



Professional **Kitchen and Bath** Plans.com

KITCHEN DESIGN SURVEY FORM

Name:	Home Phone:	
Address:	Work Phone:	
City:	Cell Phone:	
State:	Zip:	Email:

GENERAL CLIENT INFORMATION

1. What type of project is this? Renovation New Construction
2. Have you ever renovated a kitchen before? Yes No
3. When would you like to start the project? _____ Complete the Project? _____
4. Will you be living in the residence during construction? Yes No
5. How did you learn about our firm? _____
6. Do you have a specific builder / contractor or other subcontractor with whom you would like to work? Yes No
If so, Name: _____ Phone: _____
Name: _____ Phone: _____
7. What portion of the project, if any, will be your responsibility? _____
8. What budget range have you established for your kitchen project?
 \$5,000 – \$10,000 \$10,000 – \$20,000 \$20,000 – \$30,000 \$30,000 – \$50,000
 \$50,000 – \$60,000 \$60,000 – \$75,000 \$75,000 +
9. How long do you intend to own the residence? _____
10. What family members will share in the final decision-making process? _____
11. Are sustainable design ideas important to your family: Yes No
 - a. Use of "Green" Products Materials
 - b. General products made from recycled materials:
 Cabinets Counters Floors Building Materials
 - c. Wood products supplied by environmentally responsible manufacturers
 - d. Special Water conservation products
 - e. Energy efficient appliances
 - f. Energy efficient lighting systems
 - g. Sustainable design details incorporated into the plan
 - h. Areas for recycling waste incorporated into the plan

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.			▪ R ▪ L		
2.			▪ R ▪ L		
3.			▪ R ▪ L		
4.			▪ R ▪ L		
5.			▪ R ▪ L		
6.			▪ R ▪ 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?

- | | | |
|---|--|---|
| <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Laundry | <input type="checkbox"/> Planning Desk |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Liquor/Wine Storage | <input type="checkbox"/> Children Playing |
| <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Medicine Center/Use | <input type="checkbox"/> Study/Homework |
| <input type="checkbox"/> Hobbies | <input type="checkbox"/> Message Center | <input type="checkbox"/> 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 Wrapping | <input type="checkbox"/> Non-Refrigerated | <input type="checkbox"/> Vessels (Wok, etc.) |
| <input type="checkbox"/> Boxed Goods | <input type="checkbox"/> Materials | <input type="checkbox"/> Fruits/Vegs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Glassware | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Grill Equipment | <input type="checkbox"/> Pet Food | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coffee Station | <input type="checkbox"/> Hand Appliances | <input type="checkbox"/> Pots & Pans | |
| <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Laundry/Iron Equip | <input type="checkbox"/> Recycle Containers | |
| <input type="checkbox"/> Dishes Flatware | <input type="checkbox"/> Leftover Containers | <input type="checkbox"/> Serving Trays | |
| <input type="checkbox"/> Food Prep Utensils | <input type="checkbox"/> Linens/Towels | <input type="checkbox"/> Specialty Cooking | |

LEGEND:

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

2. What type of specialized storage is desired?

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

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

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

