### FAMILY AND LIFESTYLE

1. Number of family members: \_\_\_\_

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?

 \_\_\_\_\_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? <u>Yes</u> No

9. Is the secondary cook \_\_ left handed or \_\_ right handed?

10. How tall is the secondary cook? \_\_\_\_\_

12. Does the secondary cook have any physical limitations?

#### **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)?

\_\_\_\_Absolutely not \_\_\_\_I would consider it

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

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**

1. Name:		
2. Address:		
3. City:		
4. Home Phone:		
5. Work Phone:		
6. Fax:		
7. New Home Address:		
9. 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 app	licable): _	
18. Contact Name:		
19. Phone:		

20. Fax: