

KITCHEN PLANNER

FAMILY AND LIFESTYLE

1. Number and approximate ages of household members:

Infants Young children Teens 20 to 30 yrs
 31 to 40 yrs 41 to 55 yrs 55 to 65 yrs 65+

2. If your family has young children, will they be using the kitchen frequently?

Yes No

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

1 to 5 yrs 6 to 10 yrs 11 to 20 yrs 20+

4. Where does your family currently eat its meals?

Kitchen Dining Room Other: _____

5. Where will your family eat after you remodel/build?

Kitchen Dining Room Other: _____

6. Do you require a kitchen table or would you be willing to explore other options?

A kitchen table is required A kitchen table is not necessary
 A kitchen table is preferred but open to other options

7. What other activities will take place in your new kitchen?

Laundry Homework Watching TV
 Paying Bills Sewing Computer Center
 Other: _____

8. After your remodel / build will you entertain frequently? Yes No

If yes, what is your entertaining style? Formal Informal

Do you have large or small gatherings?

Do your guests help you in the kitchen when you entertain? Yes No

Do you serve alcoholic beverages? Beer Wine Mixed

9. How do you shop?

For each meal For the week Buy in bulk and freeze

Buy non-perishable items in bulk

If you buy in bulk, do you require storage in the kitchen for all/most of these items?

Yes No

COOKING STYLE

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 Quick & Simple Meals
 Bringing Meals Home Grilling Baking
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
If yes, _____
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?
10. How tall is the secondary cook? _____
11. What are the secondary cook's responsibilities?
 Preparing side dishes Clean up Washing vegetables
 Assist in preparing main course
12. Does the secondary cook have any physical limitations? Yes No
If yes, _____

DESIGN AND DECOR

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

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

3. Do you have a scrapbook of notes, photos, and design 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? ____

8. Will you be keeping your existing appliances?

Dishwasher: ___ existing ___ new dimensions: _____

Refrigerator: ___ existing ___ new dimensions: _____

Oven/Range: ___ existing ___ new dimensions: _____

Microwave: ___ existing ___ new dimensions: _____

Other: _____

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

___ Contemporary ___ Formal ___ Country ___ Traditional

TIME AND BUDGET

1. When would you like to begin your project? _____
2. When would you like your project completed? _____
3. If you are building, is the kitchen in your contract? __ Yes __ No
4. Do you have a budget for this project? __ Yes: \$ _____ __ No

GENERAL

Name: _____

Address: _____

City: _____ Province: ____ Postal Code: _____

Home phone: _____ Cell: _____

Work phone: _____ Fax: _____

New Home Address: _____

City: _____

Builder Name (if applicable): _____

Contact Name: _____

Phone: _____ Cell: _____

Fax: _____

Architect Name (if applicable): _____

Contact Name: _____

Phone: _____ Cell: _____

Fax: _____

Interior Designer (if applicable): _____

Contact Name: _____

Phone: _____ Cell: _____

Fax: _____