

Bedroom Questionnaire

Please briefly state what you would like BBG Interiors & Design to achieve for you in your Bedroom:

What is the orientation of the Bedroom?

North		East		South		West		Don't know	
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What is the quality of the natural light like?

Bright		Neutral		Dark
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How many people use this room?

Adults		Children	
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Furniture:

List the furniture that you have in this room at the moment.

What furniture do you definitely don't want to keep?

Is there any piece of furniture that can be re-used or renovated?

Flooring

What of flooring do you have at the moment?	Do you want to keep it?	
	Yes	No
What is your preferred flooring?		

Window Treatments

What style of Window Treatment would you like?				
Curtains	Blinds	Swags & Tails	Don't Know	Don't mind
List and / or describe any patterns or colours that must NOT be included in the window treatment?				
If you want to keep your Window Treatments briefly describe them and / or take a photo of them:				

Wall coverings

What is your wall covered with?
What is your preferred wall covering? i.e. wallpaper, paint, ceramic tiles, wood etc

Lighting

What type of lighting is used in this room / area?
Is the lighting adequate for all functions that are to take place in this Bedroom?

Storage

What storage is there? Is it enough or is more storage required?

Art & Accessories

Do you have art and accessories on the walls?

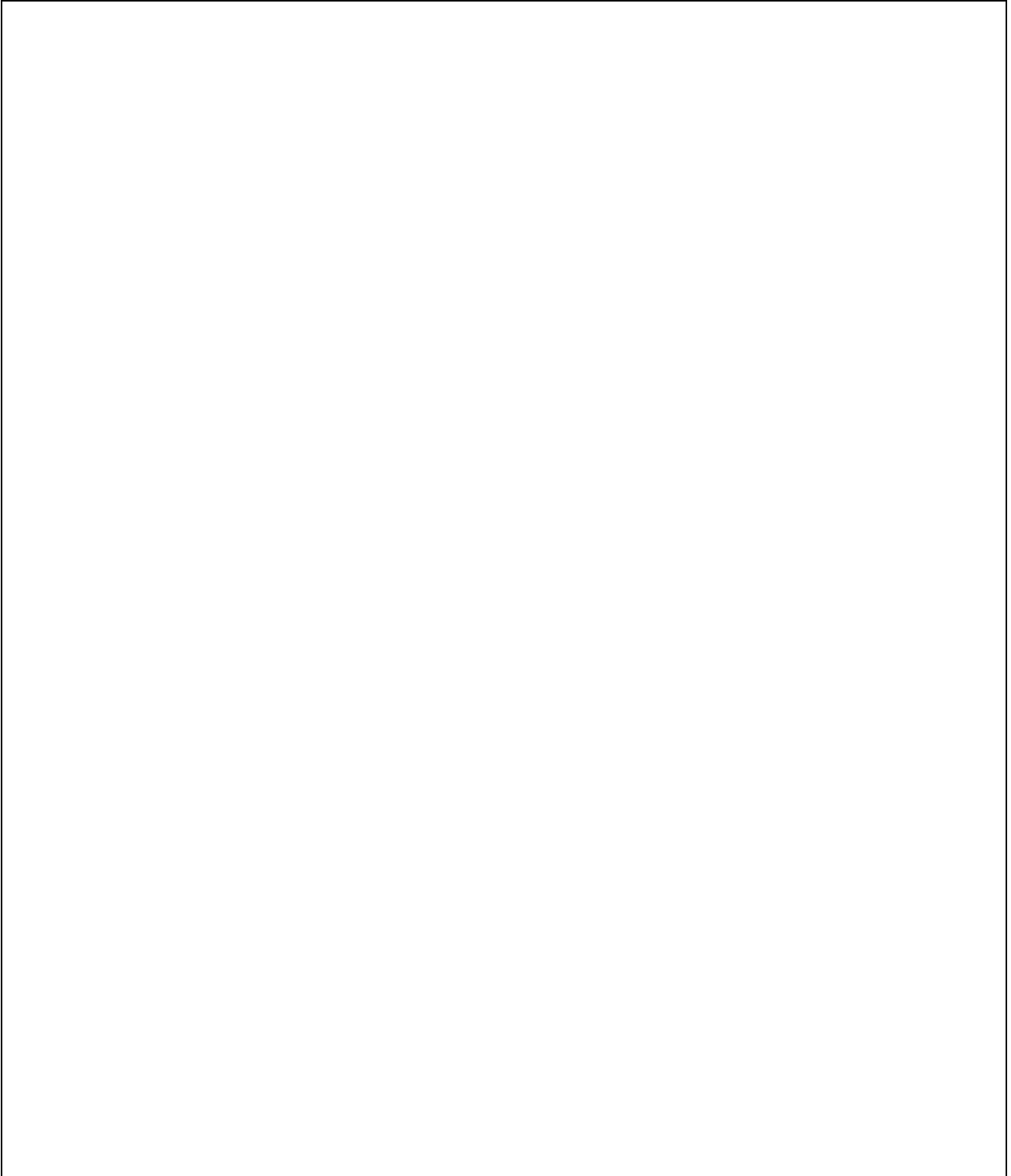
Budget

What is your budget for the Bedroom?

Other Comments:

Floor Plans

Please draw a rough sketch of the room's layout indicating where the following are:
windows, radiators, power sockets, TV aerial, fireplace



I have included photos (please tick accordingly)

CLIENT'S NAME