



BEDROOM ASSESSMENT



Date: _____

Bedroom:

- Headboard
- Chair, Chaise or Bench
- Paint or Wall Paper Walls
- Dresser
- End Tables
- Mattress & Box Spring
- Flooring
- Curtains
- Wall Decor
- Lighting
- Lamps
- Comforter
- Accessories
-

Priorities:

1.
2.
3.

Budget:

Skills:

TimeFrame:

Notes: