

Cabinetry Design Solutions
Design Questionnaire

Room: Kitchen

GENERAL PROJECT INFORMATION

Is your project new construction or a remodel? New Construction Remodel

Do you have a contractor for your project? Yes No
If yes, who is your contractor? _____

What rooms does the project include?

- | | |
|---|---|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Powder Room |
| <input type="checkbox"/> Master Bath | <input type="checkbox"/> Family Room |
| <input type="checkbox"/> Other Baths (list #) | <input type="checkbox"/> Utility/Laundry Room |
| <input type="checkbox"/> Summer Kitchen | |
| <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Other | _____ |

If the design can be greatly improved would you be willing to make changes to the structure?
 Absolutely Not I would consider it

How many people in the family (please note how many in each age category)

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Young children | <input type="checkbox"/> Teens |
| <input type="checkbox"/> 20-30 yrs | <input type="checkbox"/> 31-40 yrs | <input type="checkbox"/> 41-50 yrs |
| <input type="checkbox"/> 51-60 yrs | <input type="checkbox"/> 61-70 yrs | <input type="checkbox"/> 70+ yrs |

Are there pets in the house?(please note how many in each category)

- | | |
|--------------------------------|----------------|
| <input type="checkbox"/> Dogs | Breed(s) _____ |
| <input type="checkbox"/> Cats | |
| <input type="checkbox"/> Other | _____ |

How long do you plan on living in the home you are building/remodeling?

- | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> 1-5 yrs | <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 11-20 yrs | <input type="checkbox"/> 20+ yrs |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|

Do any family members have physical limitations? Yes No
If yes, please list: _____

DESIGN & STYLE

What style would you use to describe your tastes? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sleek/Contemporary | <input type="checkbox"/> Country |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> French Country |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Mission |
| <input type="checkbox"/> Shaker | <input type="checkbox"/> Mediterranean |
| <input type="checkbox"/> Other | _____ |

What colors do you like? _____

What colors do you dislike? _____

Do you have notes, photos, and ideas of styles and details you would like to incorporate in your project? Yes No

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TIME & BUDGET

When would you like to begin your project? _____

When would you like your project completed? _____

What is the budget for your project? _____

If this is a remodel, it should include demolition, electrical, plumbing, HVAC, drywall, painting, flooring, cabinetry, appliances, countertop, and backsplash.

For new construction, this is the cabinetry allowance from your builder.

KITCHEN

What are do you like about your current Kitchen? _____

What do you dislike about your current Kitchen? _____

What do you hope to accomplish with your new Kitchen? _____

Does your family eat in the kitchen? ___ Yes ___ No

Do you prefer bar seating or a table in the kitchen? ___ Bar ___ Table ___ Neither ___ Don't Care

Number of seats required in the Kitchen? _____

Who is the primary cook? _____

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

How tall is the primary cook? _____ ft. _____ in.

What does the primary cook prefer?

- ___ No one else in the kitchen while preparing meals
- ___ A helper in the kitchen when preparing meals
- ___ Family or friends visiting while preparing meals

Who is the secondary cook? _____

Do the secondary & primary cooks prepare meals together? ___ Yes ___ No

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

How tall is the primary cook? _____ ft. _____ in.

After your project is complete will you entertain frequently? ___ Yes ___ No

What is your entertaining style? ___ Formal ___ Informal

Do you have _____ large or _____ small gatherings?

Do your guests _____ help or _____ visit with you in the kitchen?

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KITCHEN CONTINUED

How do you shop?

- For the week Buy in bulk and freeze
 For each meal Buy non-perishable items in bulk
 If you buy in bulk do you need storage in the kitchen for all or most of these items? Yes No

Will you use _____ new or _____ existing appliances?

What appliances do you plan to include in the Kitchen?

- | | | |
|---------------------------------------|------------|--|
| <input type="checkbox"/> Refrigerator | Size _____ | Style _____ |
| <input type="checkbox"/> Freezer | Size _____ | Style _____ |
| <input type="checkbox"/> Wine Cooler | Size _____ | |
| <input type="checkbox"/> Range | Size _____ | <input type="checkbox"/> Gas <input type="checkbox"/> Electric |
| <input type="checkbox"/> Oven | Size _____ | <input type="checkbox"/> Gas <input type="checkbox"/> Electric |
| <input type="checkbox"/> Cooktop | Size _____ | <input type="checkbox"/> Gas <input type="checkbox"/> Electric |
| <input type="checkbox"/> Microwave | | <input type="checkbox"/> Warming Drawer |
| <input type="checkbox"/> Dishwasher | | <input type="checkbox"/> Beverage Center |

Do you want panels on the appliances to match the cabinetry where possible? Yes No

What accessories do you require?

- | | | |
|--|--|--|
| <input type="checkbox"/> Lazy Susan | <input type="checkbox"/> Can Storage | <input type="checkbox"/> Appliance Garage |
| <input type="checkbox"/> Plate Rack | <input type="checkbox"/> Tray Divider | <input type="checkbox"/> Cutlery Tray |
| <input type="checkbox"/> Full extension glides | <input type="checkbox"/> Under-Cabinet Lighting | <input type="checkbox"/> Cookbook Rack |
| <input type="checkbox"/> Range hood | <input type="checkbox"/> Tilt-Out Sink Front | <input type="checkbox"/> Wine Glass Rack |
| <input type="checkbox"/> Basket Drawer | <input type="checkbox"/> Bread Drawer | <input type="checkbox"/> Butcher Block/Cutting Board |
| <input type="checkbox"/> Trash/Recycle Bin | How many? _____ | |
| <input type="checkbox"/> Door Spice Rack | <input type="checkbox"/> Drawer <input type="checkbox"/> Pullout | |
| <input type="checkbox"/> Roll Out Shelves | How many? _____ | |
| <input type="checkbox"/> Other | _____ | |
| <input type="checkbox"/> Other | _____ | |
| <input type="checkbox"/> Other | _____ | |

What other activities take place in your Kitchen?

- Laundry Watching TV Paying Bills
 Homework Computer work
 Other _____
 Other _____

What type of finish do you prefer for the cabinetry?

- Stained Wood with Glaze Type of Wood _____
 Painted Wood with Glaze
 Laminate
 Laquer High Gloss Matte
 Other _____

What type of countertop do you prefer?

- Granite Solid Surface
 Wood Laminate
 Other _____