

# Kitchen Planning Questionnaire

## Family and Lifestyle:

1. Number of family members: \_\_\_\_
2. Number and 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?  
 A kitchen table is required  
 Preferred but open to other options  
 Not necessary
7. What other activities will take place in your new kitchen?

<input type="checkbox"/> Laundry	<input type="checkbox"/> Homework	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Paying Bills	<input type="checkbox"/> Sewing	<input type="checkbox"/> Computer Center
<input type="checkbox"/> Other:		
8. 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?  
 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 when 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, which are they  
  
 left handed or  right handed?
9. How tall is the secondary cook? \_\_\_\_\_
10. Do the secondary and primary cook prepare meals together?  
 Yes  No
11. What are the secondary cook's responsibilities?

- Preparing 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. 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

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
- Do you have a budget for this project?
4.  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: