

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.

📞 Fax: 801-659-2475 📧 Mail To: VocalBooth.com, Inc, PO Box 6569, Bend, OR 97708 -or- ✉ Email To: information@vocalbooth.com

Your Info

Your Name: _____ E-mail _____@_____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Zip Code: _____ - _____

Dealer Info

Preferred Dealer: VocalBooth.com, Inc Contact Name: _____ Date: ____/____/____
Dealer Phone: (541) 330 - 6045 Dealer Fax: (801) 659 - 2475 Dealer Email: information@vocalbooth.com

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

- Engineer/Producer
- Vocalist/Voice-over Talent
- Church/Worship
- Musician (Instrument: _____)
- Audiophile
- 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

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.) _____

