



Design Questionnaire

Please take a few minutes to fill out this questionnaire. This will give us a better understanding of how you would like your garden to look and function. You may also collect photos from magazines and other sources in order to show us what you would like to see reflected in your home.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about us? _____

Budget for this project: _____

Do you want to divide this budget up over a certain length of time? Please describe: _____

Garden Design

Your favorite colors: _____

What kinds of plants do you like?

- Vines
- Annual flowers
- Perennial flowers
- Fruit/Flowering trees
- Shade trees
- Vegetables
- Herbs
- Fragrant plants

You would like the mood of your garden to be:

- Bright & Cheerful
- Relaxing/Meditative
- Formal/Structured
- Informal/Natural
- Private
- Social
- Other: _____

Do you prefer more evergreens or flowers? _____

Your favorite plants: _____

Any plants or colors you don't like? _____

What is your favorite feature of your current landscape? _____

Favorite season(s): _____

Time(s) of day you are most likely to be outside: _____

What will you enjoy most about your garden? What will make it unique? _____

Would you like to include garden art, sculptures or fountains? _____

Garden Function

What direction does the front of your house face? _____

Where do you spend the most time in your house? _____

Where do you spend the most time in your yard? _____

How is your garden to be used? _____

I would like my plants to provide:

- Shade
- Privacy
- Fragrance
- Birds/Butterflies
- Other: _____

Who will use your yard?

- Adults
- Children (ages: _____)
- People with special needs: _____
- Pets

How much time would you like to spend maintaining your garden?

Spring/Summer: _____ Hours per week Fall/Winter: _____ Hours per week

Are any family members allergic to bees or certain plants? Please explain: _____

Does this garden need to be handicap accessible? Explain: _____

Are there drainage problems? _____

Are there areas that are too hot or too shady? _____

Do you have a sprinkler system? _____

Do you have/are you interested in landscape lighting? _____

Landscape Installation

Who will install your landscape? (enter approximate percentages)

Owner _____ Evolving Landscapes _____ Other outside help _____

Please fill out and return to:

Evolving Landscapes
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