



Name

Date

Phone

Text?

E-mail

Address

Family members/ages:

Any pets?

Any allergies to food or cleaning products?

What are your areas of concern?

- home office mail/papers/filing kitchen dining room living/family room
 bedroom kids' room basement garage attic craft room laundry
 entryway other:

What's motivated you to call me about getting organized?

- stress frustration relationships move job change remodeling illness
 can't find things can't have people over need storage solutions new baby
 too much stuff just can't get started by myself super busy
 need defined homes other:

How long have you been disorganized?

Have you tried to get organized on your own or with another PO?

What has kept you from accomplishing your organizing goals?

How do those close to you feel about your efforts to get organized? Are family members cooperative in the goal to get organized?

EXPECTATIONS & GOAL COMPLETION INDICATORS:

Once you're organized, how do you hope feel?

What does "success" look like to you for this project?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> create homes for all possessions | <input type="checkbox"/> find what you need when you need it |
| <input type="checkbox"/> space has new purpose | <input type="checkbox"/> storage solutions discovered |
| <input type="checkbox"/> possessions downsized/decluttered | <input type="checkbox"/> new skills have been learned |
| <input type="checkbox"/> smooth flow to each day | <input type="checkbox"/> more time to relax |
| <input type="checkbox"/> lower stress level | <input type="checkbox"/> increased confidence/self-image |
| <input type="checkbox"/> improved relationships | <input type="checkbox"/> more productive/efficient |
| <input type="checkbox"/> clutter-free/healthier environment | <input type="checkbox"/> new habits have been formed |
| <input type="checkbox"/> other indicators: | |

Check any measurable results that apply:

- reduction of clutter by % number of rooms organized space cleared by %
 other:

CURRENT ORGANIZATION STRATEGIES:

What IS working well?

What is NOT working well?

How do you handle your to-do's?

How do you handle time management? Do you use any kind of planner, calendar, smartphone, online calendar system, or computer program?

LEARNING STYLE:

How do you learn best?

Visual (See) Auditory (Hear) Kinesthetic (Do)

SPECIAL NEEDS:

Do you feel you have any tendencies toward: ADD/ADHD OCD Anxiety Depression

Physical or other limitations:

AESTHETIC PREFERENCES:

Do you prefer visible or hidden storage systems?

Favorite colors or decorating styles?

CHALLENGES AND SURPRISES:

Any problems with bugs/rodents (traps?)

Mildew/mold?

Guns on premises?

RELEASE PURPOSES:

How will we handle your discards?

Donations:

Trash:

Family/Friends:

TIMING:

What is best time and day to meet?

What is your deadline or time frame?

BUDGET:

Do you have a budget in mind?

RESOURCES NEEDED FOR THIS PROJECT:

Check all that apply:

- junk hauler
- house cleaner
- handyman
- closet/shelving installer
- painter
- POD/storage company
- admin assistant/VA
- family members/friends
- additional PO
- other

MAGIC MOMENT:

What are the three areas I could wave my magic wand to fix first?

1 -

2 -

3 -

LOGISTICS AND LAYOUT:

Entryway

Mudroom

Laundry room

Kitchen

Dining Room

Living Room

Bedrooms

Kids rooms

Bathrooms

Paperwork

Collections

Toys

Basement

Craft Room

Sports Equipment

Garage

Issues noted during tour:

- Many things have no home
- Storage is inconvenient
- More stuff than space/very small spaces
- Out of sight, out of mind
- Current systems are too complex/confusing
- Needs designated area for items leaving the home