

## Planning Your Kitchen

### ABOUT YOUR KITCHEN

**1.** Number of family members: \_\_\_\_\_

**2.** Number and approximate ages of your family:

\_\_\_ Infants                      \_\_\_ 2 to 10 years                      \_\_\_ 11 to 20 years  
\_\_\_ 20 to 30 years                      \_\_\_ 31 to 40 years                      \_\_\_ 41 to 50 years  
\_\_\_ 51 to 60 years                      \_\_\_ 61 to 70 years                      \_\_\_ 70+

**3.** If your family has young children, will they be using the kitchen frequently?    \_\_\_ Yes    \_\_\_ No

**4.** How long do you plan on living in the residence that you are remodeling/building?

\_\_\_ 1 to 5 years                      \_\_\_ 6 to 10 years                      \_\_\_ 11 to 20 years                      \_\_\_ 20+

**5.** Where does your family normally eat its meals?

\_\_\_ Kitchen                      \_\_\_ Dining Room                      \_\_\_ Other: \_\_\_\_\_

**6.** Where will your family normally eat after you remodel/build?

\_\_\_ Kitchen                      \_\_\_ Dining Room                      \_\_\_ Other: \_\_\_\_\_

**7.** 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  
\_\_\_ A kitchen table is preferred but open to other options  
\_\_\_ A kitchen table is not necessary

**8.** What other activities will you perform in your new kitchen?

\_\_\_ Laundry                      \_\_\_ Paying Bills                      \_\_\_ Homework  
\_\_\_ Watching TV                      \_\_\_ Computer Center                      \_\_\_ Other: \_\_\_\_\_

**9.** After completion of this project, will you entertain often?    \_\_\_ Yes    \_\_\_ No

*If Yes...* What is your entertainment style?    \_\_\_ Formal    \_\_\_ Informal

**IO.** 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 require storage in the kitchen for all or most of these items?    Yes    No

**COOKING PREFERENCES & STYLES**

**1.** Who is the primary cook? \_\_\_\_\_

**2.** Is the primary cook...?  left handed *or*  right handed

**3.** How tall is the primary cook? \_\_\_\_\_

**4.** What is the primary cook's cooking style?

- Gourmet Meals       Family Meals       Bringing Meals Home  
 Baking       Quick & Simple

**5.** 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 during meal preparation.

**6.** Does the primary cook have any physical limitations?    Yes    No

**7.** Who is the secondary cook? \_\_\_\_\_

**8.** Do the secondary and primary cook prepare meals together?    Yes    No

**9.** Is the secondary cook...?  left handed *or*  right handed

**IO.** How tall is the secondary cook? \_\_\_\_\_

**I 1.** What are the secondary cook's responsibilities?

- Preparing side dishes
- Assist in preparing main course
- Clean up

**I 2.** Does the secondary cook have any physical limitations? \_\_\_\_\_

## KITCHEN DESIGN & STYLE

**1.** What are your colour preferences for your new kitchen?

\_\_\_\_\_

**2.** Are there colours you would not want in your new kitchen?

\_\_\_\_\_

**3.** Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?

Yes    No

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

Absolutely not       I would consider it

**5.** What do you like about your current kitchen?

\_\_\_\_\_  
\_\_\_\_\_

**6.** What do you dislike about your current kitchen?

\_\_\_\_\_  
\_\_\_\_\_

7. Do you require a recycling center in your kitchen?  Yes  No

If Yes... How many items do you need to sort?

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8. Will you be keeping your existing appliances?

Dishwasher:  existing  new

Refrigerator:  existing  new

Oven/Range:  existing  new

9. What is your style preference for your new kitchen?

Contemporary  Formal

Country  Traditional

10. What countertop material would you prefer?

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## PROJECT TIMELINE & BUDGET

1. When would you like to begin your project?

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2. When would you like your project completed?

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3. If you are building, is the kitchen in your contract?  Yes  No

4. Do you have a budget for this project?  Yes \$ \_\_\_\_\_  No

PERSONAL INFORMATION

- 1.** Name: \_\_\_\_\_
- 2.** Address: \_\_\_\_\_
- 3.** City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
- 4.** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
- 5.** New Home Address: \_\_\_\_\_
- 6.** City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
- 7.** Builder Name *(if applicable)*: \_\_\_\_\_
- 8.** Contact Name: \_\_\_\_\_
- 9.** Home Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
- 10.** Architect Name *(if applicable)*: \_\_\_\_\_
- 11.** Contact Name: \_\_\_\_\_
- 12.** Home Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_
- 13.** Interior Designer Name *(if applicable)*: \_\_\_\_\_
- 14.** Contact Name: \_\_\_\_\_
- 15.** Home Phone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_