

ARCHITECTURAL AGENDA QUESTIONNAIRE SUMMARY

PART 1: PERSONAL INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH (mm/dd/yyyy)	COUNTRY
1		2	3
ADDRESS (NUMBER AND STREET)		CITY	STATE AND ZIP
4		5	6

ACADEMIC QUALIFICATIONS

UNDERGRADUATE DEGREE / CERTIFICATE	UNIVERSITY / BOARD	YEARS OF STUDY
7	8	9
POST-GRADUATE DEGREE / CERTIFICATE	UNIVERSITY / BOARD	YEARS OF STUDY
10	11	12

PART 2: PERSONAL ARCHITECTURAL APPROACH

PLEASE MARK WITH AN X YOUR POSITION BETWEEN THESE TWO CONCEPTS (ONE BOX ON EACH LINE)

THEORY	PRACTICE
<input type="checkbox"/>	<input type="checkbox"/>
RATIONAL	EMOTIONAL
<input type="checkbox"/>	<input type="checkbox"/>

RELATION TO OTHER FIELDS PLEASE MARK WITH AN X ALL THE DISCIPLINES RELATED TO YOUR PRACTICE

<input type="checkbox"/>	ECONOMY	<input type="checkbox"/>	LITERATURE	<input type="checkbox"/>	PHILOSOPHY
<input type="checkbox"/>	SOCIOLOGY	<input type="checkbox"/>	HISTORY	<input type="checkbox"/>	OTHER _____
<input type="checkbox"/>	VISUAL ARTS	<input type="checkbox"/>	PSYCHOANALYSIS	<input type="checkbox"/>	NO RELATION

DOES YOUR PERSONAL BIOGRAPHY INFORMS WORK?

YES NO

IS AUTHORSHIP IMPORTANT TO YOU?

YES NO

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PART 3: DISCIPLINARY POSITIONS

PLEASE CHECK ONE BOX ON EACH LINE WHICH SHOWS THE CATEGORIES YOU IDENTIFY WITH

<input type="checkbox"/> POLITICAL	<input type="checkbox"/> BOTH	<input type="checkbox"/> APOLITICAL
<input type="checkbox"/> FORMAL	<input type="checkbox"/> BOTH	<input type="checkbox"/> CONCEPTUAL
<input type="checkbox"/> LOCAL	<input type="checkbox"/> BOTH	<input type="checkbox"/> GLOBAL
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> BOTH	<input type="checkbox"/> CONTEMPORARY
<input type="checkbox"/> POP CULTURE	<input type="checkbox"/> BOTH	<input type="checkbox"/> HIGH CULTURE
<input type="checkbox"/> SOLUTIONS	<input type="checkbox"/> BOTH	<input type="checkbox"/> CREATIVITY
<input type="checkbox"/> ORIGINALITY	<input type="checkbox"/> BOTH	<input type="checkbox"/> COPY
<input type="checkbox"/> NEW	<input type="checkbox"/> BOTH	<input type="checkbox"/> OLD
<input type="checkbox"/> SPACE	<input type="checkbox"/> BOTH	<input type="checkbox"/> SURFACE
<input type="checkbox"/> AUTONOMY	<input type="checkbox"/> BOTH	<input type="checkbox"/> HETERONOMY

PART 4: INTERESTS

PLEASE MARK WITH AN X ALL THE CONCEPTS THAT DESCRIBES YOUR PRACTICE

<input type="checkbox"/> ACTIVITIES	<input type="checkbox"/> EFFICIENCY	<input type="checkbox"/> HISTORY	<input type="checkbox"/> OPPORTUNITIES
<input type="checkbox"/> BEAUTY	<input type="checkbox"/> EXPERIENCE	<input type="checkbox"/> LANDSCAPE	<input type="checkbox"/> PLACE
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> ENVIRONMENT	<input type="checkbox"/> LIGHT	<input type="checkbox"/> PRESERVATION
<input type="checkbox"/> CITY	<input type="checkbox"/> ENVELOPES	<input type="checkbox"/> MATERIALS	<input type="checkbox"/> PROGRAM
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> ECOLOGY	<input type="checkbox"/> MEMORY	<input type="checkbox"/> PROPORTIONS
<input type="checkbox"/> CONTEXT	<input type="checkbox"/> FIELD	<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> REAL STATE
<input type="checkbox"/> DATA	<input type="checkbox"/> FORM	<input type="checkbox"/> NATURE	<input type="checkbox"/> SITE
<input type="checkbox"/> DETAILS	<input type="checkbox"/> GENERIC	<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> STRUCTURE
<input type="checkbox"/> DIAGRAMS	<input type="checkbox"/> GEOMETRY	<input type="checkbox"/> ORDER	<input type="checkbox"/> SYSTEMS