



Free Personalized Room Analysis Form



PLEASE PRINT CLEARLY AND USE ONE (1) SHEET PER ROOM. Use black pen or dark pencil when filling out by hand.

❶ Fax: 317-842-2760 ❷ Mail To: 6853 Hillside Court, Indianapolis IN 46250 -or- ❸ Email To: praf@auralex.com

Your Info

Your Name: _____ E-mail _____@_____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Zip Code: _____ - _____

Dealer Info

Preferred Dealer: _____ Contact Name: _____ Date: ____/____/____

Dealer Phone: (____) _____ - _____ Dealer Fax: (____) _____ - _____ Dealer Email: _____@_____

Budget (Check one.)

\$500 - \$1,000* \$1,000 - \$2,000

\$2,000 - \$3,000 other: \$_____

*Room acoustics only

You Are A(n) (Check all that apply.)

Engineer/Producer Musician (Instrument: _____)

Vocalist/Voice-over Talent Audiophile

Church/Worship Other: _____

Type of Room (Check all that apply.)

Project Studio Mastering Rehearsal Space Control Room Audiophile/Listening Teaching Studio

Live Room Vocal Booth Video Edit/Production Broadcast Office Space Other: _____

NOTE: For large rooms like gyms, sanctuaries and night clubs, please use our **Large Room Analysis Form** which can be found at www.Auralex.com/pcf

Do You? (Please check one) Rent Own

Music Style/Production (Check all that apply.)

Pop/Rock/Blues Jazz Country Classical Hip-Hop/Urban Dance/Techno

MIDI/Electronic Voice-over Acoustic Contemporary Christian/Praise Worship Alternative/Hard Rock

Other: _____

Room Dimensions (please indicate dimensions, e.g., "ft," "in," "mm" or "cm")

Length: Width: Height: (Note: If your room is non-rectangular, please use the back of this sheet to sketch)

Surface Types (Please use back of sheet if more detail is required.)

Walls: Drywall/SheetRock®/Gypsum Board Plaster Wood Paneling Concrete (Block or Poured)

Brick Unfinished Other: _____

Ceiling: Drywall/SheetRock®/Gypsum Board Exposed Joists Drop Tile Ceiling ("T" bar, "grid", etc.) Metal Deck/Trusses

Other: _____

Floor: Carpet Hardwood Concrete Vinyl/Tile Unfinished Subfloor

Other: _____

Observed or Measured Acoustical Problem(s) (Check all that apply.)

Room Acoustics

Flutter Echo ("slapback")

Bass Build-up ("boomy") and/or Cancellation ("no bass")

Room "Ring"

Excessive Reverberation

Mixes don't translate

Other: _____

Sound Isolation

Disturbing Roommates/Family/Neighbors

Unwanted External Sounds/Noise

HVAC Noise

Room to room sound leakage within a studio

Other: _____

Speaker Info: Stereo 2.1 5.1 Other: _____

Manufacturer: _____ Model: _____

Additional Info: _____

Do you have access to?*

Digital Photos

CAD/Architectural drawings

*An Auralex Application Specialist will contact you for more information.

Existing Treatment (if any)- Please provide product description and quantity.

No Yes, Describe: _____

Anything else you can tell us about your situation (including preferred treatments, e.g., Pyramids or Metro™, etc.) _____

