

Name: _____ Date _____

Address: _____

Phone number: _____ email address: _____

My color project is for: Residential Commercial Development Interior Exterior
 New construction Renovation

I am a: Homeowner Business Owner Architect Builder/Developer Designer Painter

1. How did you hear about the Integral Color and Design Profile? Please write name of publication, if applicable)

Newspaper Magazine Friend Other Source

If internet, web site was: _____

2. Have you ever worked with a design professional? YES NO

If YES, was it for Residence Place of Business Other

How/Where did you meet the designer?

Advertising (where) Personal referral from a friend or business associate

What do you feel were the most beneficial aspects of working with the designer?

Decisions were made more easily and confidently Learned more about design

If NO, was it due to Cost Concern over loss of creative or decision-making control

Other reasons _____

3. Would you work with this designer (or another designer) again? YES NO

4. Reasons for changing the color of your home or place of business

- Bored with the current color. It's an "old" color
- Physical condition of walls needs improvement
- Redecorating, to give the area a "fresh" look
- Feeling restless
- Change in family structure (for example, children going away to college or returning)

Other reasons _____

5. Please number the areas you have changed, using number 1 for the area most frequently changed. Please indicate the most recent change with a "*".

- | | | |
|--------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> Entry/Foyer |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Children's Bedrooms | <input type="checkbox"/> Bathrooms |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other Bedrooms | <input type="checkbox"/> Other Areas |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Personal Office | <input type="checkbox"/> Exterior |

6. Average length of time between color changes: _____

7. Typical influence or inspiration for making design changes in your home or place of business:

____ Saw article or photos in a magazine

____ Friends or associates

____ Store had a sale on paint

Other _____

8. How long does it take you to decide on a color scheme once you are committed to making a change?

____ Within a few days ____ One to two weeks ____ A month or more

9. Your usual method of selecting colors:

____ Paint chips from a store

____ To match a piece of furniture, artwork, accessories, or fabric

____ To create a mood

____ To create a change, opposite from what currently exists, due to a feeling of dislike for current color scheme

10. The types of colors you usually prefer are:

____ Light / pastel

____ Medium shade

____ Deep, rich color

____ Brilliant, bright

11. Have you ever used a type of color that was different from or opposite to your usual color style?

____ YES ____ NO If Yes, what colors? _____

12. Do you have the desire to make a change in color style?

____ YES ____ NO If Yes, in what ways? _____

13. Do you consult others for their opinions?

____ YES ____ NO

If Yes, are they ____ Friends ____ Family members ____ A design professional

14. Your usual method of painting is

____ Do patch tests on wall before committing to the new colors

____ Do the work yourself

____ Use the services of a painting contractor

AREA DETAILS –you can estimate the sizes

Dimensions of this room or area (in feet)

Wall Height to Ceiling _____ Width _____ Length _____

Doors and Windows, dimensions

Indicate D or W,

And how many

Size (inches)

Windows Face the direction of

_____	___length	___width	__N	__S	__E	__W
_____	___length	___width	__N	__S	__E	__W
_____	___length	___width	__N	__S	__E	__W
_____	___length	___width	__N	__S	__E	__W
_____	___length	___width	__N	__S	__E	__W
_____	___length	___width	__N	__S	__E	__W

In the daylight, does this room (or exterior) “appear” ___light or ___dark?

Type of (interior) artificial light is ___incandescent ___fluorescent ___both

Do you usually feel ___COOL or ___WARM in this space? (Disregard seasonal temperatures)

Type of plantings visible from windows _____

Your desired qualities for this space, as many as apply, interior or exterior

___Open and Airy	___Efficient, strictly functional
___Mysterious, exotic	___Warm and Cozy
___Intimate	___Youthful, unsophisticated
___Playful, whimsical	___Bold
___Sophisticated	___Soft
___Romantic	___Comfortable, “homey”
___Dignified, quiet / serious	_____

Currently the permanent walls are:

___Brick, color of _____

___Paneling, color of _____

___Wainscoting, color of _____

___Other, _____

___No permanent wall coverings

COLOR INFORMATION

EXTERIOR: Please note your preferences from the group below—as many as you like!

- | | | | |
|------------------------------------|--------------------------------|-----------------------------------|----------------------------|
| <input type="checkbox"/> VIVID | brilliant | <input type="checkbox"/> NATURALS | earth-and-rock shades |
| <input type="checkbox"/> BRIGHT | clear, gemlike | <input type="checkbox"/> WARM | reds, oranges, rust, golds |
| <input type="checkbox"/> SUBDUED | reserved, subtle, muted | <input type="checkbox"/> COOL | blues, purples, green |
| <input type="checkbox"/> SATURATED | Strong, deep, rich | <input type="checkbox"/> PASTELS | pale |
| <input type="checkbox"/> MID TONE | Not particularly dark or light | | |

Your preferred style of color use is

- Subtle feeling / low contrast Dramatic / high contrast

Colors you have disliked in the past (if any), and their locations

INTERIOR:

Important existing furnishings, containing colors that you would like to emphasize in the room

- Walls
- Floors
- Draperies / other window elements
- Large upholstered furniture
- Bed Covers
- Area Rugs, such as Orientals, Kilim, Rag Rug, Tibetan, or other _____
- Art Work, such as paintings, wall hangings, sculpture
- Craft work, such as blown glass
- Antiques, various _____

LIFESTYLE REFERENCES

In this household there are _____ adults and _____ children. Children's ages are _____.

We also have pets: _____

Interests and hobbies _____

Frequency and style of entertaining

Formal _____ Informal _____

More about Lifestyle

LIVING ROOM

- Watch TV
- Gather around a fireplace
- Entertain (approx. how often, for # of people) _____

DINING ROOM

- How often is it used _____
- It is a “display” room (special furnishings, not used often)

BEDROOM

- Watch TV
- Fireplace
- Desk / workspace
- Reading
- Daytime relaxation or only at night? _____

BATHROOM

- How many people use this room
- Used for make-up
- Small or Large / Comfortable size or crowded? _____

KITCHEN

- Your cooking style is
- Quick, casual, minimal involvement
 - Intensive cooking, sometimes more elaborate
- How many meals per day are prepared?
- Entertaining? Do people gather in the kitchen? _____
 - Do you eat meals in the kitchen
 - Children eat meals in the kitchen
 - Use a table
 - Use a serving counter for meals
 - What are the adjoining areas? _____

FAMILY ROOM

- Watch TV
- Listen to music
- Play musical instruments
- How many people use it
- Other activities in this space
- Eat meals in this room

INTERIOR Specifics

Color is your most valuable tool in refining your interior to create an environment that functions well for you, creating atmospheres ranging from restful calm to energized activity, to suit your lifestyle.

The areas you are considering are

Bedroom Kitchen Living Room Hall Porch
 Den/Library Bath Dining Room Laundry Family Room
 Exterior Other _____

The style you wish to create is

Traditional Country Eclectic Contemporary
 Historic _____
 Other _____

The function of this area is

Entertaining Eating Sleeping Cooking
 Relaxing Watching TV Home Office Meditation
 Play Area Bathing Exercise Exterior
 Other _____

Additional Notes:

Please send pictures of any houses you like, whether in magazines or in your neighborhood.

Try to describe what you like about the colors used there.

If you've visited a paint store, feel free to send me those paint chips colors you especially like along or note the brand and color numbers here.

If you know it, please check your home or other building’s architectural style (Check all that apply)

- | | | |
|--------------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Antique/Historic | <input type="checkbox"/> Colonial (antique) | <input type="checkbox"/> Greek Revival |
| <input type="checkbox"/> Italianate | <input type="checkbox"/> Victorian / Painted Lady | <input type="checkbox"/> Tudor |
| <input type="checkbox"/> Mediterranean | <input type="checkbox"/> Prairie | <input type="checkbox"/> Craftsman/Arts & Crafts |
| <input type="checkbox"/> International | <input type="checkbox"/> Colonial (modern type) | <input type="checkbox"/> Cottage |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Contemporary | <input type="checkbox"/> 60’s “deck house” |
| <input type="checkbox"/> Other description _____ | | |

I may have other questions for you once I see your photos and start to work on your color plan. Even though I’ve included many items about your favorite colors, my plan is not just to replicate that, but rather to use your information as a key to understanding your preferences.

When we are done and the painting has been finished, I’d love to see your pictures of the results. It’s very helpful for me to have the before-and-after images. I’m not there to take them myself—but maybe you or a friend can do it!

Permissions allowing me to use images

I always appreciate my clients’ willingness and even enthusiasm in allowing me to use their homes as a demonstration of the effects that color has on a home’s appearance both inside and out. I hope you will also participate in one of the following ways:

- I give permission to Barbara Jacobs to use still or videobefore-and-after-images of my building on her web site, <http://www.Integralcolor.com> , her blog, print material or other digital formats.
- I give Barbara Jacobs permission to use my name and state as needed, to accompany the images
- Barbara Jacobs may use my images but not my name or state.

Signed

Date

Thank you for taking the time to complete and return this color profile questionnaire.

I encourage you to start a folder with as many design references as inspire you. But don't feel restricted to pictures of buildings. Inspiring photos of foods from cooking magazines are also helpful. In short, open your eyes to anything that inspires you—from your friends' homes to pictures of natural materials, and beyond.

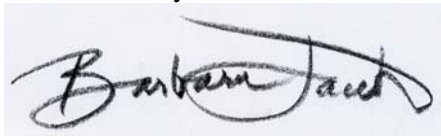
This color profile creates a broad picture of your requirements and personal color preferences.

I'll evaluate the information you've provided with regard for the effects of color on well-being, productivity, concentration, and other selected qualities, depending upon your design goals.

Your additional comments are welcome.

For more information on other design services, please contact me directly or visit our web site www.integralcolor.com.

Sincerely,

A handwritten signature in black ink on a light blue background. The signature reads "Barbara Jacobs" in a cursive, flowing script.

Barbara Jacobs