

## Designed for the way you live.

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## Kitchen Planning Guide

The perfect kitchen is one that combines beauty and functionality to meet the needs of your family and lifestyle. This Kitchen Planning Guide will move you a step closer to creating your perfect kitchen by asking a few questions that will help bring the important details together.

After you fill this out, please bring it along with you to your design consultation.

| Family 9 Lifestyle                       |                               |  |        |
|--|-------------------------------|--|--------|
| Family & Lifestyle                       |                               |  |        |
| Number of family members:                |                               |  |        |
| 2. Number and approximate ages of        | family members:               |  |        |
| infants                                  | young children                | teens                                    |        |
| 20 - 30 yrs                              | 31 - 40 yrs                   | 41 - 50 yrs                              |        |
| 51 - 60 yrs                              | 61 - 70 yrs                   | 70 + yrs                                 |        |
| 3. If your family has young children,    | will they be using the kitche | en frequently? yes                       | no     |
| 4. How long do you plan on living in t   | the home you are building     | remodeling?                              |        |
| 1 - 5 years                              | 6 - 10 years                  | 11 - 20 yrs 20                           | + yrs  |
| 5. Where does your family currently      | eat their meals?              |  |        |
| Kitchen                                  | Dining Room                   | Other:                                   |        |
| 6. Where will your family eat after yo   | u build / remodel?            |  |        |
| Kitchen                                  | Dining Room                   | Other:                                   |        |
| 7. Do you require a kitchen table, or    | would you be willing to exp   | lore other options if the design could l | be     |
| improved? Kitchen table is:              |                               |  |        |
| required                                 | preferred, but open to        | other options not nece                   | essary |
| 8. What other activities will take place | e in your new kitchen?        |  |        |
| laundry                                  | homework                      | watching TV                              |        |
| paying bills                             | sewing                        | computer center                          |        |
| other:                                   |                               | other:                                   |        |

| 9. After you build / remodel, will you entertain frequently? | yes                    | no                             |
|--|------------------------|--------------------------------|
| If yes, what is your entertaining style?                     | formal _               | informal                       |
| What is the size of your gatherings?                         | large _                | small                          |
| Do guests help you in the kitchen?                           | yes                    | no                             |
| 10. How do you shop?   |                        |                                |
| for the week buy in bulk a                                   | and freeze             |                                |
| for each meal buy non-per                                    | rishable items in bull | Κ                              |
| Do you require storage in the kitchen for most of the        | ese items?             | yes no                         |
|  |                        |                                |
| Cooking Style  |                        |                                |
| 11. Who is the primary cook in the house?                    |                        |                                |
| 12. The primary cook is: left handed                         | right hande            | ed                             |
| 13. How tall is the primary cook?                            |                        |                                |
| 14. What is the primary cook's cooking style?                |                        |                                |
| gourmet meals family me                                      | eals                   |                                |
| quick and simple meals t                                     | ake home meals         | baking                         |
| 15. What does the primary cook prefer?                       |                        |                                |
| No one else in the kitchen while prepari                     | ng meals               |                                |
| A helper in the kitchen while preparing n                    | neals                  |                                |
| Family or friends visiting during meal pre                   | eparation              |                                |
| 16. Does the primary cook have any physical limitations?     | yes                    | no                             |
| 17. Who is the secondary cook?                               |                        |                                |
| 18. How tall is the secondary cook?                          |                        |                                |
| 19. What are the secondary cook's responsibilities?          |                        |                                |
| preparing side dishes clea                                   | an up                  | assisting with the main course |
| 20. Does the secondary cook have any physical limitation     | s?ye                   | esno                           |

| Design and Style   |                              |             |                                 |  |  |  |
|--|------------------------------|-------------|---------------------------------|--|--|--|
| 21. What are your color preferences f  | or your new kitchen?         |             |                                 |  |  |  |
| 22. Are there colors you do not want i   | n your new kitchen?          |             |                                 |  |  |  |
| 23. Have you created a scrapbook of  | notes, photos, and ideas tha | t you would | like to incorporate in your new |  |  |  |
| kitchen? yes _   | no                           |             |                                 |  |  |  |
| 24. If a design could be greatly improved, would you be willing to consider structural changes such as |                              |             |                                 |  |  |  |
| moving windows, doors, or walls?   | yes                          | no          |                                 |  |  |  |
| 25. What do you like about your current kitchen?   |                              |             |                                 |  |  |  |
| 26. What do you dislike about you cur  | rrent kitchen?               |             |                                 |  |  |  |
| 27. Do you require a recycling center  | in your kitchen?             | yes         | no                              |  |  |  |
| 28. Will you be keeping your existing appliances or getting new ones?                                  |                              |             |                                 |  |  |  |
| Oven / Range   | existing                     | new         |                                 |  |  |  |
| Dishwasher   | existing                     | new         |                                 |  |  |  |
| Refrigerator   | existing                     | new         |                                 |  |  |  |
| Microwave  | existing                     | new         |                                 |  |  |  |
| Other  | existing                     | new         |                                 |  |  |  |
| 29. What is your style preference for your new kitchen?  |                              |             |                                 |  |  |  |
| contemporary   | formal                       |             | _ modern                        |  |  |  |
| country  | traditional                  |             | _ transitional                  |  |  |  |
|  |                              |             |                                 |  |  |  |
| Time and Budget  |                              |             |                                 |  |  |  |
| 30. When would you like to begin you   | r project?                   |             | _                               |  |  |  |
| 31. When would you like your project   | completed?                   |             | _                               |  |  |  |
| 32. If you are building, is the kitchen in your contract? yes no                                       |                              |             |                                 |  |  |  |
| 33. What is your budget for this project? \$   |                              |             |                                 |  |  |  |

## General Information Name \_\_\_\_\_ Address State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ Home Phone Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile Phone \_\_\_\_\_ New Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ Builder (if applicable) \_\_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_ Architect (if applicable) \_\_\_\_\_ Contact Name Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_ Interior Designer (if applicable)

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Fax \_\_\_\_\_