

Residence: _____

Section 1	About Your Project
------------------	--------------------

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you building a new home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you remodeling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How old is your home? _____ | | |
| 4. How many years do you anticipate staying in this home? _____ | | |
| 5. Is this a primary residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is the square footage? _____ | | |

Section 2	About You and Your Family
------------------	---------------------------

1. Household members and their relation:
- | | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. Do you anticipate:
- | | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| new children arriving? | <input type="checkbox"/> | <input type="checkbox"/> |
| children leaving home? | <input type="checkbox"/> | <input type="checkbox"/> |
| adult children returning? | <input type="checkbox"/> | <input type="checkbox"/> |
| parent(s) coming to live with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Does anyone in your family have physical limitations that should be considered? (Difficulty standing, walking, bending, poor eyesight, arthritis)

Describe:

4. How often do you entertain? _____ time(s) per month
5. Do you entertain large crowds or small groups? _____
- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Are you concerned with security? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you a smart phone user? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a frequent traveler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is energy efficiency important? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you concerned with protecting decor/furnishings from UV light? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 Your Goals for the Project

Are you looking to:

	Yes	No	Rank Order of Importance
update the look of the home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
update for resale of the home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
add more space?	<input type="checkbox"/>	<input type="checkbox"/>	_____
update with the latest and greatest?	<input type="checkbox"/>	<input type="checkbox"/>	_____
improve the function?	<input type="checkbox"/>	<input type="checkbox"/>	_____
incorporate energy efficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 4 Space Involved in the Project (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Whole Home | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Family Room |
| <input type="checkbox"/> Breakfast Nook | <input type="checkbox"/> Media Room |
| <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> Home Office |
| <input type="checkbox"/> Guest Bedroom # _____ | <input type="checkbox"/> Library |
| <input type="checkbox"/> Child's Bedroom # _____ | <input type="checkbox"/> Dining Room |
| <input type="checkbox"/> Master Bathroom | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Guest Bathroom # _____ | <input type="checkbox"/> Deck/Patio |
| <input type="checkbox"/> Child's Bathroom # _____ | <input type="checkbox"/> Pool/Pool House |
| <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Other _____ |

Section 5 Lighting Functionality

Overall, what are your client's light control functionality needs?

- Ability to control lights from a standard wall dimmer/switch
- Ability to press a button and the overhead lights dim and table lamps dim
- Ability to walk into a room and lights automatically turn on, walk out of the room and they turn off
- Ability to press a button and the overhead lights dim, table lamps dim, and shades close (create a lighting scenario)
- Ability to press a button and the overhead lights dim, table lamps dim, shades close, TV turns on, and 45 minutes later kitchen lights turn on for intermission
- Ability to press a button and window treatments are controlled
- Ability to press one button to turn all lights off in the home
- Ability to control lights from the car, couch, or bedside
- Other: _____



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