

# Kitchen Planning Questionnaire

## Family and Lifestyle:

1. Family members: ____
2. Approximate ages of family members:
Children                      Adults Age ____ Sex ____          Age ____ Sex ____ Age ____ Sex ____          Age ____ Sex ____ Age ____ Sex ____          Age ____ Sex ____ Age ____ Sex ____          Age ____ Sex ____
3. 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+
4. Where does your family eat its meals?
____ Kitchen    ____ Dining Room ____ Other: _____
5. Where will your family eat after you remodel/build?
____ Kitchen    ____ Dining Room ____ Other: _____
6. Do you require a kitchen table or would you be willing to explore other options if a design could be improved?
____ Required ____ Preferred, but open to other options ____ Not necessary
7. What other activities will take place in your new kitchen?
____ Laundry    ____ Homework    ____ Watching TV ____ Paying Bills    ____ Sewing    ____ Computer Center ____ Other: _____
8. After your remodel/build, will you entertain frequently?
____ Yes    ____ No
If Yes,  What is your entertaining style? ____ Formal    ____ Informal Do you have large or small gatherings? ____ Large or ____ Small Do your guests help you in the kitchen when you entertain? ____ Yes    ____ No
9. 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 while preparing meals.  
 Family or friends visiting during meal preparation.
6. Does the primary cook have any physical limitations?  
  
 Yes  No    What type? \_\_\_\_\_
7. Is there a secondary cook?  
  
 Yes  No
8. If there is a secondary cook, are they  
  
 Left-handed or  Right-handed?
9. How tall is the secondary cook? \_\_\_\_\_
10. Do the primary and secondary cooks prepare meals together?  
 Yes  No
11. What are the secondary cook's responsibilities?

- Prepare side dishes                       Clean up  
 Assist in preparing main course

12. Does the secondary cook have any physical limitations?

Yes  No    What type? \_\_\_\_\_

**Design and Style:**

1. What are your color preferences for your new kitchen? \_\_\_\_\_
2. Which colors do you 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 separate bins do you need for sorting items? \_\_\_\_
8. Will you be keeping your existing appliances?  
Dishwasher:     Existing     New  
Refrigerator:     Existing     New  
Oven/Range:     Existing     New  
Microwave:     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
4. Do you have a budget for this project?  
 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: