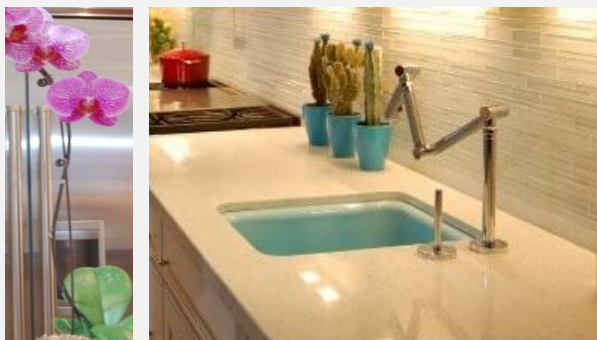




## Kitchen Design Guide



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## Family and Lifestyle

Number of Family Members:

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

- ☐ Yes ☐ No

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

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

Where does your family eat its meals?

- ☐ Kitchen ☐ Dining Room

Do you require a kitchen table or would you like 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

What other activities will take place in your new kitchen?

- ☐ Laundry ☐ Homework ☐ Watching TV  
☐ Paying Bills ☐ Sewing ☐ Computer Center

Other

Other

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## Family and Lifestyle

After you remodel/build will you entertain frequently?

☐ Yes

☐ No

*If yes....*

What is your entertainment style?

☐ Formal

☐ Informal

Do you have Large or small gatherings?

☐ Small

☐ Large

Do your guests help you in the kitchen when you entertain?

☐ Yes

☐ No

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

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## Design and Style

What are your color preferences for your new kitchen?

Are there colors you would not want in your new kitchen?

Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?

☐ Yes

☐ No

If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)?

☐ I would consider it

☐ Absolutely not

What do you like about your current kitchen ?

What do you dislike about your current kitchen ?

What is your style preference for your new kitchen?

☐ contemporary

☐ formal

☐ country

☐ traditional

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## Design and Style

Do you require a recycling center in your kitchen?

☐ Yes

☐ No

*If yes....*

How many items do you need to sort and what are they?

Will you be keeping your existing appliances and fixtures?

Dishwasher ☐ Existing ☐ New

Refrigerator ☐ Existing ☐ New

Oven / Range ☐ Existing ☐ New

Sink ☐ Existing ☐ New

Faucets ☐ Existing ☐ New

Countertops ☐ Existing ☐ New

Hood / Vent ☐ Existing ☐ New

Floor Tiles ☐ Existing ☐ New

Light fixtures ☐ Existing ☐ New

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## Time and Budget

When would you like to begin your project?

When would you like your project completed?

Do you have a budget for your project?

☐ Yes

☐ No

Do you need to secure financing for your project?

☐ Yes

☐ No

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