

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.)