



## QUESTIONNAIRE

Family name

Name

Address

E-mail

Tel

Portable

Portable

1, How many people life in your home?

Adults

Children

Children's ages

Older people

People with reduced mobility special needs

Special needs (animals...)

2, what kind of activities would you like to do in your garden?

(Add what you would like)

Barbeques	Ponds/water features	Drying washing
Sunbathing	Reading	Playing petanque
Swimming	Entertaining	
Children's games	Table tennis	
Ball games	Meditation	
Vegetable gardening	Yoga	

3, Do you know the surface area of your garden?

4, Can you supply a plan of your land?

4, Can you indicate on the plan:

North	Dominant wind direction	Views
Main vehicle access	Main pedestrian access	Parking areas
EDF	Geothermic systems	Dustbins
GDF	Wells	Compost
TELECOM	Rain water runoff	Pump room
Waste water	Septic tank/ sand filtration system	Water supply

5, Your tastes and preferences. : Ideas, favourite plants, styles etc.. Even pictures from magazines can help me get an idea of what you would like!

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6, When do you use your garden? +++ or - - -

Day	Winter
Evening	Spring
Night	Summer
Weekend	Autumn

7, How much time can you dedicate to your garden ?

Day	Winter
Evening	Spring
Night	Summer
Weekend	Autumn

8, Do you intend installing..... (Soon or later ? )

A terrace	A pond	House extension
A car port	A vegetable patch	Garage extension
A shed	An orchard	A greenhouse
Irrigation	Pergola	Children's play equipment
A swimming pool	Lighting	

