



Feng Shui Residential Questionnaire

I am so happy that you have decided to use Feng Shui to enhance the balance and support your home can provide you to help you reach your full potential. To make the most of our time together, please fill out the questionnaire and assessment below with thought and attention to your goals. These questions are designed to help you become more aware and create a clear focus and intention for your home. It will also enable me to provide the most fitting ways to enhance your home to be a nurturing environment that will fully support you.

(Boxes below will expand as you type.)

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| Your Name: | | | |
| Address: | | | |
| City/St/Zip | | | |
| Phone | | Email: | |
| Occupation: | | Spouse's Occupation: | |
| List all people that live in your home (Including yourself): | | | |
| Name | YOU | Please fill in date of birth→ | DOB |
| Name/Relation | | | DOB |
| Name/Relation | | | DOB |
| Name/Relation | | | DOB |
| Name/Relation | | | DOB |
| Name/Relation | | | DOB |

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| ABOUT YOUR HOME: | |
| What year was your home built? | |
| Do you rent or own? | |
| How long? | |
| What is the approximate square footage of your home? | |
| Has there been any large-scale remodeling? If so, what type of remodel was it and how many sq. ft. were added on. | |
| If there was a remodel, did you notice any changes in your life afterwards? | |
| If there was a remodel, was the roof taken off (so that the sun was shining on the foundation). For how long? | |
| Do you know the home's history? Did the previous occupants move on in a | |



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| prosperous way? | |
| Are you aware of any positive or negative things that may have happened in your home? | |
| Since moving to this home, Have you noticed any changes in your life, positive or negative? | |
| How do you feel when you step into your home? Do your spirits rise or fall? | |
| What are your favorite rooms/areas in your home? Why? | |
| What are your least favorite rooms/areas in your home? Why? | |
| Any additional comments you would like to add about how you feel in your home? | |
| What made you decide to have a Feng Shui consultation? | |
| What is your overall intention for your home? Please take some time to make your intention as clear and thorough as possible. My overall intention for my home is: | |

OVERALL ASSESSMENT

For each area below, please review the accompanying questions and insert a number in the box provided that rates how satisfied you feel, with **1=least satisfied**, **5=most satisfied**, and **N/A=not applicable**. Please feel free to add comments.

Career and Life's Journey

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| Are you passionate about what you do for a living and does it feel fulfilling? Comment: | 1-5,N/A: |
| Are you acknowledged and respected by people you work around? Comment: | 1-5,N/A: |
| Do you like to try new things and do you feel anything is possible? Comment: | 1-5,N/A: |

Knowledge/Wisdom/Self Cultivation

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| Do you feel free to grow and learn new things - that there is more out there? Comment: | 1-5,N/A: |
| Does your life and schedule allow time for cultivating new knowledge and awareness? Comment: | 1-5,N/A: |
| Are you fulfilled by your occupation? Comment: | 1-5,N/A: |



Family/Community

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| Do you have a good relationship with your family that lives with you? Comment: | 1-5,N/A: |
| Do you feel controlled or overlooked by your family (including your parents)? Comment: | 1-5,N/A: |
| Do you feel you have others in your business that you can rely on? Comment: | 1-5,N/A: |
| Do you feel connected to a sense of community? Comment: | 1-5,N/A: |

Wealth/Prosperity/Abundance

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| Do you feel fortunate in your life? Are good things happening to you? Comment: | 1-5,N/A: |
| Do you feel you spend money wisely or does it seem to 'disappear'? Comment: | 1-5,N/A: |
| Do things show up when you need them without expectation? Does your life feel abundant? Comment: | 1-5,N/A: |
| Do you feel you deserve wealth and prosperity? Comment: | 1-5,N/A: |

Fame and Reputation (Sharing Your Light in the World)

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| Do you feel good about yourself and who you are? Comment: | 1-5,N/A: |
| Are you overly concerned about what people think about you? Comment: | 1-5,N/A: |
| Do you feel you have gifts and wisdom, 'light' to share with others? Comment: | 1-5,N/A: |
| Do you feel free to share those gifts? Comment: | 1-5,N/A: |

Love and Relationships

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| Do you find it easy to love yourself and treat yourself well, caring for your emotional, spiritual and physical needs? Comment: | 1-5,N/A: |
| Do you find you are able to flow with your partner and work together on life's everyday tasks? Comment: | 1-5,N/A: |
| Does communication between you and your partner seem strained most of the time? Is it hard to find time to share your day and feelings? Comment: | 1-5,N/A: |
| If you are single, do you seem to attract the 'wrong type'...or find it difficult to meet single eligible people? Comment: | 1-5,N/A: |

Creativity/Children/Inner child

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| Are you creative and excited about life and starting new projects? Comment: | 1-5,N/A: |
| If you are a parent, is your relationship with your children rich and positive? Comment: | 1-5,N/A: |
| If you want children, are you having trouble planning or conceiving? Comment: | 1-5,N/A: |
| Do you feel connected to yourself and the playfulness within you? Comment: | 1-5,N/A: |



Travel/Helpful People

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| Do you feel you are supported by friends and family? Comment: | 1-5,N/A: |
| Are you able to receive help when others offer or do you try to 'do it alone'? Comment: | 1-5,N/A: |
| Does it seem that the right people show up in your life at the right time...being 'angels' in some way? Comment: | 1-5,N/A: |
| Do you travel as much as you would like? Does it feel like you are missing opportunities to see the world? Comment: | 1-5,N/A: |

Health/Unity/Balance

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| Do you have health concerns that seem to go from one thing to another? Comment: | 1-5,N/A: |
| Do you have pain, illness or just don't feel good most of the time, with or without a diagnosis? Comment: | 1-5,N/A: |
| Does your life feel in balance and do you eat well and exercise in keeping with your goals? Comment: | 1-5,N/A: |

Area Focus - After reviewing these questions (and speaking with your partner, if you have one), please take a few minutes to explain any of the aforementioned areas that don't feel good to you right now. Maybe you feel they are blocked in some way or that there is something missing or hindering you from feeling completely supported and at your best. Think about what you would like to change in your life.

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| What areas of your life would you most like to improve? |
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| In what way would you like to improve them? |
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| What specific areas or concern would you like to especially concentrate on during our time together? |
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Please provide a floor plan of your home drawn as close to scale as possible, labeling rooms such as bedroom, etc. Please use a separate page for each floor. *Be as accurate as you possibly can be with the floor plan scale as this will determine where your remedies will be placed.*

Please email your completed questionnaire and floor plan back to me at least 48 hours prior to your appointment (the sooner, the better): fengshuialina@gmail.com

The fees for a Residential Consultation are \$350 per hour with a two-hour minimum. Payment is due at the conclusion of your appointment. There is a 24-hour notice required for cancellation. If you cancel less than 24 hours prior to your appointment, there will be a \$100 charge.



INTERNATIONAL
FENG SHUI SCHOOL

Thank you for taking the time to fill out the questionnaire, I look forward to our time together.

Disclaimer: All information you provide will be held in the strictest of confidence. Services and consultations provided by International Feng Shui School, Alina Cruz, or any other of its consultants are not intended as a substitute for the care of a licensed medical provider. I serve as a reference and guide for Feng Shui. There are no guaranteed outcomes; please keep in mind that individual results may vary, based on client interest and participation.