KITCHEN QUESTIONNAIRE

Please take a few minutes to complete the following questionnaire. If something doesn't apply, please leave it blank. If you are unsure about an item, please circle the number. These questions assist us in the planning and development of a unique design concept created just for you. Please email or fax it back to us fax at (215) 794-5931.

GENERAL:

1)   Name: _____

2)   Address: _____

   _____

3)   Home Phone: _____ Cell Phone: _____

4)   Work Phone: _____ (Please indicate best way to communicate with you)

5)   Email: _____

6)   How did you hear of us? _____

7)   How long have you lived at your home? _____Years

8)   Is your project a Remodel? [_____] or New Build [_____]

9)   Builder or Contractor: _____

   Phone: _____ Email: _____

10) When would you like to begin your project? _____

11) When would you like your project to be completed? _____

12) Architect or Interior Designer: _____

   Phone: _____ Email: _____

13) How long do you plan on living at the home being built or remodeled? _____Years

14) Any specific cabinet mfg's or brands of interest? _____

   _____

15) What is your overall kitchen budget or allowance? _____

16) What is your cabinetry budget or allowance? _____

17) How many are in your household? [_____] Adult, [_____] Children (Sex/Age) _____

_____

18) Who cooks in your family? [_____] Both, [_____] Primary

19) Height of Primary Cook: _____ [_____] Right-handed or [_____] Left-handed?

20) Height of Secondary Cook: _____ [_____] Right-handed or [_____] Left-handed?

21) Any physical limitations with either cook? _____

_____

_____

22) Does the Primary Cook have any specific cooking style? _____

_____

23) What are the responsibilities of the Secondary Cook? _____

_____

24) How does the Primary Cook like to cook? [_____] Solo, [_____] with a Helper,

[_____] With family or friends chatting during meal preparation.

25) Do your children help out with meal preparation? _____

26) How much time do you spend in your kitchen? _____

27) Do you entertain often? What is the frequency? _____

28) Is your Entertaining [_____] Formal or [_____] Casual? _____

29) Where are your evening meals served? _____

30) Does your family eat breakfast together or do they fend for themselves? _____

_____

31) How often do you shop? [_____] Daily, [_____] Weekly, [_____] Monthly (Bulk).

32) Any pets? What kind and how many? _____

33) Please describe the type of cooking you generally do: _____

_____

_____

34) Do you have or want a TV in your kitchen? [_____] Yes, [_____] No, [_____] Maybe?

35) Do your children do their homework in the kitchen? _____

36) Do you use a computer in your kitchen? _____

_____

WISH LIST:

37)   Would you like an [_____] Island or [_____] Peninsula in your new kitchen?

38)   Any thoughts about multiple level counter surfaces? [_____] I've seen it and would

consider it, [_____] No way, prefer one height, [_____] Not sure, what do you think?

39)   Ideally, how many seats would your new island or peninsula accommodate? _____

40)   Is there any preference where your cooking surface is located? [_____] Only on a Wall,

[_____] Prefer on an Island/Peninsula, or [_____] I have absolutely NO preference.

41)   Do you do much baking? _____

42)   Any preference where your main sink is located? ? [_____] Only on a Wall, [_____]

Prefer on an Island/Peninsula, or [_____] I have absolutely NO preference.

43)   Have you thought about a "prep sink"? [_____] Want one, [_____] Don't need it,

[_____] Not really sure, what do you think, are there any benefits?

44)   Do you have a specific need or desire for a dedicated desk in your kitchen? _____

        If yes, how will you use it? _____

45)   Would you like any glass doors? [_____] Yes, [_____] No, [_____] What do you think?

46)   Would you like any open shelves? [_____] Yes, [_____] No, [_____] Not sure.

47)   Would you like a place for trash and recycling? [_____] Yes, [_____] No.

48)   Are you interested in an overhead potrack? [_____] Yes, [_____] No, [_____] A "pot-

what", I have no clue what you're talking about?

49)   Do you need a room temperature place for wine? [_____] Yes, [_____] No.

50)   Anything you've seen that's a must have? _____
        _____

STYLING:

51)   Our style is [_____] Traditional, [_____] Contemporary, [_____] Eclectic.

52)   If considering "period" of style, I'd say we lean to (circle all that apply): Country | Formal |

        American | English | French | Shaker | Victorian | Mission | Biedermeier | Contemporary |

        International Cultures | Eclectic: _____

53)   Woods you like—Woods you hate? _____

54)   Are you interested in stains, paints, and/or combinations? _____

55)   Cabinet construction (if known): [_____] Framed, [_____] Frameless, [_____] No clue.

56)   Anything you've seen that's a must have? _____
        _____

APPLIANCES & SINK QUIPMENT:

57) Refrigerator: Make: _____   Make: _____

[_____] Built-In, [_____] Freestanding, [_____] Paneled, [_____] Stainless

[_____] SxS, [_____] O/U, [_____] French/Café Doors, [_____] Ice & Water Disp.

58) Dishwasher: Make: _____   Make: _____

59) Cooking: Make: _____   Make: _____

60) Oven(s): Make: _____   Make: _____

[_____] Prefer a Range (cooking/oven), [_____] Need 2 Ovens.

61) Ventilation: Make: _____   Make: _____

62) Ventilation: Hood [_____], Downdraft [_____], Not sure, what do you think?

63) If an overhead hood, I prefer a [_____] Decorative wood hood, [_____] Stainless hood.

64) Microwave use: [_____] Basic reheat, [_____] We cook meals in it, [_____] Don't use.

[_____] Conventional, [_____] Convection, [_____] Drawer Type.

65) Microwave: Make: _____   Make: _____

66) Warming Drawer: Make: _____   Make: _____

67) Steamer Oven: Make: _____   Make: _____

68) Refrigerated Wine: Make: _____   Make: _____

69) Other: _____

70) Other: _____

71) Sink: [_____] Single, [_____] Double, [_____] Stainless, [_____] Cast, [_____] Farm

_____

72) Anything you've seen that's a must have? _____

_____

COUNTERS & BACKSPLASHES:

73) Would like [_____] Granite, [_____] Solid Surface, [_____] Wood, [_____] Other:_____

_____

74) Backsplash: [_____] Porcelain, [_____] Stone, [_____] Elaborate, [_____] Simple

75) Do you use a cutting board? [_____] Yes, [_____] No.

76) Sink installation: [_____] Undermount, [_____] Self Rimming, [_____] Drainboard

77) Anything you've seen that's a must have? _____

_____

78)   Is there anything that you like about your kitchen? _____

_____

_____

79)   What do you absolutely dislike about your kitchen? _____

_____

_____

80)   Is there anything you've seen at a friends home, on TV or in a magazine that you'd like

to see in your new kitchen? _____

_____

_____

81)   If there's anything that hasn't been asked—or you would like to provide some additional

information, here's your chance: _____

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