

SURVEY



To properly engineer the audio video solution for your home, we will need to collect some basic information. We know you are very busy, so we developed the following multi-part questionnaire. This questionnaire will require only a small amount of your time and let us explore your needs. Please review the sections appropriate to your project and answer as many questions as you are able to answer. We'll discuss the remainder of the questions during our initial meeting.

Client Information

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work/Alternate Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Project Information

Site Address: _____

City: _____ State: _____ Zip: _____

Site Phone: _____ Site Fax: _____

Project Start Date: _____ Estimated Complete Date: _____

Square Footage: _____ Lot Size: _____

Architectural Style: _____

Unique Interior Features: _____

Do the house plans exist in AutoCAD format? _____

Does a furniture plan for your home exist? _____

Other Contact Info:

Builder/designer: _____

Home Theater and Audio/Video Systems

We can design a variety of audio and video solutions to fit your lifestyle. Everything from a custom designed Home Theater to customized remote controls is available. If you have not made your choices yet, the following guide is designed to aid you in your selection.

1. Where do you plan to locate your audio and video equipment? _____

2. What type of movies do you enjoy most? _____
3. Do you go out to the movie theater? _____ How often? _____
4. What were the last few movies you watched? _____

5. How large is your present television screen in the main viewing area of your home? _____

6. How is the reception, the picture, etc.? _____
7. Will you have Cable, Satellite, standard antenna, or a combination of these? _____

8. Would you like a Home Theater? _____ If yes, where will it/they be located?

9. Do you want your Home Theatre to have a large screen television, such as plasma, LCD or DLP? Would you like your Home Theater to have a projection system?
(Projection provides the most "theater like" experience. With projection, the screen and projector are separate as in a movie theater.) _____

10. What are the dimensions of the room where you're planning to locate the Home Theater? _____
11. Do you listen to the radio? _____ What are your favorite stations? _____

12. Do you listen to cable or satellite radio? _____

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What format? XM _____ Sirius _____

13. What kind of music do you most enjoy? _____

14. Do you want to have different music sources playing in different rooms at the same time? (e.g CD in the master bedroom and radio in the guest room, etc.) _____

15. Would you like to have full control and selection of the music sources in each of the different rooms, or just volume control? _____

16. Please indicate the Audio Sources you will like to incorporate into your system:

- AM/FM Radio
- Satellite Radio
- Internet Radio
- MP3 Music Server
- Compact Disc Player (CD)
- CD Library Jukebox
- i-Pod
- Other _____

17. To which rooms do you want to distribute music and how would you like to control it?

<u>Room Name</u>	<u>Volume Control</u>	<u>Simple Keypad</u>	<u>Full Keypad</u>	<u>Handheld Remote</u>	<u>Touch Screen</u>
<input type="checkbox"/> Family Room/Great Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Entertainment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Master Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Master Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exercise Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Den	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<input type="checkbox"/> Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Entryway/Foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exterior Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please List)					
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Would you like to organize and manage your CD collection and access it from any room in the house using a graphical user interface (GUI) on the televisions in your home? _____

19. Would you like to organize and manage your DVD collection and access it from any room in the house using a graphical user interface (GUI) on the televisions in your home? _____

20. Would you like any of the rooms in your home acoustically treated to isolate sound from leaking to other areas? _____

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Please indicate the Video Sources you will like to incorporate into your system:

- | | |
|---|---|
| <input type="checkbox"/> Video Cassette Recorder (VCR) | <input type="checkbox"/> Recordable DVD |
| <input type="checkbox"/> Digital Video Disc (DVD) | <input type="checkbox"/> HDTV |
| <input type="checkbox"/> Digital Satellite (DSS) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal Video Recorder (TiVo-like device) | <input type="checkbox"/> Other _____ |

21. Would you like to distribute any of these video sources to other rooms in the home? _____
If yes, which rooms? _____

22. In what rooms do you want to locate Televisions?

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Family Room/Great Room | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Entertainment Room | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Master Bathroom | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Guest Rooms | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other Bedrooms | |
| <input type="checkbox"/> Other Bathrooms | |
| <input type="checkbox"/> Exercise Area | |
| <input type="checkbox"/> Home Office | |
| <input type="checkbox"/> Den | |
| <input type="checkbox"/> Garage | |
| <input type="checkbox"/> Exterior | |
| <input type="checkbox"/> Landscape | |
| <input type="checkbox"/> Entryway/Foyer | |
| <input type="checkbox"/> Hallway | |
| <input type="checkbox"/> Exterior Structures | |
| <input type="checkbox"/> Other (Please List) | |

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23. Are there any other additional Audio/Video (and their control) requirements desired?

24. Do you envision the wall plates in your home being one of the standard colors available (white, bone, ivory, black, or brown) or do some or all of your rooms require a special color, material or finish? _____

25. Would you like any or all of the switches, devices and receptacles in your home to have a screw-less wall plate appearance? _____

26. Are you interested in music outdoors as well? Which locations? (Pool, deck, patio, sun/screen porch, etc.) _____

27. Do you have any existing audio and video equipment (*e.g., TVs, receivers, and tuners, VCRs, Laser discs, etc.*) that you would like to trade in or dispose? If so, what equipment do you have now (must provide manufacturer's name and model number)? _____

Lighting

Lighting control can enhance the functionality and presence of your Home Theater system.

1. How do you plan to control the lighting in your Home Theater? _____

2. Would you like to control the lights in your Home Theater with the remote control? _____

Additional Notes:

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Customer Notes:

1. Is there anything else you would like to add to your system that we haven't covered in our System Design Summary?

2. Do you have any questions about True-Aspect or the services we provide?

*Thank you for your patience with our questions -
your responses will guide us in developing a system that meets your
family's needs!*

Focus Sight & Sound

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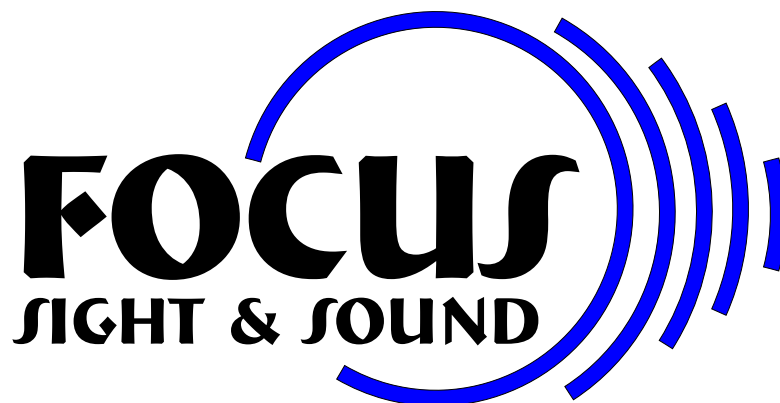
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