



Kitchen Planning Questionnaire

GENERAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

MEASUREMENTS

- 1. Do you have the rough measurements of your existing kitchen?
- 2. Do you have the rough measurements of how big you want your kitchen to be, if you're planning to expand it?

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. 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 would you like your family to eat most meals after you remodel/build?

- Kitchen Dining Room Other: _____

5. Do you want 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

6. What other activities will take place in your new kitchen?

- Laundry Homework Watching TV Paying Bills
- Sewing Computer Center Other: _____

7. Do you hope to get a bar, island or peninsula in your new kitchen?

8. Do you want a desk or workspace in your new kitchen?

9. Do you like to entertain? Yes No

If Yes...

- What is your entertainment style? Do you have large or small gatherings? Do your guests help you in the kitchen when you entertain? Yes No
- formal informal large or small

10. Do you want extra storage for non-perishable items? Do you want more refrigeration space than you presently have?

11. Does anyone in your family have physical limitations?

12. What is your style preference for your new kitchen?

- Contemporary Formal Country Traditional

13. Time and Budget

a. When would you like to begin your project? _____

b. When would you like your project completed? _____

c. If you are building, is the kitchen in your contract? Yes (\$ _____) No