



## Kitchen Planning Questionnaire

### Family and Lifestyle

1. Number of family members \_\_\_\_\_
  
2. How long do you plan on living in the home you are remodeling / building?  
 1 to 5 yrs     6 to 10 yrs  
 10+
  
3. Where will your family eat after you remodel / build?  
 Kitchen     Dining Room
  
4. 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
  
5. What other activities will take place in your new kitchen?  
 Laundry             Homework             Watching TV  
 Paying Bills         Sewing                 Computer Center  
 Other:
  
6. 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?  
  
Do your guests help you in the kitchen when you entertain?  
 Yes     No
  
7. 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. Is the primary cook  
 Left handed or  Right handed?
2. How tall is the primary cook? \_\_\_\_\_
3. What is the primary cook's cooking style?  
 Gourmet Meals                       Family Meals  
 Quick & Simple Meals               Baking  
 Bringing Meals Home
4. 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.
5. Does the primary cook have any physical limitations?  
 Yes  No

### Design and Style

1. What are your color preferences for your new kitchen?  
\_\_\_\_\_
2. Are there any colors you do not want in your new kitchen?  
\_\_\_\_\_
3. If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)?  Yes  No
4. What do you like about your current kitchen?  
\_\_\_\_\_
5. What do you dislike about your current kitchen?  
\_\_\_\_\_
6. Do you require a recycling center in your kitchen?  
 Yes  No If yes, how many items do you need to sort? \_\_\_\_\_
7. Will you be keeping your existing appliances?  
Dishwasher:               Existing       New  
Refrigerator:              Existing       New  
Oven/Range:               Existing       New

8. What is your style preference for your new kitchen?  
 Contemporary     Arts & Crafts  
 Country             Traditional

### Time and Budget

1. When would you like to begin your project? \_\_\_\_\_
2. When would you like your project completed? \_\_\_\_\_
3. Do you have a budget for this project?  
 Yes: \$ \_\_\_\_\_  
 No

### General Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

New Home Address (if applicable) \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_

Builder / Contractor Name (if applicable) \_\_\_\_\_

Architect Name (if applicable) \_\_\_\_\_

Interior Designer Name (if applicable) \_\_\_\_\_