



## 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:

- |                                       |                                 |                                   |                                  |
|---------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Utility Room | <input type="checkbox"/> Garage | <input type="checkbox"/> Basement | <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_