

LANDSCAPE QUESTIONNAIRE
BLOOMIN' GARDENS, INC.
www.katherinebrookslandscapes.com

LAST

NAME: _____ ADDRESS: _____ DATE _____

TELE # home _____ office _____ cell _____

E-MAIL ADDRESS _____

The purpose of this questionnaire is to obtain information that will be helpful in preparing a design for your residential site. **All information you provide will be held in strict confidence** and will aid in creating a design that fits the special needs of your family and conditions of your site. Please feel free to make additional comments or notes wherever you think it would be helpful. Thank you in advance for your cooperation.

I. FAMILY CHARACTERISTICS. Please list the name of all family members, their age, place of employment or school and hobbies, especially as they relate to the outdoors. Don't forget your pets: cats, dogs, rabbits, etc. and their habits.

DO YOU HAVE A TIME FRAME FOR COMPLETION OF THIS PROJECT?

II. EXISTING SITE CONDITIONS

A. Front Yard Problems. Please list the current problems in the front yard, which you think should be minimized or overcome in the design.

1. Visual _____
2. Functional _____

B. Backyard Problems. Please list the current problems in the backyard which you think should be minimized or overcome in the design.

1. Visual _____
2. Functional _____

C. Front Yard Potentials. Please list all of the positive elements and qualities of the front yard which should be retained or enhanced in the design.

1. Visual _____
2. Functional _____

D. Backyard potentials. Please list all of the positive elements and qualities of the backyard which should be retained or enhanced in the design.

1. Visual _____
2. Functional _____

E. Equipment and Tool Storage. Please list needs if necessary.

III. DESIRED OUTDOOR ACTIVITIES. Place a checkmark next to those activities in which you want to participate on your site. After each activity, please identify the season, average number of days per week and time of day you would enjoy this activity.

	SEASONS	DAYS A	TIME
	W S S A	WEEK	DAY
<input type="checkbox"/> Barbecuing	_____		
<input type="checkbox"/> Eating	_____		
<input type="checkbox"/> Sitting/Relaxing/Reading	_____		
<input type="checkbox"/> Entertaining	_____		
<input type="checkbox"/> 4-6 guests			
<input type="checkbox"/> 6-10 guests			
<input type="checkbox"/> over 10 guests			
<input type="checkbox"/> Watching birds	_____		
<input type="checkbox"/> Gardening			
<input type="checkbox"/> annuals			
<input type="checkbox"/> perennials			
<input type="checkbox"/> vegetables			
<input type="checkbox"/> herbs			
<input type="checkbox"/> fruit trees			
<input type="checkbox"/> woody shrubs			
<input type="checkbox"/> How much time is spent gardening? _____ who does the gardening? _____			
<input type="checkbox"/> Maintenance			
How much time is currently spent on maintenance? _____			
Who does the maintenance? _____			
<input type="checkbox"/> Recreation			
<input type="checkbox"/> badminton			
<input type="checkbox"/> croquet			
<input type="checkbox"/> basketball			
<input type="checkbox"/> throwing football/baseball			
	<input type="checkbox"/> volleyball		
	<input type="checkbox"/> swimming		
	<input type="checkbox"/> other (please identify) _____		

IV. DESIRED SITE CHARACTER. Please describe how you think your site should look (formal/informal/open/wooded, etc.) _____

A. Are there problems in any areas listed below:

<input type="checkbox"/> grading/drainage	<input type="checkbox"/> salt spray from water
<input type="checkbox"/> poor soil	<input type="checkbox"/> standing water
<input type="checkbox"/> dense shade	<input type="checkbox"/> wetlands
<input type="checkbox"/> strong winds	<input type="checkbox"/> unsightly neighboring views/odors
<input type="checkbox"/> allergies (please describe) _____	
<input type="checkbox"/> other (please describe) _____	

V. MATERIALS

A. Please list the types of materials you like most for pavement, fences, walls, etc.

B. Please list your favorite plants (use back for more space)

C. Please list your favorite flower colors

D. Please list flower colors you dislike (if any!)

E. Please list plants you do not want used on your property

F. Planting Effects:

Emphasis on foliage

Flowers for cutting

General all-year interest/or particular season

Spring

Summer

Autumn

Winter

G. Other elements to be included:

Landscape Lighting

Water Feature

Irrigation

Ornaments

Furniture

Other structures

VI. CLIENT REQUIREMENTS

Car Parking

Sitting Area

Sun Terrace and/or Deck

Play Area

Vegetables

Herb Garden

Fruit Garden

Cutting Garden

Greenhouse

Utility area

Recycling Bins

Clothes Line

Tool/storage shed

Compost

Outdoor Kitchen

property location sensitive to the Chesapeake Bay Act

VII. BUDGET. **confidential**

Please identify the budget you would be willing to spend for this project. \$ _____

Do you have a long range budget for landscape projects in the future? \$ _____

VIII. ADDITIONAL COMMENTS AND SUGGESTIONS.

IX. HOW DID YOU FIND OUT ABOUT US?

Katherine M. Brooks, VSLD

VA Certified Landscape Designer

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