

## General Client Information

1. **What type of project is this?**  Renovation  New Construction
2. **Have you ever purchased a kitchen before?**  Yes  No
3. **When would you like to start the project?** \_\_\_\_\_ **Complete the Project?** \_\_\_\_\_
4. **How much time do you / will you spend at the jobsite residence?** \_\_\_\_\_
5. **How did you learn about our firm?** \_\_\_\_\_
6. **Has anyone else assisted you in preparing a design for the kitchen?** \_\_\_\_\_
7. **Do you plan on retaining an interior designer or architect to assist in the kitchen planning?**  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
8. **Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work?**  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
9. **What portion of the project, if any, will be your responsibility?** \_\_\_\_\_
10. **What budget range have you established for your kitchen project?**  
 \$5,000 – \$10,000     \$10,000 - \$ 20,000     \$20,000 – \$40,000     \$40,000 – \$60,000  
 \$60,000 – \$75,000     \$75,000 – \$100,000     \$100,000 +
11. **How long do you intend to own the jobsite residence?** \_\_\_\_\_  
 a. Is return on investment a primary concern? \_\_\_\_\_  
 b. Do you plan on renting the jobsite residence? \_\_\_\_\_
12. **What family members will share in the final decision-making process?** \_\_\_\_\_
13. **Would you like our firm to assist you in securing project financing?**  Yes  No
14. **What do you dislike most about your present kitchen?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. **What do you like most about your present kitchen?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. **Sustainable design ideas important to your family:**

<input type="checkbox"/> Use of "Green" Products	General products made from recycled materials: <input type="checkbox"/> Cabinets <input type="checkbox"/> Counters <input type="checkbox"/> Floors <input type="checkbox"/> Building Materials
	<input type="checkbox"/> Wood products supplied by environmentally responsible manufacturers _____
<input type="checkbox"/> Special water conservation products: _____	
<input type="checkbox"/> Energy efficient appliances: _____	
<input type="checkbox"/> Energy efficient lighting systems: _____	
<input type="checkbox"/> Sustainable design details incorporated into the plan: _____	
<input type="checkbox"/> Areas for recycling waste incorporated into the plan: _____	
17. **If you are remodeling:** Is there a room addition planned?  Yes  No  
 a. When was the house built? \_\_\_\_\_ How old is the present kitchen? \_\_\_\_\_  
 b. Are you considering relocating  windows  doors  walls in your new plan?
18. **If you are building a new home:**  
 a. Are you able to relocate  windows  doors  walls at this stage of construction?  Yes  No  
 b. Are you able to relocate walls at this stages of construction  Yes  No

# Specific Kitchen Questions

1. **How many household members? Are you planning on enlarging your family while living here?**  Yes  No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		

2. **How many pets in your household?** \_\_\_\_\_ **What Types?** \_\_\_\_\_ **Names:** \_\_\_\_\_

3. **Do any frequent guests have physical limitations?** \_\_\_\_\_

4. **Personal information about the kitchen:**

What is the typical pattern of cooking in your household?

One person does most of the cooking. Who? \_\_\_\_\_

Two or more people share most of the cooking. Describe: \_\_\_\_\_

One person cooks and another person helps. Describe: \_\_\_\_\_

Different people take turns doing the cooking. Describe: \_\_\_\_\_

Another arrangement. Describe: \_\_\_\_\_

**What about clean-up?**

The cook cleans up. Describe: \_\_\_\_\_

Cooking and clean-up are shared. Describe: \_\_\_\_\_

Clean-up is done by someone who does not cook. Describe: \_\_\_\_\_

Another arrangement. Describe: \_\_\_\_\_

5. **Primary Cook:**

Is the primary cook  left handed  right handed

Does the primary cook have any physical limitation?  Yes  No \_\_\_\_\_

How tall is the primary cook? \_\_\_\_\_

Does the primary cook have any cooking hobbies/specialty cooking preferences?

gourmet  baking  ethnic  grilling  bulk cooking to freeze

other: \_\_\_\_\_

6. **Other Family Cooks:**

How many other household members cook? \_\_\_\_\_

Who are they? \_\_\_\_\_

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

Is a specialized cooking center required for the secondary cook? \_\_\_\_\_

7. **How does the family use the kitchen for meals at home?** \_\_\_\_\_  
 daily heat & serve meals  daily "from scratch" meals  daily "bring in" meals  weekend "quantity" cooking  
 weekend family meals  ethnic or specialty cooking (please specify)

**What type of foods is the family cooking?** \_\_\_\_\_

8. **What are your kitchen dining area requests?** \_\_\_\_\_  
 separate table-  new  existing \_\_\_\_\_ size \_\_\_\_\_ leaf extension \_\_\_\_\_ number of seated diners \_\_\_\_\_  
 30" counter height  36" counter height  42" counter height

9. **Is the kitchen a socializing space?** \_\_\_\_\_

10. **What time of day is your kitchen most frequently used?** \_\_\_\_\_

11. **Do you have any furniture that you want in your kitchen?**  
 Dining Table- Size? \_\_\_\_\_  Chairs- How many? \_\_\_\_\_  Hutch- Size? \_\_\_\_\_  Buffet- Size? \_\_\_\_\_  
 Baker's Rack- Size? \_\_\_\_\_  Easy Chair- How many? \_\_\_\_\_  Sofa - Size? \_\_\_\_\_ Other Items \_\_\_\_\_

12. **How would you like the new kitchen to relate to adjacent rooms?** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Family Room         | <input type="checkbox"/> Dining Room     | <input type="checkbox"/> Family Home Office  |
| <input type="checkbox"/> Family Media Center | <input type="checkbox"/> Outdoor Kitchen | <input type="checkbox"/> Laundry/Hobby Space |

13. **Do you entertain frequently?** \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ per year -  formally  informally  buffet  plated  
 snacks/drinks mostly How many people typically might be in the kitchen when entertaining? \_\_\_\_\_ Do friends bring food to share?  Yes  No

14. **Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you 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 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 clean-up process after the meal.  
 I retain caterers who prepare all meals for entertaining.  
 The caterers come to the home to serve and clean up.  
 I stop at the deli/take-out food source to bring part or all of the meal home before entertaining.  
 Food items that I purchase from outside sources:  
 Appetizers  Entrees  Soups  \_\_\_\_\_  
 Desserts  Salads  \_\_\_\_\_  \_\_\_\_\_

15. **What secondary activities will take place in your kitchen?**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Hobbies:            | <input type="checkbox"/> Medicine Center / Use | <input type="checkbox"/> Children Playing   |
| <input type="checkbox"/> Eating         | <input type="checkbox"/> Laundry             | <input type="checkbox"/> Message Center        | <input type="checkbox"/> Study/Homework     |
| <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Liquor/Wine Storage | <input type="checkbox"/> Planning Desk         | <input type="checkbox"/> TV /Radio/Media/CD |

16. **What is your cycle for shopping for food?**

- Daily  Twice Weekly  Weekly  Bi-weekly  Monthly

17. **What types of products/materials do you purchase at the grocery/specialty store?**

- Predominantly fresh food purchased for a specific meal. \_\_\_\_\_
  - Predominantly fresh/frozen foods purchased for stock. \_\_\_\_\_
  - Traditional pantry boxed/packaged/canned/bottled goods purchased for stock. \_\_\_\_\_
- 
- Cleaning products stocked in bulk: \_\_\_\_\_
  - Paper products stocked in bulk: \_\_\_\_\_
  - Other boxed/packaged food items stocked in bulk: \_\_\_\_\_
  - Other: \_\_\_\_\_

18. **Where do you presently store:**

- |                    |                          |                               |  |
|--------------------|--------------------------|-------------------------------|--|
| —Baking Equipment  | —Flatware                | —Leftover Containers          | —Serving Trays                         |
| —Boxed Goods       | —Food Prep Utensils      | —Linens/Towels                | —Specialty Cooking Vessels (Wok, etc.) |
| —Canned Goods      | —Food Wrapping Materials | —Non-Refrigerated Fruits/Vegs | —Other: _____                          |
| —Cleaning Supplies | —Glassware               | —Paper Products               | —Other: _____                          |
| —Coffee Station    | —Grill Equipment         | —Pet Food                     | —Other: _____                          |
| —Cooking Utensils  | —Hand Appliances         | —Pots & Pans                  | —Other: _____                          |
| —Dishes            | —Laundry/Iron Equip      | —Recycle Containers           | —Other: _____                          |

<b>Legend:</b>			
AG=Appliance Garage	BC=Bookcase	G=Garage	T=Tall Cabinet
B=Basement	C=Countertop	L=Laundry Room	W=Wall Cabinet
BA=Base Cabinet	D=Desk	P=Pantry Closet	

19. **What type of specialized storage is desired?**

- |                                      |   |  |                                |
|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Bottles     | <input type="checkbox"/> Display Items  | <input type="checkbox"/> Linen           | <input type="checkbox"/> Wine  |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Dishes         | <input type="checkbox"/> Plasticware     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bread Box   | <input type="checkbox"/> Food Wrappings | <input type="checkbox"/> Soft Drink Cans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cookbooks   | <input type="checkbox"/> Glassware      | <input type="checkbox"/> Spice           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cutlery     | <input type="checkbox"/> Lids           | <input type="checkbox"/> Vegetables      | <input type="checkbox"/> _____ |

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

- |   |  |                                       |                                |
|---|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Blender        | <input type="checkbox"/> Crock Pot / Slow Cooker | <input type="checkbox"/> Mixer        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Can Opener     | <input type="checkbox"/> Electric Frying Pan     | <input type="checkbox"/> Toaster      | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor          | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Pot     | <input type="checkbox"/> Griddle                 | <input type="checkbox"/> Wok          |                                |
| <input type="checkbox"/> Countertop     | <input type="checkbox"/> Built-in                | <input type="checkbox"/> Juicer       |                                |

21. **Do you plan on sorting recyclable trash in your kitchen?**  Yes  No

Number of bins required: \_\_\_\_\_

Would you like a sorting station in the:

- Kitchen       Utility Room       Garage       Basement       Outside

# Design Information

1. **What type of feeling would you like your new kitchen space to have? Have you created a scrapbook of notes, photos and ideas of kitchens that you like?**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> American Country | <input type="checkbox"/> Asian              | <input type="checkbox"/> Warm Contemporary                    | <input type="checkbox"/> Sleek Contemporary |
| <input type="checkbox"/> American Formal  | <input type="checkbox"/> Old World European | <input type="checkbox"/> Personal Design Statement (Eclectic) | <input type="checkbox"/> Traditional        |

2. **What colors do you like?** \_\_\_\_\_

**And dislike?** \_\_\_\_\_

**What colors are you considering for you new kitchen?** \_\_\_\_\_

**What are the color preferences of other family members?** \_\_\_\_\_

3. **Design Notes:** \_\_\_\_\_

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Special Details: