

# DESIGN QUESTIONNAIRE FOR TEENS

Name \_\_\_\_\_ Date \_\_\_\_\_

Store or place visited \_\_\_\_\_

Please record your responses or answers to all items that apply for this visit.

1. How did the space make you feel? \_\_\_\_\_  
\_\_\_\_\_

2. Did you like the  
Walls?       yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Floors?       yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Ceiling?       yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Lighting?     yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Layout?       yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Colors?       yes     no    Why or why not? \_\_\_\_\_  
\_\_\_\_\_

3. Was the atmosphere warm and inviting?     yes     no    What made it that way? \_\_\_\_\_  
\_\_\_\_\_

4. What did you *like* most about this space (or place)? \_\_\_\_\_  
\_\_\_\_\_

5. What did you most *dislike* about the space (or place)? \_\_\_\_\_  
\_\_\_\_\_

6. What three paint colors did you like best? (Record their names and numbers. If possible, attach samples.)  
\_\_\_\_\_

7. What four pieces of furniture (couches, chairs, tables, etc.) did you like best? Complete the following information for each.

Name	Style	Order number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What were your favorite items? (Draw a quick sketch of each or attach a photo.)