KITCHEN DESIGN QUESTIONNAIRE

Client Name: ___________________________ Date: ___________________________

Kitchens are highly complex rooms that serve many different functions. To best meet your expectations, please tell us about your lifestyle, needs, and desires.

General Information

How many members are in your household? _____ Adults _____ Teens _____ Children
_____ Seniors _____ Pets

How long have you lived in your home? ____________________________________________

When was the house built? _____________________________________________________

How old is the kitchen? _________________________________________________________

When would you like to begin the project? _________________________________________

When would you like it completed? ______________________________________________

What is the budget range you have established for your kitchen project? $______________

Do you plan to gut the kitchen area? _____________________________________________

Do you plan to keep the same kitchen layout and simply make cosmetic changes? ________________________________________________________________

Which elements will remain and which will be replaced? _____________________________

What improvements are you looking for in a new kitchen?

______ Easier to clean _______ Upgraded electrical service _______ More efficient traffic pattern

______ More storage _______ Better lighting _______ Additional workspace

______ Other, please explain ______________________________________________________

What do you dislike most about your present kitchen?

___________________________________________________________________________

What works particularly well in your present kitchen?

___________________________________________________________________________

List some details of the new kitchen that are important to you:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Kitchen Usage

Who is the primary cook? ______________________________________________________
Is this person Left-handed Right-handed? How tall is this person? __________________________
How many other household members cook? ________________________________
What are their specific needs if they differ from the general assessment? __________________________

Please check if you desire any of the following:

____ Disposer
____ Microwave
____ Trash compactor
____ Icemaker
____ Dishwasher How many? __________
____ Separate cook top: ________ Gas ________ Electric ________ Downdraft
____ Updraft
____ Oven/cook top combination
____ Refrigerator: ________ Built-in ________ Standard
____ Freezer: ________ Part of refrigerator ________ Separate Unit
____ Double ovens
____ Second Sink
____ Architectural-type stove hood

Where does your family eat?

Kitchen __________% Table __________ Counter __________
Dining Room __________% Table __________ Seats __________
Family Room __________% 
Other __________%
Changes needed for any of the above items: __________________________

Please check the statement that best describes the way you feel.

_______ I like to be the only cook in the kitchen with my guests in a separate space that is away from the kitchen.
_______ I like to be the only cook in the kitchen with my guests close by, with open space to the family room.
_______ I like my guests to be sitting in the kitchen visiting with me while I cook.
_______ I like my guests to help me in the kitchen in meal preparation.
_______ I like to have my guests help in the clean-up process after the meal.
_______ I retain caterers who prepare, serve, and clean up all meals for entertainment.
How and when do you entertain?

_____ Holidays:  _____ Formal  _____ Informal
_____ Business:  _____ Formal  _____ Informal
_____ Friends:  _____ Formal  _____ Informal

What secondary activities would you like to take place in your kitchen?

_____ Computer  _____ Eating  _____ Walk-in pantry  _____ Wet bar
_____ Wine storage  _____ Kids’ projects  _____ Laundry  _____ Hobbies
_____ Growing plants  _____ Study  _____ TV/radio  _____ Sewing
_____ Planning desk  _____ Other: ________________________

**Detail Questions:**

What small electrical appliances do you use in your kitchen?

_____ Blender  _____ Wok  _____ Toaster  _____ Coffee pot
_____ Can opener  _____ Electric Fry Pan  _____ Griddle  _____ Crock pot
_____ Food processor  _____ Other: ________________________

Which items need specialized storage?

_____ Bottles  _____ Breadboard  _____ Breadbox  _____ Cookbooks
_____ Cutlery  _____ Dishes  _____ Display items  _____ Glassware
_____ Lids  _____ Linen  _____ Plastic  _____ Soft drinks
_____ Spices  _____ Vegetables  _____ Wine
_____ Other: ______________________________

Which items do you recycle?

_____ Paper  _____ Plastic  _____ Glass  _____ Cans

Where do you sort?

_____ Kitchen  _____ Garage  _____ Utility room  _____ Basement

Where would you like to store the following items?

Code:  (B) Base cabinet  (W) Wall cabinet  (T) Tall cabinet  (D) Desk
_____ (C) Countertop  (L) Laundry  (BC) Bookcase  (O) Outside of kitchen
_____ (BA) Basement  (AG) Appliance garage

_____ Baking equipment
_____ Paper products
_____ Linens
_____ Cleaning supplies
_____ Glassware
_____ Leftover containers
_____ Fruits/vegetables (non-refrigerated)
_____ Laundry iron
_____ Pet foods
Wrapping materials
Recycle containers
Specialty cooking items (wok, etc.)
Boxed goods
Canned goods
Dishes
Pots and pans
Serving trays
Other

Decorations and Finishes
If you are changing out your cabinets, what type of facing materials do you prefer?
Wood: Type?
Painted      Stained      Paint or stain wash      Laminate

What cabinet door styles do you prefer?
Sleek, plain front      Raised panels      Arched panels      Recessed panels
Glass fronts

If you are changing out your countertops, which do you prefer?
Solid surfacing      Laminate      Tile      Granite      Butcher Block
Other:

What type of backsplash do you prefer?
Same as countertop      Solid surfacing      Tile      Stainless steel

What type of feeling would you like your new kitchen space to have?
Formal      Traditional      Transitional      Contemporary
Open and airy      Country      Personal design statement

What colors do you like?
What colors do you dislike?
What colors are you considering for your new kitchen?

Other design needs or ideas:
Please attach to this page any magazine clippings or sketches that you have collected showing us what ideas you have for your new kitchen.