

# *Kitchen Planning Guide*

Print and fill out this handy guide  
and bring it with you.

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

2. If your family has young children, will they be using  
the kitchen frequently?  Yes  No

3. Where does your family eat its meals?

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

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

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

5. 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

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

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

7. 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 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     Baking

6. Does the primary cook have any physical limitations?

Yes  No

## Design & Style

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

\_\_\_\_\_

2. Are there colors 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? \_\_\_\_\_

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

### **Time & 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**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_

5. Work Phone: \_\_\_\_\_

6. Fax: \_\_\_\_\_