

SPECIFIC KITCHEN QUESTIONS

1. If you are remodeling: Is there a room addition planned? Yes No
 - a. When was the house built? _____ How old is the present kitchen? _____
 - b. Are you considering relocating windows doors walls in your new plan?
2. If you are building a new home:
 - a. Are you able to relocate windows doors walls at this stage of construction? Yes No

CHARACTERISTICS OF FAMILY MEMBERS WHO WILL BE USING THE NEW KITCHEN:

Names	Age	Handed	Height	Physical Limitations / Mobility Aids
1.		<input type="checkbox"/> R <input type="checkbox"/> L		
2.		<input type="checkbox"/> R <input type="checkbox"/> L		
3.		<input type="checkbox"/> R <input type="checkbox"/> L		
4.		<input type="checkbox"/> R <input type="checkbox"/> L		
5.		<input type="checkbox"/> R <input type="checkbox"/> L		
6.		<input type="checkbox"/> R <input type="checkbox"/> L		

3. How many pets in your household? _____ What Types? _____ Names _____
4. Do any regular or frequent guests have any physical limitations? Yes No

PERSONAL INFORMATION ABOUT THE KITCHEN:

5. What is the typical pattern of cooking in your household?
 - One person does most of the cooking. Who? _____
 - Two or more people share most of the cooking.
 - One person cooks and another person helps.
 - Different people take turns doing the cooking.
 - Other arrangement
6. What about clean up?
 - One person does the clean up.
 - Clean up is shared by more than one person.
7. Primary Cook:
 - a. Is the primary cook left handed right handed?
 - b. Does the primary cook have any physical limitations? Yes No _____
 - c. How tall is the primary cook? _____
 - d. Does the primary cook have any cooking hobbies/specialty cooking preferences?
 - baking canning grilling bulk cooking to freeze other: _____
8. Other Family Cooks

How many other household members cook? _____ Who are they? _____

Do they assist primary cook with specific task share a menu item with primary cook? Is a secondary cooking center required for the additional cook?

9. How does the family use the kitchen for meals at home?
 daily heat & serve daily "from scratch" meals daily "bring in" meals weekend "quantity" cooking
 Other _____
10. What are your kitchen dining area requests?
 30" table height 36" counter height 42" bar height
 separate table- new existing size _____ leaf extension _____ number of seated diners _____
11. What time of day does your kitchen get the most used? _____
12. Do you have any furniture that you want in your kitchen?
 Dining Table - Size? ____ Chairs - How many? _____ Hutch - Size? ____ Buffet - Size? _____
 Baker's Rack - Size? ____ Easy Chair - How many? ____ Sofa - Size? ____ Other Items _____
13. Do you entertain frequently? _____ times per week _____ times per month _____ times per year
 formally informally buffet plated snacks/drinks mostly.
 How many people typically might be in the kitchen when entertaining? _____
14. Designing the kitchen so that it supports your entertainment style is part of the planning process.
 Tell me which statements fit you best:
 I like to be the only one in the kitchen with my guests 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 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 clean-up process after the meal.
 I retain caterers who prepare all meals for entertaining.
 The caterers come to the home to serve and clean up.
 I stop at the deli/take-out food source to bring part or the entire meal home before entertaining.
15. What secondary activities will take place in your kitchen?
 Computer Usage Hobbies Medicine Center/Use Children Playing
 Eating Laundry Message Center Study/Homework
 Growing Plants Liquor/Wine Storage Planning Desk TV /Radio/Media/CD
16. What is your cycle for shopping for food?
 Daily Twice Weekly Bi-weekly Monthly
17. What types of products/materials do you purchase at the grocery/specialty store?
 Predominantly fresh food purchased for a specific meal.
 Predominantly fresh/frozen foods purchased for stock.
 Traditional pantry boxed/packaged/canned/bottled goods purchased for stock.
 Paper products stocked in bulk:
 Other boxed/packaged food items stocked in bulk:
 Other: _____

STORAGE INFORMATION

1. Where do you presently store:

<input type="checkbox"/> Baking Equipment	<input type="checkbox"/> Food Prep Utensils	<input type="checkbox"/> Leftover Containers	<input type="checkbox"/> Recycle Containers
<input type="checkbox"/> Boxed Goods	<input type="checkbox"/> Food Wrapping	<input type="checkbox"/> Linens/Towels	<input type="checkbox"/> Serving Trays
<input type="checkbox"/> Canned Goods	<input type="checkbox"/> Materials	<input type="checkbox"/> Non-Refrigerated	<input type="checkbox"/> Specialty Cooking
<input type="checkbox"/> Cleaning Supplies	<input type="checkbox"/> Glassware	<input type="checkbox"/> Fruits/Vegs	<input type="checkbox"/> Vessels (Wok, etc.)
<input type="checkbox"/> Coffee Station	<input type="checkbox"/> Grill Equipment	<input type="checkbox"/> Paper Products	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cooking Utensils	<input type="checkbox"/> Hand Appliances	<input type="checkbox"/> Pet Food	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dishes Flatware	<input type="checkbox"/> Laundry/Iron Equip	<input type="checkbox"/> Pots & Pans	<input type="checkbox"/> Other: _____

LEGEND:

W=Wall Cab	D=Desk	BC=Bookcase	B=Basement
BA=Base Cabinet	C=Countertop	P=Pantry Closet	G=Garage
T=Tall Cabinet	AG=Appliance Garage	L=Laundry Room	

2. What type of specialized storage is desired?

<input type="checkbox"/> Bottles	<input type="checkbox"/> Display Items	<input type="checkbox"/> Lids	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Bread Board	<input type="checkbox"/> Dishes	<input type="checkbox"/> Linen	<input type="checkbox"/> Wine
<input type="checkbox"/> Bread Box	<input type="checkbox"/> Food Wrappings	<input type="checkbox"/> Plastic-ware	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cookbooks	<input type="checkbox"/> Glassware	<input type="checkbox"/> Soft Drink Cans	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cutlery	<input type="checkbox"/> Large Platters	<input type="checkbox"/> Spice	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> Blender	<input type="checkbox"/> Crock Pot / Slow	<input type="checkbox"/> Griddle	<input type="checkbox"/> Toaster Oven
<input type="checkbox"/> Can Opener	<input type="checkbox"/> Cooker	<input type="checkbox"/> Juicer	<input type="checkbox"/> Bread Machine
<input type="checkbox"/> Coffee Grinder	<input type="checkbox"/> Electric Frying Pan	<input type="checkbox"/> Mixer	<input type="checkbox"/> Wok
<input type="checkbox"/> Coffee Pot	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Toaster	<input type="checkbox"/> Other _____

4. Do you plan on sorting recyclable trash in your kitchen? Yes No.

Number of bins required: _____

Would you like a sorting station in the:

Utility Room
 Garage
 Basement
 Outside

DESIGN INFORMATION

1. What type of feeling would you like your new kitchen space to have? Have you created a scrapbook of notes, photos and ideas of kitchens that you like?
 American Country Asian / Warm Contemporary Old World European Sleek Contemporary
 American Formal Craftsman / Arts & Crafts Personal Design Statement (Electric) Traditional
 Other _____

2. What colors do you like? _____
 - a. And dislike _____
 - b. What colors are you considering for your new kitchen? _____
 - c. What are the color preferences of other family members? _____

3. Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project? _____

4. Design Notes: _____

