

Kitchen Planning Information Sheet

General Information

1. Name	
2. Address	
3. City / State / Zip Code	
4. Home Phone	
5. Work Phone	
6. Fax Number	
7. Email Address	
8. New Home's Address	
9. New Home's City / State / Zip Code	

Household & Lifestyle

1. Number of members in Your Household?	<input type="checkbox"/> Infants	<input type="checkbox"/> Children	<input type="checkbox"/> Teens	<input type="checkbox"/> Adults	<input type="checkbox"/> Elderly
2. If your Household has young children, will they be using the kitchen frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. After Remodeling/Building how many years do you plan on living in your home?	<input type="checkbox"/> 1 to 5	<input type="checkbox"/> 5 to 10	<input type="checkbox"/> 10+		
4. Where are your meals currently served?	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Dining	<input type="checkbox"/> Other		
5. Where will your meals be served after remodeling/building?	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Dining	<input type="checkbox"/> Other		
6. What are your feeling on the need for a kitchen table?	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	<input type="checkbox"/> Open to Options		
7. Please list other activities your kitchen will be used for. (I.e. homework, laundry, computer)					
8. After Remodeling/Building I will entertain	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally			
9. My preferred entertainment style is	<input type="checkbox"/> Formal	<input type="checkbox"/> Informal			
10. When I entertain my gaterings are normally	<input type="checkbox"/> Small	<input type="checkbox"/> Large			
11. Do your guest help you in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
12. When you shop how do you buy	<input type="checkbox"/> meal	<input type="checkbox"/> week	<input type="checkbox"/> bulk		
13. If you buy in bulk do you need storage in the kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
14. Who is the primary Cook?					
15. The primary cook is	<input type="checkbox"/> Left Handed	<input type="checkbox"/> Right Handed			
16. The primary cook is how tall?	<input type="checkbox"/> Foot	<input type="checkbox"/> Inches			
17. The primary cook's cooking style is	<input type="checkbox"/> Gourmet	<input type="checkbox"/> Family	<input type="checkbox"/> Simple	<input type="checkbox"/> Take-out	<input type="checkbox"/> Baking
18. When cooking the primary cook prefers	<input type="checkbox"/> Help	<input type="checkbox"/> No Help	<input type="checkbox"/> Just Company		
19. Does the primary cook have physical limitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
20. If yes please describe the limitations					
21. Who is the secondary Cook?					
22. The secondary cook is	<input type="checkbox"/> Left Handed	<input type="checkbox"/> Right Handed			
23. The secondary cook is how tall?	<input type="checkbox"/> Foot	<input type="checkbox"/> Inches			
24. The secondary cook's cooking style is	<input type="checkbox"/> Gourmet	<input type="checkbox"/> Family	<input type="checkbox"/> Simple	<input type="checkbox"/> Take-out	<input type="checkbox"/> Baking
25. When cooking the secondary cook prefers	<input type="checkbox"/> Help	<input type="checkbox"/> No Help	<input type="checkbox"/> Just Company		
26. Does the secondary cook have physical limitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
27. If yes please describe the limitations					

Scheduling & Budget

1. What is your projected project start date?				
2. What is your projected project completion date?				
3. If Building is your kitchen included in the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Do you have a projected budget for your project	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$	<input type="text"/>
5. Contrator Name if Applicable				
6. Contractor Contact Information				
7. Architect Name if Applicable				
8. Architect Contact Information				
9. Interior Designer Name if Applicable				
10. Interior Designer Contact Information				

Design Preferences

1. What colors do you prefer?				
2. Are there any colors you absolutly do not want?				
3. Do you have a list of notes, photos, or ideas	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Are structural changes such as moving door, windows, and walls acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Will Discuss	
5. What do you like most about your kitchen now?				
6. What do you least like about your kitchen now?				
7. What are your recycling habits?	<input type="checkbox"/> Recycle	<input type="checkbox"/> Do not Recycle	<input type="checkbox"/> Need Recycling Center	
8. Will the following appliances be new?	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Oven	
	<input type="checkbox"/> Range	<input type="checkbox"/> Other		
9. Please pick a prefered style for your new kitchen	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Formal	<input type="checkbox"/> Country	<input type="checkbox"/> Traditional
10. Please us this section for any additional comments or wishes.				