

Major Kitchen Renovation Questionnaire

FAMILY & LIFESTYLE:

1) What is the number of family members? _____

2) What is the approximate ages of the family members?

Children

Adults

Seniors

Age_____	Gender___	Age_____	Gender___	Age_____	Gender___
Age_____	Gender___	Age_____	Gender___	Age_____	Gender___
Age_____	Gender___	Age_____	Gender___	Age_____	Gender___
Age_____	Gender___	Age_____	Gender___	Age_____	Gender___
Age_____	Gender___	Age_____	Gender___	Age_____	Gender___

3) Do you have any pets? YES NO If "Yes", what types? _____

4) What year was your house built (if known)? _____

5) How old is the present kitchen? _____

6) The existing walls are: ___ Drywall ___ Plaster

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

_____ 1 to 5 Years _____ 6 to 10 Years
 _____ 11 to 20 Years _____ 20+ Years

7) Where does your family eat its meals?

_____ Kitchen _____ Dining Room
 _____ Other: _____

8) Where will your family eat after you remodel / build?

_____ Kitchen _____ Dining Room
 _____ Other: _____

9) Do you require a kitchen table or would you be willing to explore other options if a design could be improved?

_____ A kitchen table is required.
 _____ Preferred but open to other options.
 _____ Not necessary.

10) How many people do you want to seat at your island or peninsula? _____ Max _____ Min

11) What other activities will take place in your new kitchen?

___ Laundry ___ Sewing ___ Computer Center ___ Watching T.V. ___ Paying Bills ___ Homework ___ Other: _____

12) After you remodel / build will you entertain frequently? YES NO

13) If Yes, what is your entertainment style? ___ Formal ___ Informal
 What types of gatherings do you have? ___ Small ___ Large
 Do guests help in the kitchen when you entertain? YES NO

14) How do you shop for your groceries? ___ For the week ___ For each meal ___ Buy in bulk and freeze

15) If you buy in bulk, do you require storage in the kitchen for all or most of these items? YES NO

- 8) If "Yes", How many items do you need to sort? _____
- 9) What is your style preference for your new kitchen?
 ___ Contemporary ___ Traditional ___ Formal ___ South Western
 ___ Sleek European ___ Country ___ Eclectic ___ Shaker
- 10) What type of lighting do you want?
 ___ New Recessed ___ Under Cabinet ___ Pendants
 ___ General Ceiling ___ Fixtures ___ Additional Outlets
- 11) What type of floor do you have now? ___ Vinyl ___ Tile ___ Laminate ___ Hardwood ___ Other: _____
- 12) Do you want to keep the same floor? YES NO
- 13) If "No", What would you like? ___ Vinyl ___ Tile ___ Laminate ___ Hardwood ___ Other: _____
- 14) Do you want to replace the windows? YES NO
 If "Yes", what windows do you like? ___ Sliding ___ Picture ___ Arch ___ Bay ___ Bow ___ Awning
 ___ Double Hung ___ Casement ___ Other: _____
- 15) What type of doors do you like? ___ Standard Entry ___ Flush ___ Panel ___ 1/2 Glass Exterior
 ___ Bifold ___ Pocket ___ Sliding ___ French
- 14) Do you like ___ "Framed" or ___ "Frameless" (European) Cabinets?
- 15) What types of wood species are you considering for your cabinetry?
 ___ Alder ___ Ash ___ Birch ___ Cherry ___ Exotic Wood Veneer ___ Hemlock ___ Hickory ___ Lyptus
 ___ Maple ___ Oak ___ Pine ___ Poplar ___ Quarter Sawn Oak ___ Rustic Alder
 ___ Rustic Cherry ___ Rustic Hickory ___ Thermofoil ___ Walnut ___ Other: _____
- 16) What types of finishes do you like? ___ Stain ___ Paint ___ Natural ___ Decorative Laminate
 ___ Stain with Glaze ___ Paint with Glaze ___ Natural with Glaze ___ Stainless Steel
- 17) How many people do you want to seat at your island or peninsula? _____ Max _____ Min
- 18) What type of Countertop Surfaces do you like?
 ___ Granite ___ Tile ___ Wood ___ Marble ___ Soapstone ___ Solid Surface ___ Stainless Steel
 ___ Concrete ___ Other: _____
- 19) What type of sinks do you like? ___ Single Bowl ___ Double Bowl ___ Bowl and a Half ___ Triple Bowl
 ___ Stainless Steel ___ Soapstone ___ Granite ___ Cast Iron ___ Solid Surface ___ Other: _____
- 19) What type of faucets do you like? ___ Single Lever two handles ___ Separate Spray ___ High Spout
 ___ Integral Pull out Spray ___ Soap Dispenser
- 20) What finish do you like? ___ Chrome ___ Brass ___ Stainless ___ Other

APPLIANCE INFORMATION:

PRODUCT	MAKE	MODEL #	FINISH	NEW / OLD	OTHER NOTES
Refrigerator #1:	_____	_____	_____	_____	_____
Refrigerator #2:	_____	_____	_____	_____	_____
Wine Storage:	_____	_____	_____	_____	_____
Dishwasher #1:	_____	_____	_____	_____	_____
Dishwasher #2:	_____	_____	_____	_____	_____
Trash Compactor:	_____	_____	_____	_____	_____
Microwave #1:	_____	_____	_____	_____	_____
Microwave #2:	_____	_____	_____	_____	_____
Oven #1:	_____	_____	_____	_____	_____
Oven #2:	_____	_____	_____	_____	_____
Cooktop:	_____	_____	_____	_____	_____
Range:	_____	_____	_____	_____	_____
Ventilation System:	_____	_____	_____	_____	_____
Warming Drawer:	_____	_____	_____	_____	_____
Disposal #1:	_____	_____	_____	_____	_____
Disposal #2:	_____	_____	_____	_____	_____
Compactor:	_____	_____	_____	_____	_____
G. Disposal:	_____	_____	_____	_____	_____
Hot Dispens.	_____	_____	_____	_____	_____
Washing Machine:	_____	_____	_____	_____	_____
Dryer:	_____	_____	_____	_____	_____
Television:	_____	_____	_____	_____	_____
Radio:	_____	_____	_____	_____	_____
Computer:	_____	_____	_____	_____	_____

TIME & BUDGET:

- 1) What family members will share in the final decision making? _____.
- 2) When would you like to begin your project? _____.
- 3) When would you like your project completed? _____.
- 4) If you are building, is the kitchen in your contract? YES NO
- 5) Do you have a budget for this project? YES \$ _____ NO

GENERAL INFORMATION:

- 1) Name: _____
- 2) Address: _____
- 3) City: _____ State: _____ Zip Code: _____
- 4) Home Phone: _____ Cell: _____
- 5) Work Phone: _____
- 6) Fax #: _____
- 7) New Home Address: _____
- 8) City: _____ State: _____ Zip Code: _____
- 9) Builder Name (if applicable): _____
- 10) Contact Name: _____
- 11) Phone: _____ Cell: _____
- 12) Fax: _____
- 13) Email: _____
- 14) Architect Name (if applicable): _____
- 15) Contact Name: _____
- 16) Phone: _____ Cell: _____
- 17) Fax: _____
- 18) Email: _____
- 19) Interior Designer Name (if applicable): _____
- 20) Contact Name: _____
- 21) Phone: _____ Cell: _____
- 22) Fax: _____
- 23) Email: _____