



**Callahan
&
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FAMILY ROOM QUESTIONNAIRE

There are two main objectives for filling out this questionnaire. First of all, the process of filling out this form will get you and your family thinking about the questions you need to ask yourselves before starting a construction project.

The second objective of the questionnaire is to help us understand the vision you have for your project and help plan a direction for its realization. Be frank about what you want the end result to look and feel like, but also be prepared to explore new ideas and alternatives.

Every project Callahan & Peters, Inc. undertakes is considered a unique design opportunity, each with its own scale and budget. This questionnaire is a tool to help jumpstart communication between you and Callahan & Peters, Inc. The responses you give here are not final design decisions, but rather initial concepts that will be used as a reference to help develop a program for your project.

PERSONAL INFORMATION

Name _____

Street Address _____

City, State and Zip _____

Day Phone _____

Evening Phone _____

Cell/Car Phone _____

Email Address _____

GENERAL INFORMATION

1. Is your current Family Room large enough? Yes [] No []

2. Would you consider incorporating additional existing space (combining existing rooms) into one larger space? Yes [] No []

3. Would you consider adding additional room by building onto your existing house?

Yes

No

4. Why do you want to remodel your Family Room?

5. What are the main features that you LIKE about your current/previous Family Room?

6. What are the main features that you DISLIKE about your current/previous Family Room?

7. How many people will use the Family Room on a daily basis?

1-2

5-7

3-4

8+

8. What are the names and ages of your children (if any)?

9. How many people would you like to comfortably seat?

- 1-2 5-7
 3-4 8+

10. Does anyone in your family have a physical disability (for example, requires the use of a wheelchair) that may need to be accommodated in the design and/or layout of your Family Room?

Yes No

11. Which of the following need to be planned for or accommodated in the design of your new Family Room?

- | | |
|---|--|
| <input type="checkbox"/> Built-in desk | <input type="checkbox"/> Home Theater system |
| <input type="checkbox"/> Free-standing desk | <input type="checkbox"/> Artwork |
| <input type="checkbox"/> Television | <input type="checkbox"/> Card or game table |
| <input type="checkbox"/> Stereo System | <input type="checkbox"/> Pool Table |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Children's Play Area |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Other (Explain below) |

12. How often do you entertain guests?

- Rarely (Once or twice a year)
 Occasionally (Once or twice a month)
 Often (Once or twice a week)

13. What percentage of the above is formal entertaining?

- 0-25% 51-75%
 26-50% 76%-100%

14. How many people to you typically entertain at one time?

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 1-4 | <input type="checkbox"/> 11-20 |
| <input type="checkbox"/> 5-10 | <input type="checkbox"/> 20+ |

DESIGN INFORMATION

Which of the following do you prefer? You can check more than one if you are unsure at this time or if you would like to explore different options.

15. Overall style. (Note that typically it is desirable to stay consistent with the existing style of the house.)

- | | |
|---|---|
| <input type="checkbox"/> Contemporary/Modern | <input type="checkbox"/> Arts and Crafts/Shaker |
| <input type="checkbox"/> Colonial | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Rustic/Farmhouse/Country Cottage | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Tudor | <input type="checkbox"/> Other (Specify Below) |

16. Cabinet/Millwork Material

- | | |
|--|--|
| <input type="checkbox"/> Natural wood | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Stained wood | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Antique/distressed wood | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Painted wood | <input type="checkbox"/> Other (Specify Below) |

17. Countertop Material

- | | |
|--|--|
| <input type="checkbox"/> Corian | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood or Butcher Block |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Cast Porcelain, Granirex or other manufactured solid surfacing | <input type="checkbox"/> Other (Specify Below) |

18. Floor Finish Material

- | | |
|--|--|
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Wood – Strip flooring |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Wood – Wide Planks |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood - Parquet |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Cast Porcelain, Granirex or other manufactured solid surfacing | <input type="checkbox"/> Other (Specify Below) |

19. Wall Finish Material

- | | |
|--|--|
| <input type="checkbox"/> Drywall (for Paint) | <input type="checkbox"/> Wainscot or Chair Rail |
| <input type="checkbox"/> Drywall (for Wallpaper) | <input type="checkbox"/> Wood Panels |
| <input type="checkbox"/> Drywall (Faux Finish) | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Paneling | <input type="checkbox"/> Other (Specify Below) |

20. Ceiling Design

- | | |
|--|---|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Sloped |
| <input type="checkbox"/> Tray | <input type="checkbox"/> Coffered |
| <input type="checkbox"/> Drywall Beams | <input type="checkbox"/> Cathedral |
| <input type="checkbox"/> Wood Beams | <input type="checkbox"/> Combination of two or more |
| <input type="checkbox"/> Exposed Truss | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Skylight | <input type="checkbox"/> Other (Specify Below) |

21. Natural Lighting

- | | |
|--|---|
| <input type="checkbox"/> Keep/match existing windows | <input type="checkbox"/> French doors |
| <input type="checkbox"/> Enlarge existing windows | <input type="checkbox"/> Sliding glass doors |
| <input type="checkbox"/> Skylights | <input type="checkbox"/> Combination of two or more |
| <input type="checkbox"/> Bay or Bow window | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Clerestory windows | <input type="checkbox"/> Other (Specify Below) |

22. General Lighting

- | | |
|--|---|
| <input type="checkbox"/> Incandescent | <input type="checkbox"/> Under cabinet lighting |
| <input type="checkbox"/> Fluorescent | <input type="checkbox"/> Over cabinet lighting |
| <input type="checkbox"/> Halogen | <input type="checkbox"/> Built-in accent lighting |
| <input type="checkbox"/> Recessed cans | <input type="checkbox"/> Pendant lights |
| <input type="checkbox"/> Surface-mounted ceiling fixture | <input type="checkbox"/> Pin spots |
| <input type="checkbox"/> Wall washers | <input type="checkbox"/> Combination of two or more options |
| <input type="checkbox"/> Wall sconces | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Track lighting | <input type="checkbox"/> Other (Specify Below) |

ADDITIONAL CONSIDERATIONS

**23. Please enter the approximate quantity of the following items that need to be stored.
(If none, then simply leave the item blank.)**

- VCR Tapes Quantity: _____
- Cassette tapes Quantity: _____
- DVD's Quantity: _____
- CD's Quantity: _____
- Toys Quantity: _____
- Other Quantity: _____

24. Would you like to add a fireplace? Yes No

25. If you would like a fireplace, which would you prefer?

- | | |
|--|--|
| <input type="checkbox"/> Masonry / brick | <input type="checkbox"/> Gas log |
| <input type="checkbox"/> Prefabricated | <input type="checkbox"/> See-through |
| <input type="checkbox"/> Wood burning | <input type="checkbox"/> Other (Explain below) |

26. Would you like to add a bar?

Yes

No

27. If yes, which would you prefer? (Check all that apply.)

Wet bar (with sink)

Under counter refrigerator

Dry bar (without sink)

Display shelves

Wine cooler

Other (Explain below)

ADDITIONAL COMMENTS

Use the space below to list any additional items, requirements or comments that you may have.
