

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:	
	Fax:
Billing Contact and Address: (Check if	Same as Client
Architect Name:	Architect Phone:
Builder Name:	Builder Phone:
Interior Designer Name:	Interior Designer Phone:
tudio	
Owner's Name:	Studio Type (project, tracking, mix, post):
Address:	
	New Dimensions:Please include plans
Uses (ensemble recording, overdubs, p	post, mix, master, lock-to-picture):
Intended number of rooms:	
Room Theme and Desired Look:	
Budgets and Schedules	
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Construction Budget:	Equipment Budget:

PMI

ROOM DESIGN CONSULTING QUESTIONNAIRE

Page 2

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 t	o you?		
	For fun	Medium Pro	Top Level Pro
Comments:			
How often do you intend to us	se the studio?		
Comments:	Rarely	Regularly	All the time
Sound Isolation: Comments:	Not important	Somewhat important	Very Important
Background Noise Control: Comments:	•	Somewhat important	Very Important
HVAC Noise Control: Comments:	Not important	Somewhat important	Very Important
Bass performance: Comments:	Not important	Somewhat important	Very Important
Room Tone For Recording/Ac	curacy For Mix & Pos	st:	
Comments:	Not important	Somewhat important	Very Important
Surround sound compatible: Comments:	·	•	Very Important
Lock to Picture: Comments:	None	Some	Lots
Do you need a plan set? Comments:	No	Need rough documentation	Construction Grade
Interior design work? Comments:	By others	I want PMI involved	PMI to design the roor
	Not important		Very Important
Is there any particular Audio of What gear and other comm	or Video equipment y		



ROOM DESIGN CONSULTING QUESTIONNAIRE

Page 3

Notes: Please add any comments or notes here