

Singles Lifestyle Questionnaire

This questionnaire is designed to acquaint me with your lifestyle habits and preferences so I can serve you more effectively and efficiently throughout the life of our working relationship. All questions are optional and all responses will be kept confidential. There is space at the end of this form for any clarification or additional comments you care to add.

1. Do you consider your house to be primarily:

- An investment
- A refuge

2. Do you prefer a home with:

- Ample square footage/living space (as much as I can afford)
- Less square footage, but efficient layout (only as much space as I really need)

3. Please rank the following according to the amount of time you typically spend in each room with 1 being the most amount of time and 7 being the least amount of time.

	1	2	3	4	5	6	7
Kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Den	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Do you work:

- Primarily from home
- Primarily at an office (away from home)
- About equal time between the two

5) How many hours are you away from home on a typical workday?

- 10-12 hrs.
- 8-10 hrs.
- 4-8 hrs.
- Less than 4 hrs.
- It varies from day to day

6) How often do you travel out of town?

- Frequent short trips
- Frequent long trips
- Occasional short trips
- Occasional long trips
- Rarely travel

7) Do you conduct your social life primarily:

- Away from home
- At home with individuals or small groups
- At home with large groups

8) Do you spend a good deal of leisure time:

- In the yard/garden
- Doing home improvement projects
- Doing other home maintenance
- Away from home
- Other

9) Concerning home maintenance projects, do you:

- Do-it-yourself whenever possible
- Hire it done whenever possible
- Sometimes hire, sometimes DIY

10) Do you have pets?

- Dog(s)
- Cat(s)
- Other(s)
- None

11) If you have pets, do they spend their time:

- Mostly indoors
- Mostly outdoors
- About equal time indoors & outdoors

12) Please rank the following modes of transportation according to your preferences, with 1 being your most preferred.

	1	2	3	4	5
Car/motorcycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus/light rail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) In regards to decision making, do you consider yourself to be primarily:

- Quick and decisive
- Deliberate and thoughtful

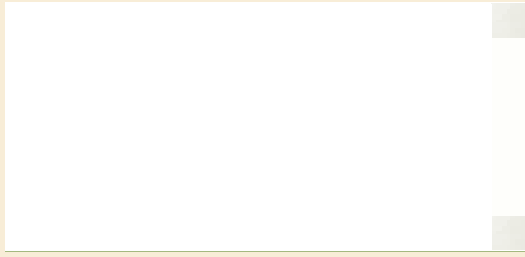
14) Also in regards to decision making, do you primarily prefer to:

- Trust your own instincts
- Solicit opinions from others

15) Once you reach a decision, is it more likely to be:

- Final
- Changeable

Please use this space to for any additional comments or clarification.



Submit your responses to the questionnaire by clicking the "**SUBMIT**" button below.

SUBMIT