

Your last name: _____

Your ASID membership number:

Your zip code:

All ASID practitioners, please answer questions 1—10:

If you chose 10 (A) - (D), please answer questions 11—16:

1. In what year did you begin practicing interior design?
2. What is your highest level of formal interior design education?
 Certificate Associate Bachelors
 Masters Ph.D. Less/ None
3. Which of the following job titles best describes you?
 Principal/ Owner Senior designer Designer
 Project manager Facilities manager Educator
 Sales representative/ associate
4. Do you currently belong to any of these design-related professional organizations? *Please mark all that apply.*
 AIA IDEC IES IFMA
 IIDA NKBA RDI IDC
 USGBC None
5. What is your age?
 Less than 25 25 – 34 35 – 44 45 – 54
 55 – 64 65 or over Prefer not to answer
6. What is your race or ethnicity? *You may choose as many as apply.*
 American Indian/ Alaskan Native Asian
 Black, non-Hispanic Hispanic / Latino
 White, non-Hispanic Mixed race
 Other _____ Prefer not to answer
7. In the most recent calendar year, which of these ranges included your salary?
 Less than \$50,000 \$50,000 – 74,999 \$75,000 – 99,999
 \$100,000 – 149,999 \$150,000 or more
 Don't know Prefer not to answer
8. What is your gender?
 Female Male
9. Which accreditations do you have? *Please mark any that apply.*
 LEED certified AAHID CAPS NCIDQ NKBA
10. Which of the following best describes the type of firm or organization you work for? *Please choose one.*

11. Which of the following best describes the size of your firm?
 Self-employed Small business (2-9 employees)
 Medium (10-24 employees) Large regional/ multi-state (25+ employees)
 Large national company/ International company
12. How many interior design projects did you or your firm complete in the past 12 months?

<u>Self</u>	<u>Firm</u>	<u>Self</u>	<u>Firm</u>	<u>Self</u>	<u>Firm</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 or less		11 to 25		26 to 50	
51 to 75		76 to 100		More than 100	
13. What was your firm's approximate revenue in the most recent calendar or fiscal year?
 Under \$500,000 \$500,000 – \$999,000
 \$1 - \$1.9 Million \$2 - \$4.9 Million
 \$5 - \$9.9 Million \$10 Million or over
 Don't know
14. Thinking about the past three years, which of these best describes your work/your firm's work during that time?

<u>Self</u>	<u>Firm</u>
<input type="checkbox"/>	<input type="checkbox"/>
All residential	
<input type="checkbox"/>	<input type="checkbox"/>
Mostly residential, with some commercial	
<input type="checkbox"/>	<input type="checkbox"/>
About the same amount of residential and commercial	
<input type="checkbox"/>	<input type="checkbox"/>
Mostly commercial, with some residential	
<input type="checkbox"/>	<input type="checkbox"/>
All commercial	

(If "All residential," "Mostly residential," or "About the same"):
15. Which of the following types of projects did you/your firm work on? *Please mark all that apply.*

<u>Self</u>	<u>Firm</u>
<input type="checkbox"/>	<input type="checkbox"/>
Residential single home – remodeling / addition	
<input type="checkbox"/>	<input type="checkbox"/>
Residential single home – new construction / model home	
<input type="checkbox"/>	<input type="checkbox"/>
Residential – multi-housing	

(If "All commercial," "Mostly commercial," or "About the same"):
16. Which of the following types of projects did you/your firm work on? *Please mark all that apply.*

<u>Self</u>	<u>Firm</u>
<input type="checkbox"/>	<input type="checkbox"/>
Education	
<input type="checkbox"/>	<input type="checkbox"/>
Government / Institutional	
<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	
<input type="checkbox"/>	<input type="checkbox"/>
Hospitality	
<input type="checkbox"/>	<input type="checkbox"/>
Office / Branded Environments	
<input type="checkbox"/>	<input type="checkbox"/>
Retail	

- (A) Architecture / Design firm
- (B) Design-Build firm
- (C) Interior Design firm
- (D) Kitchen and bath design

- (E) Retail/ Store
- (F) Construction/ Builder
- (G) Education/ Institution
- (H) Government
- (I) Manufacturer
- (J) Corporation or utility

If you chose (A) - (D), please continue with questions 11—16

If you chose (E) - (J), you have completed the survey.

