

FOSTER ORGANIZING

Professional Organizing & Decluttering Services for Home, Office & Storage Spaces

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Date: _____

Please complete this questionnaire prior to your appointment. The more information you can provide, the more productive and efficient our appointment time will be. The information you provide will be kept confidential, so please answer as honestly and thoroughly as your comfort allows.

Assessment Questionnaire:

- 1) How did you learn about Foster Organizing?
- 2) What is your address?
 - a. Is the job site at the same location? If not, please provide that address as well.
- 3) Have you felt disorganized for a while? If so, how long?
- 4) What situations have occurred in your home?
 - a. (ex. new family member, recent move, downsizing, illness, or another life-changing event)
- 5) Are you currently seeking the help of a licensed counselor or therapist for any issues that may be contributing to feeling disorganized?
- 6) Do you live with others?
- 7) Are there any pets?
- 8) Do any residents smoke indoors?
- 9) How long have you lived in your home? (Ex. Apartment, single-family home, townhouse, etc.)
- 10) Do you rent or own?

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11) What areas require assistance?

Assessment Questionnaire Continued...

12) Do you have a home office? If so, what is it used for?

13) Has your struggle with clutter been throughout your life or has a recent situation created clutter?

14) Do you struggle with papers and filing?

15) What organizing methods do you currently use?

16) Do your children struggle with organization, if applicable?

17) Do you struggle with time management issues?

18) What are your best hours for organizing?

19) How frequently do you want to work on organizing?

20) Do you have a budget?

21) Do you have a time frame in mind of when you want everything finished?

22) Have you worked with a professional organizer before?

a. If yes, what did you like and dislike about that experience, i.e., what methods and approaches seemed to work well for you and which ones did not?

23) What is your experience with virtual meetings, etc.? Are you comfortable using platforms such as Facetime, Skype or Zoom?

24) What would you say your abilities and comfort levels are with technology, i.e., storing files digitally, utilizing phone calendars, email folders, etc.?