

## Kitchen Planning Questionnaire

The questions you are about to answer will greatly assist your Kitchen & Bath Studio designer in creating the kitchen of your dreams!

### Family and Lifestyle

1. Number of family members:

2. Number and approximate ages of family members:

infants       young children

teens       20 to 30 yrs

31 to 40 yrs       41 to 50 yrs

51 to 60 yrs       61 to 70 yrs

70+

3. If your family has young children, will they be using the kitchen frequently?  Yes  No

4. How long do you plan on living in the home you are remodeling/building?

1 to 5 yrs       6 to 10 yrs

11 to 20 yrs       20+

5. Where does your family eat its meals?

Kitchen       Dining Room

Other: \_\_\_\_\_

6. Where will your family eat after you remodel/build?

Kitchen       Dining Room

Other: \_\_\_\_\_

7. Do you require a kitchen table or would you be willing to explore other options if a design could be improved?

A kitchen table is required

Preferred but open to other options

Not necessary

8. What other activities will take place in your new kitchen?

Laundry       Homework       Watching TV

Paying Bills       Sewing       Computer Center

Other:

9. After your remodel/build will you entertain frequently?  Yes  No

If Yes...What is your entertainment style?

formal  informal

Do you have large or small gatherings?

over 10 people or  under 10 people

Do your guests help you in the kitchen when you entertain?

Yes  No

10. How do you shop?

For the 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**

1. Who is the primary cook?

2. Is the primary cook  left handed or  right handed?

3. How tall is the primary cook?

4. What is the primary cook's cooking style?

Gourmet Meals  Family Meals

Quick & Simple Meals  Baking

Bringing Meals Home

5. What does the primary cook prefer?

No one else in the kitchen while preparing meals.

A helper in the kitchen when preparing meals.

Family or friends visiting during meal preparation.

6. Does the primary cook have any physical limitations?  Yes  No

7. Who is the secondary cook?  left handed or  right handed?

8. How tall is the secondary cook? \_\_\_\_\_

9. Do the secondary and primary cook prepare meals together?  Yes  No

10. What are the secondary cook's responsibilities?

Preparing side dishes  Clean up

Assist in preparing main course

11. Does the secondary cook have any physical limitations?

## **Design and Style**

1. What are your color preferences for your new kitchen?

2. Are there colors you would not want in your new kitchen?

3. Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?

Yes  No

4. If a design could be greatly improved, would you be willing to make structural changes?

(i.e. moving windows, doors, and walls)  Yes  No

5. What do you like about your current kitchen?

6. What do you dislike about your current kitchen?

7. Do you require a recycling center in your kitchen?  Yes  No

If Yes... How many items do you need to sort? \_\_\_\_

8. Will you be keeping your existing appliances?

Dishwasher:  existing  new

Refrigerator:  existing  new

Oven/Range:  existing  new

9. What is your style preference for your new kitchen?

contemporary  formal

country  traditional

## **Time and Budget**

1. When would you like to begin your project?

2. When would you like your project completed?

3. If you are building, is the kitchen in your contract?

Yes  No

### General Information

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City/ State/ Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_

5. Work Phone: \_\_\_\_\_

6. Fax: \_\_\_\_\_

7. New Home Address: \_\_\_\_\_

8. City/ State/ Zip: \_\_\_\_\_

9. Builder Name (if applicable): \_\_\_\_\_

10. Contact Name: \_\_\_\_\_

11. Phone: \_\_\_\_\_

12. Fax: \_\_\_\_\_

13. Architect Name (if applicable): \_\_\_\_\_

14. Contact Name: \_\_\_\_\_

15. Phone: \_\_\_\_\_

16. Fax: \_\_\_\_\_

17. Interior Designer Name (if applicable): \_\_\_\_\_

18. Contact Name: \_\_\_\_\_

19. Phone: \_\_\_\_\_

20. Fax: \_\_\_\_\_