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?
☐ Update appearance
☐ Improve storage
☐ Improve traffic pattern
☐ Improve the use of space
☐ Improve lighting
☐ Other (explain) __________________________

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?
☐ 1 to 5 yrs
☐ 6 to 10 yrs
☐ 11 to 20 yrs
☐ 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 or 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:
☐ Dining Room ☐ Mud Room ☐ Laundry Room
☐ Living Room ☐ Sunroom ☐ Utility Room
☐ Front Entrance ☐ Porch ☐ Basement
☐ Back/Side Entrance ☐ Patio ☐ Stairway
☐ Garage ☐ Yard/Garden ☐ 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:

- Infants
- 20 to 30 yrs
- 51 to 60 yrs
- Young Children
- 31 to 40 yrs
- 61 to 70 yrs
- Teens
- 41 to 50 yrs
- 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?
- Laundry
- Watching TV
- Computer Center
- Ironing
- Listening to Music
- Other ____________________________
- Sewing
- Paying Bills
- ____________________________
- Homework
- Crafts/Hobbies
- ____________________________

After your remodel/build will you entertain? Y or N
If yes, what is your entertainment style?
- Formal
- Buffet
- ____________________________
- Informal
- Other ____________________________
- Sit-Down
- ____________________________

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

Who are they?
- Family
- Business Associates
- Other ____________________________
- Friends
- ____________________________

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
- Shop for the week
- Buy in bulk and freeze
- 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
- Family Meals
- Quick & Simple Meals
- Takeout
- Baking
- 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?
- Contemporary
- Industrial
- Rustic
- Eclectic
- Formal
- Country
- Traditional
- Other

What is the style of the rest of your home?
- Contemporary
- Industrial
- Rustic
- Eclectic
- Formal
- Country
- Traditional
- Other

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