

KITCHEN DESIGN SURVEY FORM

Name:	Date:
Address:	Home Phone:
City:	Work Phone:
State: Zip:	Cell Phone:
	Email:

GENERAL CLIENT INFORMATION

1. What type of project is this? Renovation New Construction
2. Have you ever renovated a bathroom before? Yes No
3. When would you like to start the project? _____ Complete the Project? _____
4. Will you be living in the residence during construction? Yes No
5. How did you learn about our firm? _____
6. Do you have a specific builder / contractor or other subcontractor with whom you would like to work? Yes No
 If so, Name: _____ Phone: _____
 Name: _____ Phone: _____
7. What portion of the project, if any, will be your responsibility? _____
8. What budget range have you established for your kitchen project?
 \$5,000 – \$10,000 \$10,000 – \$20,000 \$20,000 – \$30,000 \$30,000 – \$50,000
 \$50,000 – \$60,000 \$60,000 – \$75,000 \$75,000 +
9. How long do you intend to own the residence? _____
10. What family members will share in the final decision-making process? _____
11. Are sustainable design ideas important to your family: Yes No
 - a. Use of "Green" Products Materials
 - b. General products made from recycled materials:
 Cabinets Counters Floors Building Materials
 - c. Wood products supplied by environmentally responsible manufacturers
 - d. Special Water conservation products
 - e. Energy efficient appliances
 - f. Energy efficient lighting systems
 - g. Sustainable design details incorporated into the plan
 - h. Areas for recycling waste incorporated into the plan

SPECIFIC KITCHEN QUESTIONS

1. 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?
2. If you are building a new home:
 - a. Are you able to relocate windows doors walls at this stage of construction? Yes No

CHARACTERISTICS OF FAMILY MEMBERS WHO WILL BE USING THE NEW KITCHEN:

Names	Age	Handed	Height	Physical Limitations / Mobility Aids
1.		<input type="checkbox"/> R <input type="checkbox"/> L		
2.		<input type="checkbox"/> R <input type="checkbox"/> L		
3.		<input type="checkbox"/> R <input type="checkbox"/> L		
4.		<input type="checkbox"/> R <input type="checkbox"/> L		
5.		<input type="checkbox"/> R <input type="checkbox"/> L		
6.		<input type="checkbox"/> R <input type="checkbox"/> L		

3. How many pets in your household? _____ What Types? _____ Names _____
4. Do any regular or frequent guests have any physical limitations? Yes No

PERSONAL INFORMATION ABOUT THE KITCHEN:

5. 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.
 - One person cooks and another person helps.
 - Different people take turns doing the cooking.
 - Other arrangement
6. What about clean up?
 - One person does the clean up.
 - Clean up is shared by more than one person.
7. Primary Cook:
 - a. Is the primary cook left handed right handed?
 - b. Does the primary cook have any physical limitations? Yes No _____
 - c. How tall is the primary cook? _____
 - d. Does the primary cook have any cooking hobbies/specialty cooking preferences?
 - baking canning grilling bulk cooking to freeze other: _____
8. Other Family Cooks

How many other household members cook? _____ Who are they? _____

Do they assist primary cook with specific task share a menu item with primary cook? Is a secondary cooking center required for the additional cook?

9. How does the family use the kitchen for meals at home?
 daily heat & serve daily "from scratch" meals daily "bring in" meals weekend "quantity" cooking
 Other _____
10. What are your kitchen dining area requests?
 30" table height 36" counter height 42" bar height
 separate table- new existing size _____ leaf extension _____ number of seated diners _____
11. What time of day does your kitchen get the most used? _____
12. 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 _____
13. Do you entertain frequently? _____ times per week _____ times per month _____ times per year
 formally informally buffet plated snacks/drinks mostly.
 How many people typically might be in the kitchen when entertaining? _____
14. Designing the kitchen so that it supports your entertainment style is part of the planning process.
 Tell me which statements fit 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 the entire meal home before entertaining.
15. What secondary activities will take place in your kitchen?
 Computer Usage Hobbies Medicine Center/Use Children Playing
 Eating Laundry Message Center Study/Homework
 Growing Plants Liquor/Wine Storage Planning Desk TV /Radio/Media/CD
16. What is your cycle for shopping for food?
 Daily Twice 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.
 Paper products stocked in bulk:
 Other boxed/packaged food items stocked in bulk:
 Other: _____

STORAGE INFORMATION

1. Where do you presently store:

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

LEGEND:

- | | | | |
|-----------------|---------------------|-----------------|------------|
| W=Wall Cab | D=Desk | BC=Bookcase | B=Basement |
| BA=Base Cabinet | C=Countertop | P=Pantry Closet | G=Garage |
| T=Tall Cabinet | AG=Appliance Garage | L=Laundry Room | |

2. What type of specialized storage is desired?

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

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

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

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

Number of bins required: _____

Would you like a sorting station in the:

- | | | | |
|---------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Utility Room | <input type="checkbox"/> Garage | <input type="checkbox"/> Basement | <input type="checkbox"/> 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?
 American Country Asian / Warm Contemporary Old World European Sleek Contemporary
 American Formal Craftsman / Arts & Crafts Personal Design Statement (Electric) Traditional
 Other _____

2. What colors do you like? _____
 - a. And dislike _____
 - b. What colors are you considering for your new kitchen? _____
 - c. What are the color preferences of other family members? _____

3. Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project? _____

4. Design Notes: _____

