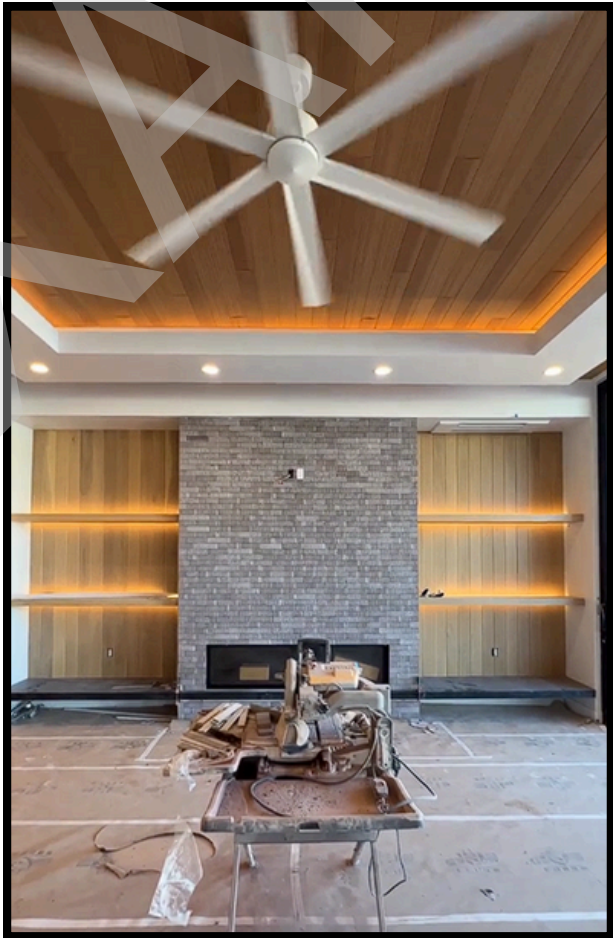
Do you have any specific functionality needs for this area (e.g. storage, seating preferences, furniture, entertaining, etc.)

Features

Select any features you would ideally like included in your great room and add any other specific requests

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Ceiling fans | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chandelier | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi Pendant Lighting Arrangement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Built-ins | |
| <input type="checkbox"/> Ceiling Tray | |
| <input type="checkbox"/> Ceiling Beams | |
| <input type="checkbox"/> Artwork lighting/display | |
| <input type="checkbox"/> Smart home features | |

Great Room



Dining

Preferences

Do you have any specific requests about your design - e.g. colors you like, flooring preferences, paint colors etc.

Functionality

Do you have any specific functionality needs for the dining (e.g. storage, furniture, size of dining table, entertaining needs etc.)

Features

Select any features you would ideally like included in your dining area and add any other specific requests

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Chandelier | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi Pendant Lighting Arrangement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> China Cabinet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ceiling Tray | |
| <input type="checkbox"/> Ceiling Beams | |
| <input type="checkbox"/> Dining Table | |
| <input type="checkbox"/> Stairs Partially Open | |
| <input type="checkbox"/> Stairs Fully Open | |
| <input type="checkbox"/> Smart home features | |
| <input type="checkbox"/> Artwork lighting/display | |

Dining



Kitchen

Preferences

Do you have any specific preferences for your kitchen (e.g. Quartz Tops, Waterfall Ledge, Paint or Stain Cabinets, lots of storage etc.)

Appliances

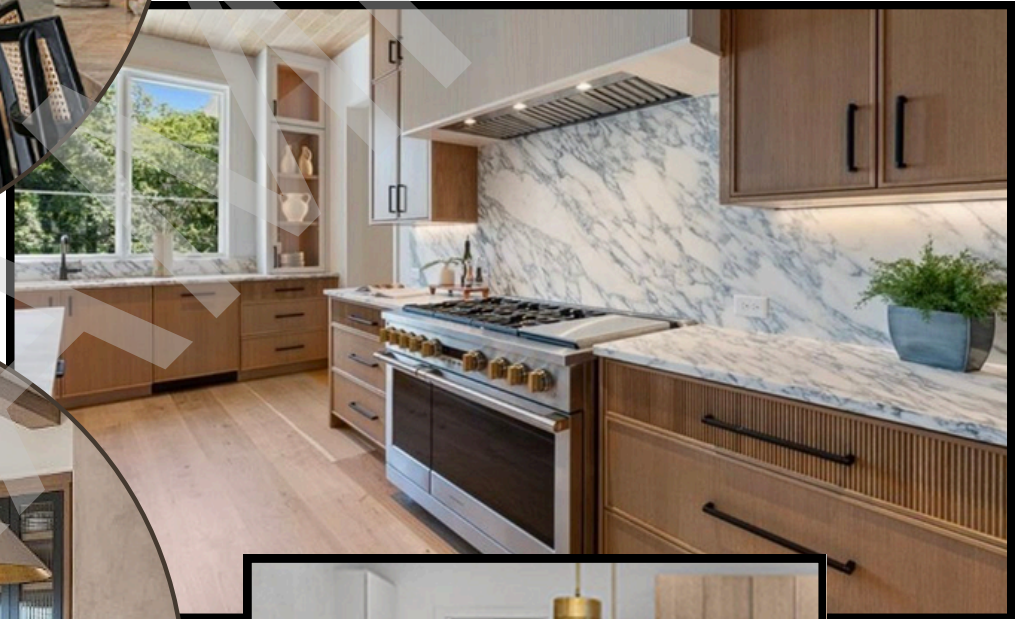
Do you have preferred brands for your appliances - e.g. Sub Zero, Bosch, Frigidaire etc.

Features

Select any features you would ideally like included in your kitchen

- | | |
|--|--|
| <input type="checkbox"/> Lots of storage | <input type="checkbox"/> sink in island |
| <input type="checkbox"/> Integrated fridge/freezer | <input type="checkbox"/> Coffee Bar Station |
| <input type="checkbox"/> Wine fridge | <input type="checkbox"/> Second fridge |
| <input type="checkbox"/> Integrated dishwasher | <input type="checkbox"/> Bar/bar nook |
| <input type="checkbox"/> 2nd dishwasher | <input type="checkbox"/> iPad/Phone charging station |
| <input type="checkbox"/> Integrated microwave | <input type="checkbox"/> Appliance Panelling |
| <input type="checkbox"/> Gas cooktop | <input type="checkbox"/> Cabinet Hardware Color |
| <input type="checkbox"/> Induction cooktop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Double oven | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Steam oven | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Warming drawer | <input type="checkbox"/> Other _____ |

Kitchen



Golf Simulator

Preferences

Do you have any specific requests about design

Installation

Would you like us to install the system? If so, please provide system specs (manufacturer and model)

Features

Select any features you would ideally like included in your simulator and add any other specific requests

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Wall Panels | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Couch/Sitting Area | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Golf Club Lockers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Additional TV Screens | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oversized Hitting Matt | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Putting Matt | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bartop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lighted Steps | |
| <input type="checkbox"/> Smart home features | |
| <input type="checkbox"/> Artwork lighting/display | |