



New Client Construction Questionnaire Form

Name: _____ Date: _____

1. Are you working with a contractor or will M.B. Designs be the General? _____
 - a. Name of Contractor (if YES): _____
2. Remodel Clients:
 - a. When was your home built? _____
 - b. How long have you lived there? _____
 - c. How long do you plan to live there? _____
3. Time Frame:
 - a. Start: _____
 - b. Finish: _____
4. Decision Makers: _____
5. Areas/Spaces to Address: _____
6. Budget (please include a range & how you came to that number):

7. What's most important to you?
 - a. Highest quality work
 - b. Schedule
 - c. Cost
 - d. Sustainability
 - e. Communication
 - f. Other: _____
8. Design Inspiration?
 - a. Have you identified Pinterest, Houzz, or magazine inspiration? _____
9. Special Needs:
 - a. ADA, Age-in-Place, etc.: _____
 - b. H.O.A.: _____
 - c. Hours of Construction: _____
10. Have you previously done a remodel? YES/NO
 - a. What was the best part of the experience? _____
 - b. What was the worst part of the process? _____
 - c. What would you have done differently? _____
11. What else would you like to share with us? Please include special considerations such as size of family, how frequently do you entertain, things you wish were different:

