

Cabinetry Design Solutions
Design Questionnaire

Room: Media/
Entertainment Room

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"/> Home Office |
| <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)

- Dogs Breed(s) _____
- Cats _____
- Other _____

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

1-5 yrs 6-10 yrs 11-20 yrs 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.

MEDIA/ENTERTAINMENT ROOM

What are do you like about your current Family Room? _____

What do you dislike about your current Family Room? _____

What do you hope to accomplish with your new Family Room? _____

What type TV will you have?

Plasma LCD DLP Rear Projection
 Other _____

What Size TV will you have? _____

Make _____ Model _____

What components do you want?

DVD Video Game VCR
 Receiver CD
 Other _____
 Other _____

What storage reuirements do you have?

CDs How many? _____
 DVDs How many? _____
 Games How many? _____
 Books How many? _____
 Other _____
 Other _____

Will you have a fireplace?

If yes, is it _____ gas, _____ electric, or _____ wood burning?

Do you want a _____ mantle, _____ surround, or _____ neither?

What material will it be? Wood Stone
 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 _____