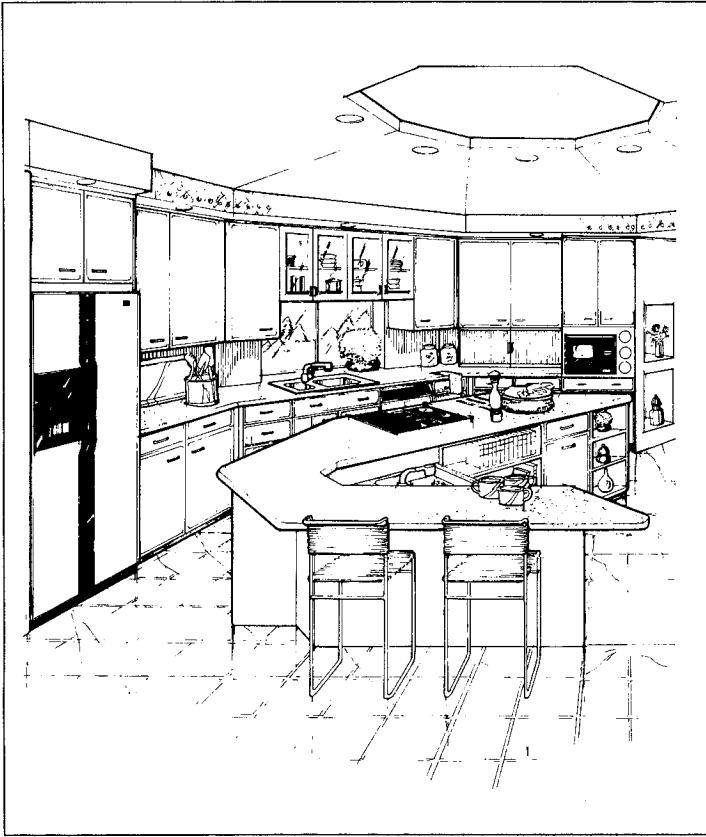


# KITCHEN DESIGN SURVEY FORM



Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Jobsite Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Date: \_\_\_\_\_

Designer: \_\_\_\_\_

**Appointment:**

Scheduled: \_\_\_\_\_

Call When Ready: \_\_\_\_\_

Times Available: \_\_\_\_\_

Directions: \_\_\_\_\_

**Allied Professionals:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## General Client Information

1. How long have you lived at, or how much time do you spend at the jobsite residence? \_\_\_\_\_
2. When was the house built? \_\_\_\_\_ How old is the present kitchen? \_\_\_\_\_
3. How did you learn about our firm? \_\_\_\_\_
4. When would you like to start the project? \_\_\_\_\_
5. When would you like the project to be completed? \_\_\_\_\_  
\_\_\_\_\_
6. Has anyone assisted you in preparing a design for the kitchen? \_\_\_\_\_  
\_\_\_\_\_
7. Do you plan on retaining an interior designer or architect to assist in the kitchen planning? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work? \_\_\_\_\_  
\_\_\_\_\_
9. What portion of the project, if any, will be your responsibility? \_\_\_\_\_  
\_\_\_\_\_
10. What budget range have you established for your kitchen project? \_\_\_\_\_
11. How long do you intend to own the jobsite residence? \_\_\_\_\_
12. What are your plans regarding this home? \_\_\_\_\_
  - a. Is it a long or short-term investment? \_\_\_\_\_
  - b. Is return on investment a primary concern? \_\_\_\_\_
  - c. Do you plan on renting the jobsite residence in the future? \_\_\_\_\_
13. What family members will share in the final decision-making process? \_\_\_\_\_  
\_\_\_\_\_
14. Would you like our firm to assist you in securing project financing? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. What do you dislike most about your present kitchen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. What do you like about your present kitchen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Specific Kitchen Questions

1. How many household members? (Ask for approximate ages.)  
 \_\_\_\_\_ Adults      \_\_\_\_\_ Teens      \_\_\_\_\_ Children      \_\_\_\_\_ Other  
 \_\_\_\_\_ Pets      What types: \_\_\_\_\_  
 \_\_\_\_\_
2. Are you planning on enlarging your family while living here? \_\_\_\_\_  
 \_\_\_\_\_
3. Who is the primary cook? \_\_\_\_\_  
 Is the primary cook left-handed \_\_\_\_\_ or right-handed \_\_\_\_\_ ?  
 How tall is the primary cook? \_\_\_\_\_  
 Does the primary cook have any physical limitations? \_\_\_\_\_
4. How many other household members cook? \_\_\_\_\_  
 Who are they? \_\_\_\_\_  
 Do they have a cooking hobby \_\_\_\_\_, assist the primary cook with a specific task \_\_\_\_\_,  
 or share a menu item with the primary cook? \_\_\_\_\_  
 Is the secondary cook(s) right-handed \_\_\_\_\_ left-handed \_\_\_\_\_ ?  
 How tall is the secondary cook(s)? \_\_\_\_\_  
 Is a specialized cooking center required for the secondary cook(s)? \_\_\_\_\_  
 Do they have physical limitations? \_\_\_\_\_
5. How does the family use the kitchen? \_\_\_\_\_  
 \_\_\_\_\_ Daily Heat & Serve Meals      \_\_\_\_\_ Daily Full-Course, "From Scratch" Meals  
 \_\_\_\_\_ Weekend Quantity Cooking      \_\_\_\_\_ Weekend Family Meals  
 Other \_\_\_\_\_
6. Is the kitchen a socializing space? \_\_\_\_\_
7. How would you like the new kitchen to relate to adjacent rooms? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Family Room      \_\_\_\_\_ Dining Room  
 \_\_\_\_\_ Family Home Office      \_\_\_\_\_ Family TV Viewing
8. What time of day is the kitchen used most frequently? \_\_\_\_\_
9. What are your kitchen and dining area requests? \_\_\_\_\_  
 \_\_\_\_\_ Separate Table      \_\_\_\_\_ 30" Table Height Dining Counter  
 \_\_\_\_\_ New \_\_\_\_\_ Existing      \_\_\_\_\_ 36" Counter Height  
 \_\_\_\_\_ Size      \_\_\_\_\_ Leaf Extension      \_\_\_\_\_ 42" Elevated Bar Height Dining Center  
 \_\_\_\_\_ Number of Seated Diners
10. Do you do any specialty cooking? \_\_\_\_\_ Gourmet      \_\_\_\_\_ Canning      \_\_\_\_\_ Ethnic
11. Do you cook in bulk for freezing \_\_\_\_\_ and/or leftovers \_\_\_\_\_ ?

## Specific Kitchen Questions (continued)

12. Do you entertain frequently? \_\_\_\_\_ Formally \_\_\_\_\_ Informally
13. Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you the best:

\_\_\_\_\_ I like to be the only one in the kitchen with my guest in a separate space that is away from the kitchen

\_\_\_\_\_ I like to be the only cook in the kitchen, with my guests close by in a family room space that opens onto the kitchen.

\_\_\_\_\_ I like my guests to be sitting in the kitchen visiting with me while I cook.

\_\_\_\_\_ I like my guests to help me in the kitchen in meal preparation.

\_\_\_\_\_ I like my guests to help in the cleanup process after the meal.

\_\_\_\_\_ I retain caterers who prepare all meals for entertaining.

\_\_\_\_\_ The caterers come to the home to serve and cleanup.

\_\_\_\_\_ I stop by the caterers and pick up the food.

\_\_\_\_\_ I stop at the deli/take-out restaurant to bring part or all of the meal home before entertaining.

The items that I purchase from outside sources are:

\_\_\_\_\_ Appetizers                      \_\_\_\_\_ Salads                      \_\_\_\_\_ Soups

\_\_\_\_\_ Entrees                              \_\_\_\_\_ Desserts                      \_\_\_\_\_ Other

14. What secondary activities will take place in your kitchen?

\_\_\_\_\_ Computer                      \_\_\_\_\_ Laundry                      \_\_\_\_\_ TV/Radio

\_\_\_\_\_ Eating                              \_\_\_\_\_ Planning Desk                      \_\_\_\_\_ Wet Bar

\_\_\_\_\_ Growing Plants                      \_\_\_\_\_ Sewing                      \_\_\_\_\_ Other

\_\_\_\_\_ Hobbies                              \_\_\_\_\_ Study                      \_\_\_\_\_ Other

15. What is your cycle of shopping for food?

\_\_\_\_\_ Weekly                              \_\_\_\_\_ Bi-weekly                      \_\_\_\_\_ Daily

16. What types of products/materials do you purchase at the grocery store?

Predominantly fresh food purchased for a specific meal. \_\_\_\_\_

Predominantly frozen foods purchased for stock. \_\_\_\_\_

Traditional pantry boxed/packaged/canned goods purchased for stock. \_\_\_\_\_

(1) Types of canned goods:

\_\_\_\_\_ Condiments                      \_\_\_\_\_ Fruits                      \_\_\_\_\_ Soft Drinks                      \_\_\_\_\_ Vegetables

(2) Cleaning products stocked in bulk \_\_\_\_\_

(3) Paper products stocked in bulk \_\_\_\_\_

(4) Other boxed/packaged food items stocked in bulk \_\_\_\_\_

(5) Other \_\_\_\_\_

## Specific Kitchen Questions (continued)

17. Where do you presently store:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Baking Equipment  | <input type="checkbox"/> Non-Refrigerated    | <input type="checkbox"/> Spices              |
| <input type="checkbox"/> Boxed Goods       | <input type="checkbox"/> Fruits/Vegs.        | <input type="checkbox"/> Table/Appointments  |
| <input type="checkbox"/> Canned Goods      | <input type="checkbox"/> Paper Products      | <input type="checkbox"/> Linens              |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Pet Food            | <input type="checkbox"/> Wrapping Materials  |
| <input type="checkbox"/> Dishes            | <input type="checkbox"/> Pots & Pans         | <input type="checkbox"/> Leftover Containers |
| <input type="checkbox"/> Glassware         | <input type="checkbox"/> Recycle Containers  | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Laundry/Iron      | <input type="checkbox"/> Serving Trays       | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Equipment         | <input type="checkbox"/> Specialty Cooking   | <input type="checkbox"/> Other               |
|  | <input type="checkbox"/> Vessels (Wok, Etc.) |  |

Legend: B = Base Cabinet  
BA = Basement  
BC = Bookcase

C = Countertop  
AG = Appliance Garage  
D = Desk

L = Laundry Room  
T = Tall Cabinet  
W = Wall Cabinet

18. What type of specialized storage is desired?

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Bottle      | <input type="checkbox"/> Dishes        | <input type="checkbox"/> Plastic         |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Display Items | <input type="checkbox"/> Soft Drink Cans |
| <input type="checkbox"/> Bread Box   | <input type="checkbox"/> Glassware     | <input type="checkbox"/> Spice           |
| <input type="checkbox"/> Cookbook    | <input type="checkbox"/> Lids          | <input type="checkbox"/> Vegetables      |
| <input type="checkbox"/> Cutlery     | <input type="checkbox"/> Linen         | <input type="checkbox"/> Wine            |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Other         | <input type="checkbox"/> Other           |

19. What type of cabinet interior storage are you interested in?

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Lazy Susan           | <input type="checkbox"/> Roll-outs   | <input type="checkbox"/> Drawer Ironing Board |
| <input type="checkbox"/> Pantry               | <input type="checkbox"/> Towel Bar   | <input type="checkbox"/> Toe-Kick Step Stool  |
| <input type="checkbox"/> Vertical Dividers    | <input type="checkbox"/> Tilt-out    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Recycling/Waste Bins | <input type="checkbox"/> Drawer Head | <input type="checkbox"/> Other                |

20. What small specialty electrical appliances do you use in your kitchen?

- |                                     |   |                                |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Blender    | <input type="checkbox"/> Elec, Fry Pan  | <input type="checkbox"/> Wok   |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crock Pot  | <input type="checkbox"/> Griddle        | <input type="checkbox"/> Other |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Toaster        | <input type="checkbox"/> Other |

21. Have you considered relocating or changing windows or doors in the new plan? \_\_\_\_\_

22. How do you plan on sorting recyclable trash in your new kitchen?

- Sorting into:
- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Plastic  | <input type="checkbox"/> Compact refuse |
| <input type="checkbox"/> Paper    | <input type="checkbox"/> Trash          |
| <input type="checkbox"/> Glass    |   |
| a. <input type="checkbox"/> clear |   |
| b. <input type="checkbox"/> brown |   |
| c. <input type="checkbox"/> green |   |

23. Would you like a sorting station in the:

- kitchen     utility room     garage     basement     outside?

