

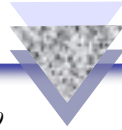
KITCHEN PLANNING GUIDE

Family and Lifestyle

- 1 Number of family members
2 How long do you plan to live in the home you are remodeling/building?
3 Where does your family eat their meals?
4 Where will your family eat after you remodel/build?
5 What are your kitchen and dining area requests?
6 What other activities will take place in your new kitchen?
7 Do you entertain frequently?
8 Do you have large or small gatherings?
9 Do your guests help you in the kitchen when you entertain?
10 How do you shop?
11 If you buy in bulk, do you want to store all or most of these items in the kitchen?
12 Where do you charge your cell phone?
13 Do you have wireless internet in your home?

Personal Needs

Table with 2 columns: Primary Cook, Secondary Cook. Rows include: Any physical limitations?, Back Problems?, Difficulty standing for length of time, Allergies.



Cooking Style

1 Who is the primary cook? _____
secondary cook? _____

2 Is the primary cook ___left-handed? ___right-handed?
secondary cook ___left-handed? ___right-handed?

3 How tall is the primary cook? _____ secondary cook? _____

4 What is the primary cook's cooking style?
___Gourmet Meals ___Bringing Meals Home
___Family Meals ___Quick & Simple Meals ___Baking

5 What does the primary cook prefer while preparing meals?
___No one else in the kitchen ___A helper in the kitchen ___Family or friends visiting

6 Do both cooks prepare meals together?
___Yes ___No

7 What are the secondary cook's responsibilities?
___Assist in preparing main course ___Preparing side dishes ___Clean up

Design & Style

1 What colors do you like? _____
What colors do you dislike? _____

2 What colors are you considering for your new kitchen? _____

3 What is your style preference for your new kitchen?
___Contemporary ___Traditional ___Transitional ___Formal

4 Will you be keeping your existing appliances?
___Dishwasher ___Oven/Range ___Refrigerator ___Microwave

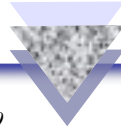
5 If a design could be greatly improved, would you be willing to make structural changes?
(i.e. moving windows, doors, walls)
___Yes ___No

Time & Budget

1 When would you like to begin your project? _____

2 When would you like to your project completed? _____

3 Do you have a budget for this project?
___Yes ___No Total Budget: _____



General Information

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Fax:

Email Address:

Site Address:

General Contractor Name:

Phone:

Fax:

Interior Designer Name:

Phone:

Fax:

Architect Name:

Phone:

Fax:

Phone:

Fax:

Phone:

Fax:

Architect Name:

Phone:

Fax: