

CLIENT ASSESSMENT FORM

Name _____

Phone _____ Cell _____

E-mail _____

Address _____ City _____ Zip _____

Today's date _____

Family members/ages _____

Any pets? _____

GETTING TO KNOW THE CLIENT:

What are your areas of concern? (Check all that apply.)

- ☐ home office ☐ mail/papers/filing ☐ kitchen ☐ dining room ☐ living/family room
☐ bedroom ☐ kids' room ☐ basement ☐ garage ☐ attic ☐ craft room ☐ laundry
☐ entryway ☐ other _____

What's motivating you to call me about getting organized? (Check all that apply.)

- ☐ stress ☐ frustration ☐ relationships ☐ move ☐ job change ☐ remodeling
☐ illness ☐ can't find things ☐ can't have people over ☐ need storage solutions
☐ new baby ☐ too much stuff (packrat) ☐ just can't get started by myself ☐ super busy
☐ need defined homes ☐ other (what "pain" are they describing?) _____

How long have you been disorganized? Were you organized at an earlier time in your life?

Did you grow up in an extremely disorganized or organized household? _____

Have you tried to get organized on your own or with another PO? _____

What has kept you from accomplishing your organizing goals/biggest obstacles to getting organized? _____

Do any of these seem to apply?

- ⊗ unrealistic work load ⊗ thrives on chaos ⊗ need to retreat/hide ⊗ unclear goal and priorities
 - ⊗ fear of success/failure ⊗ need for abundance ⊗ fear of losing creativity ⊗ clutter is a distraction
 - ⊗ dislike the space ⊗ sentimental attachment and guilt ⊗ perfectionism ⊗ other
-

How do those close to you feel about your efforts to get organized? Are family members cooperative in the goal to get organized? _____

EXPECTATIONS & GOAL COMPLETION INDICATORS:

Once you're organized, how do you hope feel? _____

What does "success" look like to you for this project? _____

Check all that apply:

- | | |
|--------------------------------------|---------------------------------------|
| ⊗ create homes for all possessions | ⊗ find what you need when you need it |
| ⊗ space has new purpose | ⊗ storage solutions discovered |
| ⊗ possessions downsized/decluttered | ⊗ new skills have been learned |
| ⊗ smooth flow to each day | ⊗ more time to relax |
| ⊗ lower stress level | ⊗ increased confidence/self-image |
| ⊗ improved relationships | ⊗ more productive/efficient |
| ⊗ clutter-free/healthier environment | ⊗ new good habits have been formed |
| ⊗ other indicators: _____ | |
-
-
-

Check any measurable results that apply:

- ⊗ reduction of clutter by ____ % ⊗ number of rooms organized ⊗ ____ % of space cleared ⊗ other _____
-

CURRENT ORGANIZATION STRATEGIES:

What IS working well in your home/office? _____

What is NOT working well in your home/office? _____

How do you handle your to-do's? _____

How do you handle time management? Do you use any kind of planner, calendar, smartphone, online calendar system, or computer program? _____

LEARNING STYLE:

How do you learn best? _____

Visual _____ Auditory _____ Kinesthetic _____

SPECIAL NEEDS:

Do you feel you have any tendencies toward: ⚙ ADD/ADHD ⚙ OCD ⚙ Anxiety ⚙ Depression
⚙ Physical or other limitations _____

AESTHETIC PREFERENCES:

Do you prefer visible or hidden storage systems? _____

Favorite colors or decorating styles? _____

Favorite home goods stores? _____

CHALLENGES AND SURPRISES:

Any problems with bugs/rodents (traps?) _____

Mildew/mold? _____

Sexually explicit material? _____

Guns on premises? _____

RELEASE PURPOSES:

How will we handle your discards? (Donation vs. garbage vs. give to family/friends) _____

TIMING:

What is best time and day to meet? _____

What is your deadline or timeframe? _____

BUDGET:

Do you have a budget in mind? _____

RESOURCES NEEDED FOR THIS PROJECT:

Check all that apply:

- ☐ junk hauler ☐ house cleaner ☐ handyman ☐ closet/shelving installer ☐ painter
☐ POD/storage company ☐ admin assistant/VA ☐ family members/friends
☐ additional POs ☐ estate sale manager ☐ other

MAGIC MOMENT:

What are the three areas I could wave my magic wand to fix first? _____
