

Kitchen Planning Questionnaire

Family and Lifestyle

- Number of family members: _____
- Number and ages of family members _____

___ Children: Ages: _____
___ Adults: Ages: _____

- Do you have any indoor pets?

___ Yes ___ No

If yes, does your pet need a designated eating or sleeping area in the kitchen?

___ Yes: Where? _____

___ No

- Where will your family eat most of its meals?

___ Kitchen

___ Dining room

___ Other: _____

- Do you require a kitchen table, or would you be willing to explore other options?

___ Kitchen table required

___ Preferred but open to other options

___ Not necessary

- What other activities will take place in your new kitchen?

___ laundry ___ watching TV

___ homework ___ paying bills

___ computer center ___ scrap booking ___ other _____

- After you build or remodel, will you entertain frequently?

___ Yes ___ No

If yes, what is your entertainment style?

___ Formal ___ Informal

Do you have large or small gatherings?

___ Large ___ Small

- Do you have any special storage requirements?

(Examples: special spot for storing trays, cookie sheets, other flat items; tall wine glasses; vases; oversized pots and pans; large cooking equipment; collection of cookbooks...)

___ Yes ___ No

If yes, please specify: _____

- How do you shop?

___ For a week

___ For each meal

___ Buy non-perishable items in bulk

___ Buy in bulk and freeze

If you buy in bulk, do you require storage in the kitchen for all or most of these items?

Yes No

Cooking Style

• Who is the primary cook? _____

• Is the primary cook left handed or right handed?

• How tall is the primary cook? _____

• What is the primary cook's cooking style?

gourmet meals baking

family meals bringing meals home

quick and simple meals

• Does the primary cook have any physical limitations?

Yes No

What type? _____

• Is there a secondary cook?

Yes No

• Is the secondary cook left handed or right handed?

• How tall is the secondary cook? _____

• Does the secondary cook have any physical limitations?

Yes No

What type? _____

• What appliances and features will be included in the new kitchen?

Appliances: gas or electric

range refrigerator dishwasher trash compactor

disposal microwave range hood warming drawer

wine chiller ice maker pot filler built-in coffee maker

other: _____

Cabinetry and Storage:

tilt-down drawer spice rack lazy susan

built-in wine rack bookshelves breadbox

built-in ice maker radio recycling area bar sink

cutlery storage television divided tray storage

computer area adjustable shelving more shelf storage

more drawer storage other: _____

• Do you want an island area? If so, what amenities would you like it to include?

Yes: _____

No

• Do you want to include undercounter lights on your cabinetry?

Yes No

Design and Style

• What are your color preferences for your new kitchen?

• Have you created a scrapbook of notes, photos, and ideas to use in your new kitchen? ___ Yes ___ No

• What do you like about your current kitchen?

• What do you dislike about your current kitchen?

• Do you require a recycling center in your kitchen?

___yes ___ no

If yes, how many items do you need to sort? _____

• What is your style preference for your new kitchen?

___contemporary ___formal ___ traditional ___eclectic other:_____

Time and Budget:

• When would you like to begin your project? _____

• When would you like your project completed? _____

• What is your project (or cabinetry) budget? \$ _____

General Information

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Fax: _____

New Home Address: _____

Builder Name (if applicable): _____

Contact Name: _____

Phone: _____

Fax: _____

Architect Name (if applicable): _____

Contact Name: _____

Phone: _____

Fax: _____

Interior Designer Name (if applicable): _____

Contact Name: _____

Phone: _____

Fax: _____