



KITCHEN PLANNING QUESTIONNAIRE

<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email address: _____</p>	<p>Date: _____</p> <p>(H) _____</p> <p>(W) _____</p> <p>(C) _____</p> <p style="text-align: center;"><u>Preferred Method of Contact</u></p> <p><input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone</p> <p><input type="checkbox"/> Work Phone <input type="checkbox"/> Email</p>
<p>PROJECT: <input type="checkbox"/> Kitchen Remodel <input type="checkbox"/> Kitchen New</p>	

GENERAL QUESTIONS

<p>1. How long do you plan on living in the home you are remodeling/building?</p> <p><input type="checkbox"/> Less than 10 years</p> <p><input type="checkbox"/> More than 10 years</p> <p><input type="checkbox"/> I don't know</p> <p>2. How many family members?</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+</p> <p>3. What room will your family sit down to eat in after you remodel/build?</p> <p><input type="checkbox"/> Kitchen</p> <p><input type="checkbox"/> Dining Room</p> <p><input type="checkbox"/> Other</p>	<p>4. What other activities will take place in your new kitchen? (Please check all that apply)</p> <p><input type="checkbox"/> Watching TV <input type="checkbox"/> Organizing/Paying Bills</p> <p><input type="checkbox"/> Computer Work <input type="checkbox"/> Other (Describe)</p> <p><input type="checkbox"/> Homework</p> <p>5. How often do you purchase groceries?</p> <p><input type="checkbox"/> For each meal</p> <p><input type="checkbox"/> For the week</p> <p><input type="checkbox"/> Purchase non-perishable items in bulk</p> <p><input type="checkbox"/> Purchase items in bulk and freeze</p>
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COOKING STYLE INFORMATION

<p>1. Who is the primary cook? _____</p> <p>2. Is the primary cook?</p> <p><input type="checkbox"/> Left Handed</p> <p><input type="checkbox"/> Right Handed</p> <p>3. How tall is the primary cook? _____</p> <p>4. What is the primary cook's cooking style?</p> <p><input type="checkbox"/> Bringing meals</p> <p><input type="checkbox"/> Quick and simple</p> <p><input type="checkbox"/> Family meals</p> <p><input type="checkbox"/> Baking</p> <p><input type="checkbox"/> Gourmet meals</p>	<p>5. If there is one, who is the secondary cook? _____</p> <p>6. Is the secondary cook?</p> <p><input type="checkbox"/> Left Handed</p> <p><input type="checkbox"/> Right Handed</p> <p>7. How tall is the secondary cook? _____</p> <p>8. Do the primary and secondary cook prepare meals together?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes</p>
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CABINETRY AND COUNTERTOP INFORMATION (PLEASE CHECK ALL PREFERENCES)

Wood Species	Finish	Door Styles	Countertops
<input type="checkbox"/> Alder <input type="checkbox"/> Cherry <input type="checkbox"/> Maple <input type="checkbox"/> Oak <input type="checkbox"/> Knotty <input type="checkbox"/> Don't Know	<input type="checkbox"/> Natural <input type="checkbox"/> Stain <input type="checkbox"/> Paint <input type="checkbox"/> Glaze <input type="checkbox"/> Don't Know	<input type="checkbox"/> Flat (contemporary) <input type="checkbox"/> Raised Panel <input type="checkbox"/> Recessed Panel <input type="checkbox"/> Don't Know <input type="checkbox"/> Glass Doors?	<input type="checkbox"/> Granite <input type="checkbox"/> Corian <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Plastic Laminated w/ Wood Edge <input type="checkbox"/> Plastic Laminated-Self Edge
		<input type="checkbox"/> Arched panels on upper cabinet doors?	<input type="checkbox"/> Quartz <input type="checkbox"/> Butcherblock <input type="checkbox"/> Haven't Decided

CABINETRY OPTIONS (PLEASE CHECK ALL PREFERENCES)

Accessories

- | | | | |
|-------------------------------------------|-------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Appliance Panels | <input type="checkbox"/> Cutlery Dividers | <input type="checkbox"/> Spice Rack | <input type="checkbox"/> Vertical Tray Dividers |
| <input type="checkbox"/> Paneled Ends | <input type="checkbox"/> Utensil Dividers | <input type="checkbox"/> Tilt out sink front | <input type="checkbox"/> Pot and Pan Drawers |
| <input type="checkbox"/> Lazy Susan | <input type="checkbox"/> Bread Drawer | <input type="checkbox"/> Pull Out Trash Can | <input type="checkbox"/> Under Cabinet Lighting |
| <input type="checkbox"/> Cookbook Shelves | <input type="checkbox"/> Roll-out shelves | <input type="checkbox"/> Pantry Cabinet | Other: _____ |

KITCHEN DESIGN INFORMATION

Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen? Yes No

What do you like about your current kitchen?

What do you dislike about your current kitchen?

APPLIANCES

Refrigerators

- Freezer on Top
- Freezer on Bottom
- Side by Side
- Refrigerator Drawers

SIZE: _____" Wide

Dishwashers

- Under Counter
- Raised
- Dishwasher Drawers

Ranges

- Free Standing
- Slide In
- Drop In
- Commercial

SIZE: _____" Wide

Cooktops

- Electric
- Gas
- Downdraft
- Commercial

SIZE: _____" Wide

Wall Ovens

- Single
- Double
- Under Countertop

Hoods

- Non-Vented
- Vented
- Microwave

Microwaves

- In Oven Cabinet
- Built into Cabinet
- Countertop Sitting

Other

- Warming Drawer
- Wine Refrigerator
- Trash Compactor

Anything else you would like to tell us...

Thank you and we look forward to working with you!