LANDSCAPE QUESTIONNAIRE

ACTIVITIES AND USE PATTERNS

- 1. About how much time do you spend each week in your home?
 Outside in your yard?
 Out of town?
- 2. When do you spend most of your time in the yard? (Consider seasons, time of day and days of the week).
- 3. What activities do you want to pursue in your yard (cooking, reading, flower or vegetable gardening, lawn sports etc.) and when would you be doing them?
- 4. Do you plan to entertain outside frequently? If so, when would most of this entertaining take place and how many people would be involved?
- 5. What pets will be using the yard? Do they have any special requirements?

PERSONAL PREFERENCES

- 1. What kind of landscape style appeals to you (formal, informal, symmetrical, unsymmetrical etc.)?
- 2. Do you have any color preferences or dislikes?
- 3. Are there any plant characteristics that are particularly important to you such as size, texture, fragrance, drought tolerance, ability to be sheared, thorns etc?
- 4. Do you have any favorite plants you want to include? Are there any you intensely dislike and don't want included?
- 5. Do you want to attract or repel any particular wildlife?
- 6. Are there any landscape materials (stone, brick, gravel, mulch, concrete, prefab blocks etc) you like or dislike for:
 - a. Walking surfaces / paths?
 - b. Borders?
 - c. Steps?

- d. Fencing?
- e. decks or patios?

SPECIAL FEATURES AND REQUIREMENTS

- 1. How much time do you want to spend maintaining your yard during the summer? How about the winter?
- 2. Do you want to add any type of water feature to your yard and if so, what kind?
- 3. Do you want to add any lighting to your landscape or around your home? If so, where and what purpose do you want it to serve?
- 4. Are there any views or sounds you want to enhance or filter / block? If so where are they? (Concentrate on areas where you spend most of your time looking out of your house or sitting in the yard)
- 5. Do you or anyone who frequents your home have any allergies that need to be considered (such as pollen, insect stings etc.)
- 6. Do you have any drainage or flooding problems you would like addressed? If so where are they?
- 7. Are there things that you consider a nuisance in that you would like to minimize (noises, pollution, smells, street or neighbors lighting etc)? If so where are they and when do they bother you?
- 8. Is there any feature of your yard or house that you would like to enhance to create a focal point?
- 9. Are there any unsafe aspects of your yard you would like to change such as street visibility from the driveway, blind corners, or unexpected changes in elevation?
- 10. What do you want your yard to say about you?
- 11. Are there any additional features or ideas you want add to your yard plan?