

## Kitchen Planning Guide Questionnaire

### Family and Lifestyle

1. Number of family members: \_\_\_\_\_
2. Number and approximate ages of family members:  
☐ infants      ☐ young children      ☐ teens  
☐ 20 to 30 yrs.      ☐ 31 to 40 yrs.      ☐ 41 to 50 yrs.  
☐ 51 to 60 yrs.      ☐ 61 to 70 yrs.      ☐ 70+
3. If your family has young children, will they be using the kitchen frequently? ☐ Yes ☐ No
4. 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+
5. Where does your family eat its meals?  
☐ Kitchen      ☐ Dining Room      ☐ Other: \_\_\_\_\_
6. Where will your family eat after you remodel/build?  
☐ Kitchen      ☐ Dining Room      ☐ Other: \_\_\_\_\_
7. 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  
☐ A kitchen table is preferred but open to other options  
☐ A kitchen table is not necessary
8. What other activities will take place in your new kitchen?  
☐ Laundry      ☐ Homework      ☐ Watching TV  
☐ Paying Bills      ☐ Sewing      ☐ Computer Center  
☐ Other: \_\_\_\_\_
9. 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

### 10. How do you shop?

- ☐ For the week      ☐ Buy in bulk and freeze  
☐ For each meal      ☐ Buy non-perishable items in bulk  
 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? \_\_\_\_\_ ft. \_\_\_\_\_ in.
4. What is the primary cook's cooking style?  
☐ Gourmet Meals      ☐ Family Meals  
☐ Quick & Simple Meals      ☐ Bringing Meals Home  
☐ Baking
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
7. Who is the secondary cook?  
 \_\_\_\_\_
8. Do the secondary and primary cook prepare meals together? ☐ Yes ☐ No
9. Is the secondary cook ☐ left handed or ☐ right handed?
10. How tall is the secondary cook? \_\_\_\_\_ ft. \_\_\_\_\_ in.
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

## Kitchen Planning Guide Questionnaire

### Design and Style

1. What are your color preferences for your new kitchen?

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2. Are there colors you would not want in your new kitchen?

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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)?

☐ Absolutely not ☐ I would consider it

5. What do you like about your current kitchen?

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6. What do you dislike about your current kitchen?

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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

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?

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2. When would you like your project completed?

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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

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

New Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Builder Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_