

Kitchen Design Questionnaire

Name _____
Address _____

Phone(s) _____
Email(s) _____

TIME, BUDGET, and PLANNING

When would you like to begin your project? _____

When would you like your project completed? _____

What is your budget range? _____

Is return on investment a primary concern? _____

Are you currently working with a builder/contractor/architect/designer? _____

If yes, who? _____

Will your new kitchen be an addition to your existing home? _____

Why do you want a new kitchen?

- | | |
|---|--|
| <input type="checkbox"/> Update appearance | <input type="checkbox"/> Improve lighting |
| <input type="checkbox"/> Improve storage | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Improve traffic pattern | _____ |
| <input type="checkbox"/> Improve the use of space | _____ |

Do you want to fully remodel or do you prefer to make only cosmetic changes? _____

HOUSEHOLD and EXISTING CONDITIONS

How long have you lived in your home? _____

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

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 to 5 yrs | <input type="checkbox"/> 11 to 20 yrs |
| <input type="checkbox"/> 6 to 10 yrs | <input type="checkbox"/> 20+ |

What year was the home built? _____

What is the age of your existing kitchen? _____

Are the storage areas, cooking areas, prep areas, and sink the sizes you need? Y or N

Are they arranged in a way that best suits your needs? Y or N

On a scale of 1-10 (1 being worst, 10 being best) how well does your existing kitchen serve the needs of your household? 1 2 3 4 5 6 7 8 9 10

Does the décor of your kitchen project the image you want? Y or N

Is the design of your kitchen appropriate with the rest of your home? Y or N

On a scale of 1-10 (1 being worst, 10 being best) how well does your existing kitchen reflect your design and style tastes? 1 2 3 4 5 6 7 8 9 10

Approximately how many hours do you spend in the kitchen each day? _____

Will you spend more time in your new kitchen? Y or N

What is the basic layout of your kitchen?

- "U" "L" Galley One Wall

Is there an island? Y or N

If yes, what are the dimensions? _____

Does it have an overhang? Y or N How large? _____

Does it accommodate seating? Y or N

The kitchen has direct access to the:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Mud Room | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Sunroom | <input type="checkbox"/> Utility Room |
| <input type="checkbox"/> Front Entrance | <input type="checkbox"/> Porch | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Back/Side Entrance | <input type="checkbox"/> Patio | <input type="checkbox"/> Stairway |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Yard/Garden | <input type="checkbox"/> Other _____ |

Do the rooms transition well? Y or N

What is the ceiling height? _____

Are there soffits? Y or N

If yes, on which wall(s) are they located? _____

How high are they? _____

Are there windows? Y or N

If yes, how many are there? _____ What are their sizes? _____

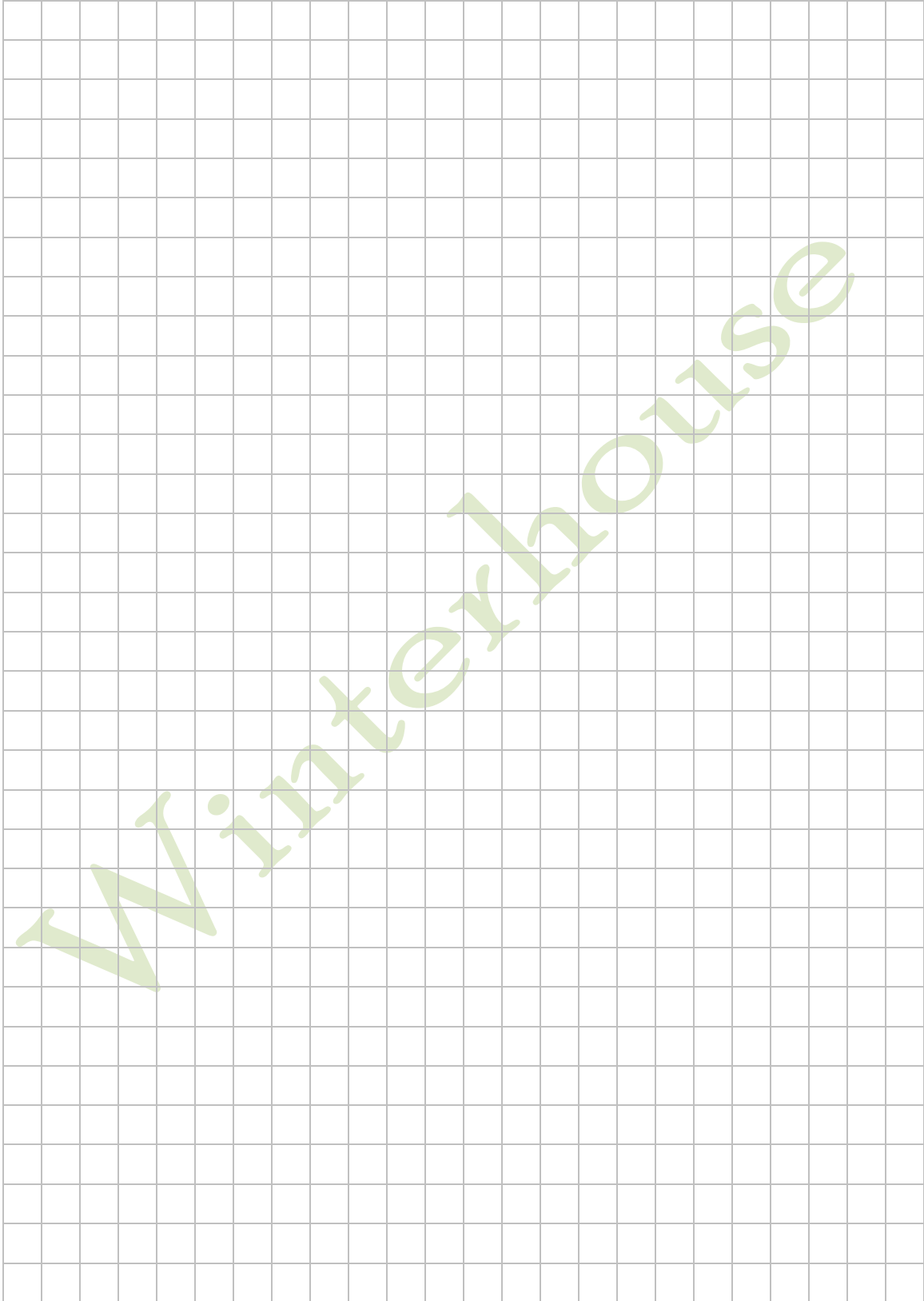
Where are they located? _____

How many doors/doorways are there? _____ What are their sizes? _____

Where are they located? _____

Are there skylights, vaulting, or other ceiling features to note? _____

Please use this page to make a rough drawing of the floor plan of your kitchen.



Number of household members:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> 20 to 30 yrs | <input type="checkbox"/> 51 to 60 yrs |
| <input type="checkbox"/> Young Children | <input type="checkbox"/> 31 to 40 yrs | <input type="checkbox"/> 61 to 70 yrs |
| <input type="checkbox"/> Teens | <input type="checkbox"/> 41 to 50 yrs | <input type="checkbox"/> 70+ |

Do you have pets? Y or N

Do any of your household members have special needs? Y or N

If yes, please explain. _____

Who will be using the kitchen? _____

Where does your family eat its meals?

- Kitchen Dining Room Other _____

Where will your family eat after you remodel/build?

- Kitchen Dining Room Other _____

Do you require a kitchen table? Y or N

If yes, would you be willing to explore other options if a design could be improved? Y or N

What other activities will take place in your new kitchen?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Watching TV | <input type="checkbox"/> Computer Center |
| <input type="checkbox"/> Ironing | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Paying Bills | _____ |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Crafts/Hobbies | _____ |

After your remodel/build will you entertain? Y or N

If yes, what is your entertainment style?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Formal | <input type="checkbox"/> Buffet |
| <input type="checkbox"/> Informal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sit-Down | _____ |

How many guests do you typically entertain at a time? _____

Who are they?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Business Associates |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Other _____ |

How many times throughout the year do you plan to entertain? _____

Do you typically cook or do you have the occasion catered? _____

Do your guests help you in the kitchen when you entertain? Y or N

Would you like your kitchen to accommodate guests when you entertain? Y or N

What are your storage requirements? Do you typically:

- Shop for each meal
- Buy in bulk and freeze
- Shop for the week
- Buy non-perishable items in bulk

What other items might have special storage requirements? Please explain. _____

COOKING STYLE

Who is the primary cook? _____

Is the primary cook left handed or right handed? L or R

How tall is the primary cook? _____

What is the primary cook's cooking style?

- Gourmet Meals
- Takeout
- Family Meals
- Baking
- Quick & Simple Meals
- Other _____

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
- Other _____

Does the primary cook have any physical limitations? Y or N

If yes, please explain. _____

Who is the secondary cook? _____

Do the secondary and primary cooks prepare meals together? Y or N

Is the secondary cook left handed or right handed? L or R

How tall is the secondary cook? _____

What are the secondary cook's responsibilities?

- Preparing side dishes
- Clean up
- Assist in preparing main course
- Other _____

Does the secondary cook have any physical limitations? Y or N

If yes, please explain. _____

DESIGN and STYLE

What are your style preferences for your new kitchen?

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Formal | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Country | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rustic | <input type="checkbox"/> Traditional | _____ |

What is the style of the rest of your home?

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Formal | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Country | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rustic | <input type="checkbox"/> Traditional | _____ |

Do you want your new kitchen to reflect this style? Y or N

What colors/materials/finishes do you want in your new kitchen? _____

Are there colors/materials/finishes you would not want in your new kitchen? _____

If a design could be greatly improved, would you be willing to make structural changes?
(i.e. moving windows, doors, and walls) Y or N

What do you like about your current kitchen's design/style? _____

What do you dislike about your current kitchen's design/style? _____

Kitchen Wish List

What are some of the styles and products that you like—those you've seen in a designer's showroom, in publications, a friend or family member's kitchen, or elsewhere? Select from the below kitchen wish list, and make notes of your desired size, material, color, and/or manufacturer if you know them. Then, collect any photos, drawings, descriptions, and/or lists of what you want in your new kitchen. Include examples of rooms, colors, layouts, and products that catch your eye. Don't censor what you include—save whatever says something to you, good or bad, and don't try to figure out exactly how each idea would fit into your current layout.

Appliances

- New Refrigerator with These Features: _____

- Additional Freezer with These Features: (chest or upright) _____

- New Range with These Features: _____

- New/Additional Oven with These Features: _____

- New/Additional Cooktop with These Features: _____

- New Vent/Hood with These Features: _____

- Trash Compactor
- New Dishwasher with These Features: _____

- Additional Dishwasher with These Features: _____

- Built in Coffee/Cappuccino Maker: _____

- Built in Steam Oven: _____

- New Microwave with These Features: _____

- Elevated Appliances (Dishwasher, Oven, Microwave, etc.) _____

- Lowered Appliances (Oven, Microwave, etc.) _____

- Appliance Panels
- Warming Drawer
- Wine Chiller
- Indoor Grill
- Other: _____

Plumbing and Accessories

- New/Additional Sink with These Features: _____

- New Faucet with These Features: _____

- Garbage Disposer
- Hot Water Dispenser

- Lotion Dispenser
- Soap Dispenser
- Filtration System
- Other: _____

Cabinets and Storage

- More Drawer Storage for: _____

- More Shelf Storage for: _____

- Glass Door Fronts
- Pantry/Utility Storage
- Cookbook Storage
- Tray Storage
- Stem Glass Holder
- Built-In Wine Rack
- Liquor Storage
- Tilt-Down Drawer
- Spice Rack/Drawer
- Appliance Garage
- Breadbox
- Cutlery Drawer
- Lazy Susan
- Adjustable Shelves
- Silverware Divider

- China Cabinet
- More Display Space for: _____

- Plate Rack(s)
- Hanging Pot Rack
- Sliding Shelves
- Knife Block
- Cutting Board
- Vegetable Bin/Basket
- Towel Bar
- Storage for Cleansers
- Trash Center
- Recycling Center
- Other: _____

Moulding and Trim

- Crown Moulding in Room
- Base Moulding in Room
- Chair Rail Moulding in Room
- Crown Moulding on Cabinets
- Base Moulding on Cabinets
- Light Rail on Cabinets
- Window/Door Trim
- Decorative Architectural Elements
- Other: _____

Lighting

- New/Additional Ambient Lighting
- New/Additional Task Lighting
- New/Additional Under Cabinet lighting
- New/Additional Toe Kick lighting
- Ceiling Fan
- Other: _____

Finishes and Décor

- New Flooring
- New Countertop/Prep Space with These Features: _____

- Varied Countertop Heights
- New Backsplash with These Features: _____

- Island
- New Hardware
- New Wall Coverings
- New Window Treatments