



STUDIO DESIGN CONSULTING QUESTIONNAIRE

Please complete all applicable sections and return to PMI via e-mail, fax or mail.

• **Project Name:** _____ **Date:** _____

• **Client Information**

Name: _____ Phone: _____

Address: _____

E-mail: _____ Fax: _____

Billing Contact and Address: (Check if Same as Client) _____

Architect Name: _____ Architect Phone: _____

Builder Name: _____ Builder Phone: _____

Interior Designer Name: _____ Interior Designer Phone: _____

• **Studio**

Owner's Name: _____ Studio Type (project, tracking, mix, post): _____

Address: _____

Room Status: Existing Remodel New Dimensions: _____ *Please include plans*

Uses (ensemble recording, overdubs, post, mix, master, lock-to-picture): _____

Intended number of rooms: _____

Room Theme and Desired Look: _____

• **Budgets and Schedules**

Construction Budget: _____ Equipment Budget: _____

Expected completion date: _____

• **Plans and Pictures:** Please send us any plans or pictures you may already have



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Project Scope

Please rank the importance of the following issues. Circle the right choice and add any notes or comments below. If you don't know, do not circle a choice.

How important is this studio to you?

	For fun	Medium Pro	Top Level Pro
Comments:	_____		

How often do you intend to use the studio?

	Rarely	Regularly	All the time
Comments:	_____		

Sound Isolation: Not important Somewhat important Very Important

Comments: _____

Background Noise Control: Not important Somewhat important Very Important

Comments: _____

HVAC Noise Control: Not important Somewhat important Very Important

Comments: _____

Bass performance: Not important Somewhat important Very Important

Comments: _____

Room Tone For Recording/Accuracy For Mix & Post:

	Not important	Somewhat important	Very Important
Comments:	_____		

Surround sound compatible: Not important Somewhat important Very Important

Comments: _____

Lock to Picture: None Some Lots

Comments: _____

Do you need a plan set? No Need rough documentation Construction Grade

Comments: _____

Interior design work? By others I want PMI involved PMI to design the room

Comments: _____

Acoustic Treatments Not important Somewhat important Very Important

Comments: _____

Is there any particular Audio or Video equipment you want to use?

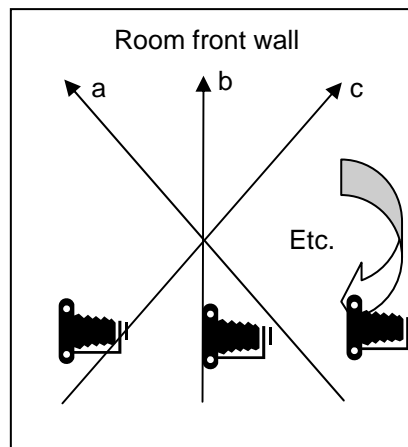
What gear and other comments: _____

• Documentation - Pictures



Please supply the following pictures. Take all the pictures in a sequence and do not rename them. The camera will automatically create an incremented file name set, which will make it easy to follow:

1. Views of all the walls and corners in the following order:
 - a) Start with a picture of the front left corner taken from the right rear corner
 - b) Continue with a picture of the front wall taken from the middle of the rear wall
 - c) Continue with a picture of the front right corner taken from the left rear corner
 - d) Continue with a picture of the right wall taken from the middle of the left wall
 - e) Continue with a picture of the right rear wall taken from the front left corner
 - f) Continue around the room in clockwise direction (see diagram below).



2. If possible set the camera orientation on its side to get more of the ceiling and floor
3. Views of the ceiling:
Take enough pictures of the ceiling area to fully document it, going around the room in clockwise direction
4. Views of other elements in the room
Document any plumbing, ventilation, motors or other services
5. Views of Audio/Video equipment:
Document any of the Audio/Video equipment already in the room



• Documentation - Plans

Please supply the following drawings if available:

6. Floor plan of room
7. Elevation of 4 walls
8. Detail of ceiling
9. Detail of all wall construction
10. All mechanical drawings, including HVAC plans

Plan View Sketch of Room



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Elevation 1

Elevation 2



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Elevation 3

Elevation 4

