

KITCHEN DESIGN SURVEY FORM

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Date: _____

GENERAL CLIENT INFORMATION

1. How long have you lived at, or how much time do you spend at the jobsite residence? _____
2. When was the house built? _____ How old is the present kitchen? _____
3. How did you learn about our firm? _____
4. When would you like to start the project? _____
5. When would you like the project completed? _____
6. Has anyone assisted you in preparing a design for the kitchen? _____
7. Do you plan on retaining an interior designer or architect to assist you in the kitchen planning? _____
8. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work with?

9. What portion of the project, if any, will be your responsibility? _____
10. What budget range have you established for your kitchen project? _____
11. How long do you intend to own this residence? _____
12. What are your plans regarding this home? _____
 - a. Is it a long or short term investment? _____
 - b. Is return on investment a primary concern? _____
 - c. Do you plan on renting this residence in the future? _____
13. What family members will share in the final decision making process? _____

14. Would you like our firm to assist you in securing project financing? _____
15. What do you dislike most about your present kitchen? _____

16. What do you like about your present kitchen? _____

SPECIFIC KITCHEN QUESTIONS

1. How many household members? (and approximate ages)

_____ Adults _____ Teens _____ Children _____ Other
_____ Pets What types? _____

2. Are you planning on enlarging your family while living here? _____

3. Who is the primary cook? _____

Is the primary cook left-handed? _____ or right-handed? _____

How tall is the primary cook? _____

Does the primary cook have any physical limitations? _____

4. How many other household members cook? _____

Who are they? _____

Do they have a cooking hobby _____, assist the primary cook with a specific task _____, or share a menu item with the primary cook? _____

Is the secondary cook(s) right-handed _____, or left-handed? _____

How tall is the secondary cook(s)? _____

Is a specialized cooking center required for the secondary cook(s)? _____

Do they have physical limitations? _____

5. How does the family use the kitchen? _____

_____ Daily Heat & Serve Meals _____ Daily Full-Course, "From Scratch" Meals
_____ Weekend Quantity Cooking _____ Weekend Family Meals

Other _____

6. Is the kitchen a socializing space? _____

7. How would you like the new kitchen to relate to adjacent rooms? _____

_____ Family Room _____ Dining Room
_____ Family Home Office _____ Family TV Viewing

8. What time of day is the kitchen used most frequently? _____

9. What are your kitchen and dining area requests? _____

_____ Separate Table _____ 30" Table Height Dining Counter
_____ New _____ Existing _____ 36" Counter Height
_____ Size _____ Leaf Extension _____ 42" Elevated Bar Height Dining Center
_____ Number of Seated Diners

10. Do you do any specialty cooking? _____ Gourmet _____ Canning _____ Ethnic

11. Do you cook in bulk for freezing _____ and/or leftovers? _____

12. Do you entertain frequently? _____ Formally _____ Informally

SPECIFIC KITCHEN QUESTIONS (cont'd)

13. Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell us which statement fits you the best:

- I like to be the only one 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 in a family room space that opens onto the kitchen
 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 my guests to help in the cleanup process after the meal
 I retain caterers who prepare all meals for entertaining
 The caterers come to the home to serve and cleanup
 I stop by the caterers and pick up the food
 I stop at the deli/take-out restaurant to bring part of all of the meal home before entertaining
 The items that I purchase from outside sources are:
 Appetizers Salads Soups
 Entrees Desserts Other

14. What secondary activities will take place in your kitchen?

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Laundry | <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Planning Desk | <input type="checkbox"/> Wet Bar |
| <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Sewing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hobbies | <input type="checkbox"/> Study | <input type="checkbox"/> Other |

15. What is your cycle of shopping for food?

- Weekly Bi-weekly Daily

16. What types of products/materials do you purchase at the grocery store?

Predominantly fresh food purchased for a specific meal _____

Predominantly frozen foods purchase for stock _____

Traditional pantry boxed/package/canned goods purchased for stock _____

(1) Types of canned goods:

Condiments Fruits Soft Drinks Vegetables

(2) Cleaning products stocked in bulk _____

(3) Paper products stocked in bulk _____

(4) Other boxed/package food items stocked in bulk _____

(5) Other _____

SPECIFIC KITCHEN QUESTIONS (cont'd)

17. Where do you presently store:

<input type="checkbox"/> Baking Equipment	<input type="checkbox"/> Non-Refrigerated	<input type="checkbox"/> Spices
<input type="checkbox"/> Boxed Goods	<input type="checkbox"/> Fruits/Vegs.	<input type="checkbox"/> Table/Appointments
<input type="checkbox"/> Canned Goods	<input type="checkbox"/> Paper Products	<input type="checkbox"/> Linens
<input type="checkbox"/> Cleaning Supplies	<input type="checkbox"/> Pet Food	<input type="checkbox"/> Wrapping Materials
<input type="checkbox"/> Dishes	<input type="checkbox"/> Pots & Pans	<input type="checkbox"/> Leftover Containers
<input type="checkbox"/> Glassware	<input type="checkbox"/> Recycle Containers	<input type="checkbox"/> Other
<input type="checkbox"/> Laundry/Iron Equipment	<input type="checkbox"/> Specialty Cooking Vessels (Wok, etc.)	<input type="checkbox"/> Other

Legend: B = Base Cabinet C = Countertop L = Laundry Room
 BA = Basement AG = Appliance Garage T = Tall Cabinet
 BC = Bookcase D = Desk W = Wall Cabinet

18. What type of specialized storage is desired?

<input type="checkbox"/> Bottle	<input type="checkbox"/> Dishes	<input type="checkbox"/> Plastic
<input type="checkbox"/> Bread Board	<input type="checkbox"/> Display Items	<input type="checkbox"/> Soft Drink Cans
<input type="checkbox"/> Bread Box	<input type="checkbox"/> Glassware	<input type="checkbox"/> Spice
<input type="checkbox"/> Cookbook	<input type="checkbox"/> Lids	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Cutlery	<input type="checkbox"/> Linen	<input type="checkbox"/> Wine
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

19. What type of cabinet interior storage are you interested in?

<input type="checkbox"/> Lazy Susan	<input type="checkbox"/> Roll-outs	<input type="checkbox"/> Drawer Ironing Board
<input type="checkbox"/> Pantry	<input type="checkbox"/> Towel Bar	<input type="checkbox"/> Toe-Kick Step Stool
<input type="checkbox"/> Vertical Dividers	<input type="checkbox"/> Tilt-out	<input type="checkbox"/> Other
<input type="checkbox"/> Recycling/Waste Bins	<input type="checkbox"/> Drawer Head	<input type="checkbox"/> Other

20. What small specialty electrical appliances do you use in your kitchen?

<input type="checkbox"/> Blender	<input type="checkbox"/> Elec. Fry Pan	<input type="checkbox"/> Wok
<input type="checkbox"/> Can Opener	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Other
<input type="checkbox"/> Crock Pot	<input type="checkbox"/> Griddle	<input type="checkbox"/> Other
<input type="checkbox"/> Coffee Pot	<input type="checkbox"/> Toaster	<input type="checkbox"/> Other

21. Have you considered relocating or changing the windows or doors in the new plan? _____

22. How do you plan on sorting recyclable trash in your new kitchen?

Sorting Into: Plastic Compact refuse
 Paper Trash
 Glass
 a. clear
 b. brown
 c. green

23. Would you like a sorting station in the:

kitchen utility room garage basement

