

Date:	
Name #1:	Name #2:
Phone #1:	Phone #2:
Email #1:	Email #2:
Current Address:	

Address of project site (including lot number and subdivision if applicable)?

PIPPIN'S FULLY SUPPORTIVE DESIGN PROCESS

This is a deep dive into all that's important for you, which is essential for designing a custom home tailored to support your life, your land, and your loved ones!

It's our job as your designers to absorb and distill all the information you provide to us from this questionnaire into a cohesive plan that captures your vision.

All information provided is confidential.

Please don't be concerned if you're unfamiliar with the terms used or are unable to give an answer in any of the areas. Bring any questions you have to the meeting with you.

*Note: The more detailed you are, the easier and faster we will be able to create design concepts that you love. Take as much time as you need to think through your answers.

Considerations While You Go Through the Questions:

- Plan to spend between 2-4 hours answering the questions.
- Take your time to make sure you've considered and incorporated all the features and details that will really *make your heart sing*. You do not want to rush the designing stage. This is where the magic happens!



- Be as descriptive as possible and tell us exactly what you truly desire and exactly what you do NOT desire. It's just as important to know what you don't want. Give examples, where needed.
- Allow yourself to dream BIG. Don't be afraid to think about and tell us what your "perfect world" would be like. We want to be sure to include your truest desires. We typically know multiple ways to create design solution for a given situation.
- Focus on how you want to FEEL in your home. Let your heart guide you.
- If there are differences of opinions amongst members of your household, let us know all the opinions; we want to address everyone's concerns and will likely be able to create something that works for everyone. Be open to compromise.
- Think about your current needs and try to anticipate future needs or life changes i.e., who will or will not be living with you, do you plan to age in place in your home?
- We encourage you to create a digital scrapbook. Include images of things you like, spaces that create a good mood or feeling, and pictures that you are simply drawn to. Be sure to make notes with the images you save, so we'll know exactly what it is you liked about the image and what is not relevant. The following link will help you set up a Houzz Ideabook: https://www.youtube.com/watch?v=9CP5wk7pVX4
- If a question is not relevant to your situation, just skip it.

OVERVIEW – THE BIG PICTURE

What is it that you REALLY want for your life in your new or renovated home?

What would make you feel the best?

LIFESTYLE

What does a typical day look like for you?

What activities or hobbies do you enjoy in your free time?

What does self-care look like for you?



Do you consider yourself more of a morning or evening person when it comes to productivity?

What is your dream vacation or adventure? What about the location, the activities, or the amenities that are most appealing to you?

What are your effective strategies for managing stress and preventing burnout?

What role does technology play in your life?

What's most important to you in life right now?

What does living your best life mean to you?

INVESTMENT

What are you planning to invest in your home project? (choose one or more parameters)

- \$_____ Home without land and other features
- \$_____ Overall total project including land
- Between \$_____ and \$_____
- \$_____ per square foot

One of our key strengths is our ability to create designs that align with your budget. Clear communication about your budget helps us avoid spending time on designs beyond your means. We guide all clients through realistic decision-making to ensure the project remains within the intended investment.

*NOTE: The building industry has been experiencing an elevated cost of materials and labor shortages for years. These factors were exacerbated by the pandemic. Your home construction costs are likely to be higher than you initially anticipate. We recommend talking with a local builder to gain insights into current costs.

We often design homes that are planned for future additional phase(s), allowing you time to save more capital and continue adding on when the time and increased investments are available. Is this something you might be interested in? Yes / No / Maybe



GENERAL INFORMATION

When would you like to start building or be moved into your new home?

Do you already own your property? (circle) Yes / No

If yes, we will need you to supply survey information that includes topography (contours of the land), tree survey (if any), a site plan (showing all easements and building set back lines). The survey can be uploaded to your personal Drive folder (link should have already been shared with you) or emailed to Jenny@pippinhomedesigns.com

Have you ever built a new home or remodeled before? (circle) Yes / No

If Yes, how was the experience?

BUILDING SITE CONSIDERATIONS

Why did you choose this property for your home?

How do you feel when you're on this property?

Does your property have an unusual shape or challenging building envelope?

Are there slopes and subsurface conditions to be taken into account? Please describe.

Are you in a HOA? Yes / No

Are there any of the following subdivision requirements and/or local covenants that could influence design criteria? (Check all that apply)

Building Height Restrictions	Roof Slopes
Setbacks	Right of Way Easement Limitations
Square Foot Minimums	Other Environmental Limitations

*Note: If there are Architectural guidelines for your subdivision, please email us a copy or a link to access them. (jenny@pippinhomedesigns.com)

Will the home have a: (circle)

Well Septic Municipal Water/Sewer

Does the property have any of the following issues that you are aware of? If so, these will need to be addressed in the design process.



Erosion problems	Ecological problems
Steep slope	High water table
Shallow bedrock	Other
Any of the following unique site features? Barns on Property	Boulders on Property
Dock on Property	Creek on Property
Existing Swimming Pool	Lake
Outbuildings on Property	Pastures on/or Adjacent to Property
Mature Trees on Property	Pond on Property
Trails on/or Accessible to Property	Grandfathered-in setbacks
Other	
Do you want any of the following major site in Tennis Court	provements? Pool
Terraces	Outbuilding/ADU
Boathouse	Barn
Rental	Storage Building
Other	
VIEWS & THE GREAT OUTDOORS Unique Views of Lot: (Check all that apply)	
Beach front	Mountain View
Beach Views	Nature Preserve
Farmland/Countryside	Water View – Beach
Golf Course	Water View – Lake



Heavily Forested	Pond View
Lakefront-Shoreline	Creek View
Lakefront-Peninsula	Other

What natural features on your property are important to view, enhance, protect, or experience in any way?

Which is your favorite?

Are there any features on your property or abutting your property that you want screened from view?

Are there any views that you want to achieve from a particular location or room?

Are there any views that you want to avoid from a particular location or room?

What outdoor spaces are important to you?

Garden	Pool	Hot tub	
Play Area Gazebo		Fenced areas	
Recreation Area	Outdoor Kitchen/Grill	Outdoor Dining	
Storage Building	Water Feature/Pond	Fireplace/fire pit	
Cabana	Playhouse	Tennis Court	
Other			
transitional spaces are important to you?			
Covered Porch Open Deck		Open Patio	

Covereu warkway Screeneu-III areas Other	Covered Walkway	Screened-in areas	Other
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THE FEEL OF THE HOME

Having a home that FEELS good to live in is extremely important. How do you feel in your current home?

What



How do you desire to feel in your new home?

What is the intention for this home: Primary Residence Secondary Residence Vacation Home Rental Flip Other

If primary, do you spend long periods of time away from home, or is it almost always occupied?

If secondary, how much time will you spend there and at what time of year?

Would it ever be a rental? Yes / No

Is this your forever home? Yes / No

If No, how long do you anticipate living in the home?

Are you designing it with re-sale in mind, or as an investment property? Yes / No

What level of accessibility are you concerned with? (circle one)

None	Entire Home	Just These Rooms:

If selected certain spaces, which spaces would you like to be accessible?

Do you use a wheelchair, walker, cane, or other?

Do you need a stair lift or elevator, or need to plan for a future one? Yes / No

PROJECT SCOPE

How much heated square footage do you anticipate needing?

Lower Level _____ First floor _____ Second floor _____

How much total under roof square footage do you anticipate having, including the heated, unheated, unfinished, garages, porches, etc.?



Basement

*NOTE: We highly recommend that you measure the sizes of the rooms you have in your existing home to determine if they meet your needs or could be adjusted to better suit you.

Ceiling heights required for each floor level?

First Floor_____ Second Floor_____

Third Floor_____ Basement/Lower Level_____

What will your home be built on?

Crawl Space Slab

Number of Bedrooms including Master Bedroom (circle one)

Two bedrooms Two bedrooms with optional office/third bedroom Three bedrooms Three bedrooms with optional office/fourth bedroom Four bedrooms Four bedrooms with optional office/fifth bedroom Five or more bedrooms (Put desired number above 5): _____

How many Full Baths would you like? _____ Half Baths? _____

Will there be multiple Laundry areas? Yes / No

On which floor(s) do you want the Laundry Room(s)? _____

Desired Spaces for Inside of Home (circle all that apply and label which floor you would prefer each room ex. 1st, 2nd, Bsmt):

Floor Preference	Desired Space
	Open Concept in Layout
	Master Suite
	Full Bathrooms (Two)
	Full Bathrooms (Three)
	Full Bathrooms (One for each Bedroom)
	Full Bathroom (Jack and Jill)
	Powder Room (1/2 bath)
	Multiple Powder Rooms (1/2 bath)
	1/2 Bath (Jack and Jill or Buddy Bath)
	Chef's Kitchen



Caterer's Kitchen
Second Kitchen
Butler Pantry
Scullery
Walk-in Pantry
Breakfast Area
Formal Dining Room
Wet Bar
Wine Cooler
Wine Room/Cellar
Entertainment Bar
Rec. Room
Bonus/Play/Game Room
Family Room/Den
Media/Theater Room
Man Cave
She Space
Library
Study
Home Office – Single
Home Office – Duel
Zoom Room
Fitness Room/Home Gym
Indoor Basketball Court
Yoga/Pilates Room
Prayer/Meditation Room
Basement
Walkout Basement
Mother-in-Law Suite
Bunk Room
Drop Zone
Elevator
Art Studio
Craft Studio
Hobby Area
Sunroom
 Green House Room
Gardener's Room
 Laundry Room(s)
 Dog/Pet Room
 Workshop
 Utility Room
Other



Desired Spaces for Outside of Home: Basketball Court (outdoor) Tennis Court(s) Dock **Outdoor Living Seating Basement Terrace** Granny Flat / ADU Summer Kitchen **Outdoor Fireplace** Firepit **Private Pool** Hot Tub Pool Cabana **Pool House Putting Green** Car Port Nursery Other

Two-car Garage Two 2-car Garages Three-car Garage Four-car Garage **Attached Garage** Detached Garage Screened-in Porch Balconv(ies) Veranda(s) Pergola Front Porch **Back Porch** Wrap-around Porch **Multi-Level Porches Covered Porch** Work Area

Do you imagine any future additions to the home that would require planning for expansion?

ARCHITECTURAL STYLES

Which architectural styles are most appealing to you for your home? (Rank your TOP 5)

Art Deco Art Nouveau Asian Inspired Cape Cod Craftsman Cottage Contemporary Colonial Dutch Colonial French Colonial French Country French Provincial French Chateau Greek Revival Gothic Revival Italianate International Lake Cottage/Cabin Low Country Mid-Century Modern Mediterranean Modern Modern Farmhouse Mountain Lodge Mission Revival Neo Classical Queen Anne - Victorian Saltbox Shed Shingle Stick – Victorian Second Empire – Victorian Southwestern Spanish Colonial Storybook Traditional Ranch Timber Frame Tudor Transitional



Federal Georgian Prairie Pueblo West Indies Other_____

Which ONE style do you want to be the focus of your new home?

What style(s) do you particularly DISLIKE?

For the main living areas, do you prefer an open floor plan, rooms physically separated from one another, or spaces visually separated with architectural features?

ARCHITECTURAL FEATURES

What exterior and interior features are you interested in?

Exterior:

Exterior Brackets	Exterior Columns	Deep Overhangs
Double Fascia Boards	Exposed Rafter Tails	Exposed Rafters in Porch
Gabel Roof End Details	Floor Finish on Porches	Ceiling Finish on Porches
Railing Style	Column Style	Other

Roofin	8	- 11	~1 1
	Metal	Rubber	Shakes
	Shingles	Slate	Terra Cotta
	Barrel Ties	Other	
Siding	:		
U	Bark	Brick	Wood Siding
	Fiber Cement Siding	Metal	Shake
	Stone	Vertical Board & Batten	Stucco
	Horizontal Lines	Vertical Lines	Concrete



Stone (real or cultured) Vinyl Other	
Porch Flooring: Brick Composite Concrete	
Stamped Concrete Wood Tile	
Stone Pavers Other	
Interior: Column Style Ceiling Beams Bi-Folding Glass Do	or
Arched Openings Barn Doors Pocket Doors	
Built-ins Tray Ceilings Stone Accents	
Art Niches Wood Ceilings Cove Lighting	
Vaulted/Cathedral Ceilings Other	
List which rooms you want these features located in.	
ENTRY Do you want a 'WOW' factor entry exterior? Yes / No	
Or do you prefer a more understated entry exterior? Yes / No	
Which entry door type do you prefer?	
Double Door Single Door	
If single door, do you want a regular 36" door or an over-sized width door?	
Do you want sidelights? Yes / No	



FOYER

Which kind of Foyer do you prefer?

A wide welcoming Foyer

A small simple Foyer

Do you want a coats closet in or accessible to the Foyer?

Is a view through the home upon entry into the Foyer important to you, or do you prefer more privacy with no view through the home from the Foyer?

Do you like to view stairs from your Foyer? Yes / No

Do you prefer a back staircase in the Garage/Drop Zone entry? Yes / No

Additional comments about Foyer?

KITCHEN

What views do you desire for the kitchen/cooking areas?

Do you want your sink located at a window? Yes / No

Do you spend a lot of time in the kitchen? Yes / No / Sometimes

Do you eat out most of the time? Yes / No / Sometimes

How many household members cook?

If multiple cooks, do you all like to cook together? Do you want multiple prep stations?

Are there any specific needs to be addressed in the kitchen? (height limitations, left-handedness, children's small hands, accessible, etc.)

Please check if you desire any of the following in your main Kitchen:

Dishwasher: How many?			
Separate cook top: (circle) Gas	Electric	Downdraft	Updraft
Oven/cook top combination			
Double ovens			
Refrigerator(s): Built-in			
Standard Freezer: (circle) Part of	f refrigerator	Separat	e Unit
Second Sink (Prep Sink)			
Architectural-type stove hood			
Walk-in Pantry/Scullery			
Cabinet style Pantry			



- _____Pot/Pan Storage Drawers
- ____Open Shelving
- _____Wine Storage / Cooler
- _____Wet Bar
- Island with seating number of stools 2/3/4/5/6
- _____Island with appliances or fixtures
- _____Island without appliances or fixtures
- _____Peninsula
- _____Disposal
- _____Trash compactor
- ____Icemaker
- _____Microwave
- ____Other____

If selected Walk-in Pantry/Scullery, what would you like this room to include:

- _____A hidden access door
- _____ Sink
- _____ Dishwasher
- _____ Disposal
- _____ Second refrigerator
- _____ Second oven
- _____ Microwave
- _____ Wine cooler
- _____ Window to a view
- _____ Pass-through window
- _____ Be a walk-through
 - _____ Have access from the garage

____Other_

What secondary activities would likely take place in your kitchen?

Eating	Computer	Kids' projects
Laundry	Hobbies	Growing plants
Study	TV/radio	Sewing
Planning desk	Other:	

Do you grill outside? Yes / No If so, how often?

Do you want a Summer Kitchen outside? Yes / No

If so, what are the features/appliances you want included?



Grill	Green Egg	Fryer		
Pizza Oven	Sink	Under Counter		
Refrigerator	Wine Cooler	Ice Maker		
Beer Tap	Bar Seating	Other		
Do you want a pass-through	window from the Kitche	en to a Summer Kitchen? Yes / No		
Additional comments about	the Kitchen:			
DINING What views do you desire fo	r the dining areas?			
Where does your family typi	cally eat daily meals?			
Kitchen %	Dining Roo	m %		
Porch/Outdoors %	Other %			
Does you family usually all e	at together or do you ea	t at different times?		
Do you use a rectangle or ro	und table?			
What are the dimensions of	the table (LWH)?			
How many table seats are re	quired?			
Is a separate, formal "dining	room" required? Yes	′ No		
If so, do you have specific fu	rniture pieces that must	be included in this room? Yes / No		
If Yes, what are the furniture pieces and what are their dimensions (LWH)? Please provide photos of any large pieces of furniture.)				
Additional comments about	Dining Areas:			
GREAT ROOM What views do you desire fro	om the Great Room?			



Is a separate formal living room required? Yes / No

What size do you want your Great Room to be?

What items do you want in the Great room?

Fireplace	Bookcases	Wet bar

Window SeatBuilt-in ShelvingOther: _____

Do you want access to the outside living spaces from the Great Room? Yes / No

Do you have any large pieces of furniture or equipment that require special spaces like nooks or alcoves? Yes / No

If Yes, what are they and what are their dimensions (LWH)? Please provide photos.

Additional comments about the Great Room:

THE MASTER BEDROOM SUITE

What views do you desire from the Master Bedroom?

How much time do you spend in the Master Bedroom?

A Lot	A Little	Somewhere in Between

What elements do you desire for your Master Bedroom?

Private En Suite Bath	Sitting Area	Window Seat
Outside Access	Covered Porch	Balcony/Terrace
Fireplace in Bedroom	Fireplace in Sitting Area	See Through Fireplace
Walk-In Closets	Changing Room	Make-up Area
Built in Bookcases	Coffee Bar	Laundry
Skylights	Sun Tunnels	Other
Are you early risers? (This deter	mines solar orientation.)	Yes/No/Sometimes

On which floor do you want the Master Bedroom?



Additional comments about Master Bedroom:

MASTER BATH

What elements do you desire for the Master Bath?

Whirlpool	Garden Tub	Free-Standing Tub
Separate Shower	Double Sink Vanity	Separate sinks
Linen Closet	Walk-through Shower	Doorless shower
Separate Toilet Room	Make-up Area	Built-in Shelving
Walk-in closet(s)	Windows	Skylights
Sun Tunnel	Other:	

Additional comments about Master Bath:

MASTER WALK-IN CLOSET(S) What elements do you desire for the Master Closet?

Built-in Draw	vers	Shelves	Bench	
Island		Ironing Board	Stackable Washer/Dryer	
Cedar		Safe	Access to Laundry Room	
Automated H	anging Syste	em	Other	
How many feet of ha	inging space	do you need? Double	Single	
Do you want one large or two separate his/hers closets?				
How do you want to	access the cl	oset(s)?		
Bedroom		Bathroom	Between	
Additional comment	s about the l	Master Closet:		



ADDITIONAL BEDROOMS

What level of the home do you want these bedrooms located on?

Br #1	Br #2	Br #3	Br #4
-------	-------	-------	-------

Do you need a secondary/accessible bedroom on the first floor? Yes / No

What views do you desire from the additional bedrooms?

Will the additional bedrooms be used strictly as sleeping and clothing spaces, or will they be used for homework, hobbies, TV, crafts, playing, or other?

Do you want these rooms to each have their own private bath, share one common bath, or perhaps one shared bath per two adjoining bedrooms?

Any balconies, terraces, or covered porches from these additional bedrooms?

Will there be early risers sleeping in these bedrooms?

Additional comments about the other bedrooms:

HOME OFFICE

Will anyone conduct business or do work at home? If so, how many people?

How many people will work from the Home Office full time?

Part-time?

Do you want a designated Home Office room or could a guest room double as an office?

Would a small office nook suffice?

Will the Home Office require separate entry and other privacy considerations?

Do you need a Home Office that accommodates clients? Yes/No

If yes, how many clients at one time?

Any special electrical requirements?

Any large pieces of furniture that must be considered for the Home Office? Yes / No



If Yes, what are they and what are their dimensions (LWH)? Please provide photos.

Additional comments about the Home Office:

BASEMENT/LOWER LEVEL What elements do you desire for the basement/lower level?

Walk-Out Basement	Parents Suite	Bar/Wine Room			
Recreation Room	Fireplace	Built-ins / TV			
Home Theater	Gym	Bunk Room			
Safe Room	Mechanical	Bedroom(s)			
Bathroom	Covered Patio	Grilling/Summer Kitchen			
Bathroom with Pool/Lake access Other					
Additional comments about the basement/terrace/lower level:					

STORAGE

How would you rank yourselves?

Minin	nalists	Ordinary Savers				Packrats			
1	2	3	4	5	6	7	8	9	10
What	are your pr	imary sto	rage nee	ds/requir	rements?	1			
	Yard		(Garden/P	otting Ar	ea	Pool/Lal	ke Equip	ment
	Sports Equ	iipment	Outdoor Furniture		!	Kids Toys / bikes			
	Other	ther							
Where do you want these things stored?									
	Garage]	Barn			Shed		



Outdoor Compartments	Basement	Other
Do you like clean lines with clut	ter hidden from view?	
Additional comments about stor	rage:	
PARKING/GARAGE What are your parking needs?		
Attached Garage	Detached Garage	Carport
Uncovered Spaces	Secondary Parking Area	First Floor
Basement	Other	
What vehicles and how many of	each will need to be stored?	•
Cars	Trucks	Boats
Motorcycle	ATV/4-Wheeler	_ Jet Skis
Riding Lawn Mower	_ Campers/RV	Other
How many enclosed garage bays	s are needed?	
What elements do you desire ins	side the garage?	
Workshop Space	Work Bench	Bathroom
Space for Tools	Space for Machinery	Above Garage Apartment
Car Charging Station	Heated/Cooled	Hot/Cold Water
Ramp for Accessibility	Sink	Refrigerator
Single or Double Overhea	ad Doors	Person Door
Storage for Materials, Wo Other	ood, Paint, etc.	Additional Storage
	_	

Do you have special electrical requirements?



Additional comments about parking/garage:

DROP ZONE OR MUDROOM/FRIENDS & FAMILY ENTRY What do you want in the Drop Zone or Mudroom entry?

Coats Closet	Cubbies	Bench
Shoe Storage	Sink	Pet Feeding
Station/Storage	Dog Beds/Kennels	Dog Wash
Outside Entrance	Other	

Additional comments about Drop Zone/Mudroom/Entry:

CURRENT HOME VS. NEW HOME

What rooms or features do you like about your current home? How should your new home be the same?

What are some rooms or features about your current home that you don't like? How should your new home be different or improved upon?

LOVED ONES

We'd like to learn more about you and the ones you love.

Please provide a list of all household members and any special needs or interests they may have:

Special considerations for now and the future?



Accessibility Aging Family Member(s) Young Children (How Many?)

Do you have kids now or are planning for any in the future? Yes / No

Do you have grown children who will visit? Yes / No

Do you have grandkids or planning for them in the future? Yes / No

Adult kids returning to the nest? Yes / No

Do you have a large extended family and need space for frequent guests or long stays? Yes / No If yes, how many? _____

Do you have household pets, if so what kind and how many? Are you planning for any in the future?

Do your pets have any special requirements?

Is privacy an important factor to you?

Is there anything else we should know about your loved ones?

LIFESTYLE What are your professions?

What are the daily routines or habits of each member of the household?

Interests & Hobbies:



Reading	Entertaining	Movies/Home Theatre
Music	Dancing	Playing Instrument
Crafts/Sewing	Cooking	Painting
Yoga/Meditation	Boating	Golf
Sports	Hunting/Fishing	Games
Astronomy	Working Out	Gardening

Other _____

Do you own any equipment that needs to be incorporated or planned for in any way to accommodate any of the above activities?

Where in your house do people tend to gather and spend most of their time?

Kitchen	Great Room	Porch
Outdoors	Rec. Room	Other
How do you like to move abou	t your home during the day?	
During the evening?		
What spaces or rooms would e	enhance your daily routines?	
Desired workout type or exerc	ise regimen?	
What are your passions, value	s, and inspirations?	
TV habits: Important	Regular / Occasional	Not Important at All
Music: A Focus	In the Background	Not Important at All
What is your favorite room in	your house? Why?	
What part of your home do yo	u use the least?	



Is your home a place to r	estore, entertain, or both?			
How often do you enterta	How often do you entertain?			
Often	Occasionally	Almost Never		
What is your preferred ty	vpe of entertaining?			
Meals	Music	Games		
Workshops/Class	es TV/Movies	Pool/Lake Side		
Other				
Entertaining style:				
Formal	Informal	Combination/Both		
Average number of guest	ts:			
1-6	7-12	More than 12		
Average guest age:				
Adults	Teenagers	Children All Ages		

What other activities or needs are a priority, where do they take place, and what is required to support them? (ex. parenting, religion, or whatever activities are at the core of your daily, weekly or monthly life are important to uncover.)

Are your needs and lifestyles likely to change and transition as you live in this home?

ARTWORK/COLLECTIONS

Do you have any collections you would like to display? If so, what are they and where would you like to display them?

Do you have any artwork, family portraits, photos etc. you would like to display? If so, where?



OVERALL FEELING

How do you want your spaces and rooms to feel?

Light and Airy Cozy Dark and Cave-Like

What mood do you want to create throughout your home?

Elegant	Understated	Worldly
Relaxed	Lively	Sophisticated
Open	Impressive	Natural
Unpretentious	Traditional	Striking/creative
Snug/Cozy	Comfortable	Spacious
Welcoming	Romantic	Other:

Is there a message or feeling you want the house to convey to others? What do you want your home to say about you?

Is there a special theme you want to incorporate throughout the home?

Are you interested in Feng Shui? Yes / No / Not Sure

If yes, what elements of Feng Shui are you particularly interested in, or that you want to incorporate and where?

ACCESSIBLE & UNIVERSAL DESIGN

Which aspects of Accessible Design interest you? (Check all that apply)

Elevator	Stacked closets (future elevator)
Barrier free entry	Motion sensory lighting
Open concept floorplan	Wide corridors and doorways
Accessible bathroom	Curbless shower
Shower built-in seating	Single shower handle valves
Lever switches	Lever handles



Raised electrical outlets	Lowered light switches
Lower countertops	Roll under sink, cooktops, countertops
Cooktops with front mounted controls	Seated kitchen prep area
Touch latch cabinets	Drawers instead of traditional cabinets
Hidden ramp in garage	Ceiling rail lift system
Raised washer/dryer	Raised dishwasher
Other	

HIGH PERFORMANCE & ENERGY

What do you want to incorporate or learn more about?

Lower Utility Bills	Increased Home Value
Elevator	Low Maintenance
High-Quality Construction	Durable Construction Materials
Excellent Indoor Air Quality	Eco-Friendly Materials
Energy Efficiency	Energy Star Appliances
Solar Power Energy	Passive Solar/Sun Tempering
Active Solar (Electricity of Hot Water)	Skylights
Battery Bank/Generator	Sun Tunnel (Captures Sunlight)
High Performance HVAC	Remote Control Lighting
Heated Floors	Remote Control Window Treatments
Central Vacuum	Whole House Audio/Video
Water Saving Features	Geothermal Energy
Grey-Water Systems	Zoned Irrigation System



	Tankless Water Heater	R	Rainwater Co	ollection
	Security System	S	Spray Foam I	nsulation
	Net-Zero or Net-Positive H	lome (With A N	let-Zero Ene	rgy Bill)
	Other			
How i	important is energy efficienc	cy to you?		
	Primary Concern	Somewhat Imp	portant	Not Very
	ou interested in Advanced Fi more info on this? <u>https://www.energystar.go</u> <u>ng.pdf</u> <u>https://www.apawood.org</u> ,	ov/ia/home_im	provement/	
What	type of floor system do you	prefer?		
	I-joists	Open Web Floo	or Trusses	
What	will the energy source(s) for	the home be?		
	Solar	Natural Gas		Propane
	Geothermal	Electricity		Other
What preference do you have for types of heating?				
	Radiant Floor Heating (Ele	ectric or Water)		Forced Air
	Wood or Pellet Stove	Gas Fireplace		Wood-burning Fireplace
	Not Sure (Would Like to Le	earn More)		
How	many fireplaces and where d	lo you want the	m located?	
Do yo lightii	u favor a low general lightin ng?	g level with tas	k lighting, oi	r a high overall level of



What kind of specialty wiring would you like in the home?

TV/Home Theater	Phone	Cable
Electric Vehicle	Audio	Video
Data Jacks	Lighting Controls	Security
"Smart" Features	Wireless	Central Vacuum
Sprinklers for Fire Protection		Other

HEALTH & WELLNESS

What health or wellness issues concern you?

Indoor Air Quality	Fresh Outdoor Air	Humidity
Temperature Control	Mold Toxicity	Chemical Toxicity
Environmental Toxins	Herbicides/Pesticides	Water Contamination
Formaldehyde Free Materials		Sick House Syndrome
VOC's (Volatile Organic Compounds)		Sunlight
Recycled Products Sustainable/Renewable Pr		roducts
Current Special Needs	Future Special Needs	Accessibility
Other		

Are there any family members who have allergies? Yes / No If yes, what are the allergies?

Does anyone have difficulty moving around due to pain, injury, or stiffness? Yes / No



DAYLIGHTING
What type of windows/daylighting do you prefer?
AwningDouble-HungCasementAwningDouble-HungSlidersSingle HungFixedSkylightsSun TunnelsOther_____Do you like broad expanses of glass? Yes / NoYes / No

Do you like insect screens? Yes / No

What is the quality of light you want to achieve and where? (ex. morning sun in the bedroom, kitchen, or breakfast nook/dining area, afternoon light in home office, sunset views in living room or Master Bedroom, dark at night in bedroom, ability to create different moods in the dining room, etc.)

What spaces would you like to incorporate to improve or increase your health and vitality?

IN SUMMATION

Do you make decisions quickly or do you need time to think about things?

Do you need to see multiple options for a design solution before making a decision?

What is your highest priority during the design process? (spaces, timing, views, ecofriendly, budget, etc.)

Is there a particular way that you would like to work with us, or is there something you want us to be aware of or sensitive to?

Is there anything else you'd like to have, not mentioned on this questionnaire that would simply *knock this design out of the park* for you?

What are your must have's in the home?

What are your would like to have's?



What questions do you have for us?

THANK YOU FOR YOUR TIME, ENERGY, AND EFFORT!

Congratulations! You've officially begun laying the groundwork for your dreams to manifest into a home that will fully support your life, your land, and the ones you love!

Remember, this is just the beginning step!

You may decide to change your mind later about some or much of the above information, which is both reasonable and expected.

Creating a home that is truly supportive is a well-planned, enlightening, and demanding process for all those involved - it's well worth the time and effort required.

We look forward to getting to know you and for you to get to know us. Our openness and communication will help create the trust required for this endeavor.

We know you value our expertise and so we ask that you remain open to our suggestions and recommendations during the design process.

We intend to serve you and your deepest desires with the best solutions possible in the creation of your Fully Supportive Home!

Jenny Pippin, CPBD, FAIBD, CGP Pippin Home Designs