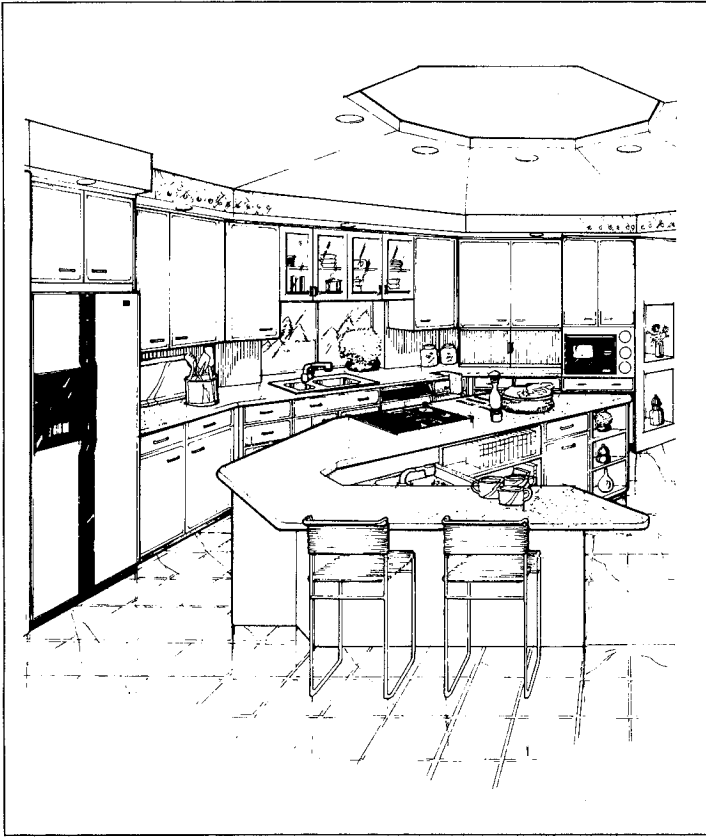


KITCHEN DESIGN SURVEY FORM



Name: _____

Residence Address: _____

Jobsite Address: _____

Phone: _____

Work: _____

Work: _____

Date: _____

Designer: _____

Appointment:

Scheduled: _____

Call When Ready: _____

Times Available: _____

Directions: _____

Allied Professionals:

Name: _____

Firm: _____

Address: _____

Phone: _____

General Client Information

1. How long have you lived at, or how much time do you spend at the jobsite residence? _____
2. When was the house built? _____ How old is the present kitchen? _____
3. How did you learn about our firm? _____
4. When would you like to start the project? _____
5. When would you like the project to be completed? _____

6. Has anyone assisted you in preparing a design for the kitchen? _____

7. Do you plan on retaining an interior designer or architect to assist in the kitchen planning? _____

8. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work? _____

9. What portion of the project, if any, will be your responsibility? _____

10. What budget range have you established for your kitchen project? _____
11. How long do you intend to own the jobsite residence? _____
12. What are your plans regarding this home? _____
 - a. Is it a long or short-term investment? _____
 - b. Is return on investment a primary concern? _____
 - c. Do you plan on renting the jobsite residence in the future? _____
13. What family members will share in the final decision-making process? _____

14. Would you like our firm to assist you in securing project financing? _____ Yes _____ No
15. What do you dislike most about your present kitchen? _____

16. What do you like about your present kitchen? _____

Specific Kitchen Questions

- How many household members? (Ask for approximate ages.)
_____ Adults _____ Teens _____ Children _____ Other
_____ Pets What types: _____
- Are you planning on enlarging your family while living here? _____

- Who is the primary cook? _____
Is the primary cook left-handed _____ or right-handed _____ ?
How tall is the primary cook? _____
Does the primary cook have any physical limitations? _____
- How many other household members cook? _____
Who are they? _____
Do they have a cooking hobby _____, assist the primary cook with a specific task _____, or share a menu item with the primary cook? _____
Is the secondary cook(s) right-handed _____ left-handed _____ ?
How tall is the secondary cook(s)? _____
Is a specialized cooking center required for the secondary cook(s)? _____
Do they have physical limitations? _____
- How does the family use the kitchen? _____
_____ Daily Heat & Serve Meals _____ Daily Full-Course, "From Scratch" Meals
_____ Weekend Quantity Cooking _____ Weekend Family Meals
Other _____
- Is the kitchen a socializing space? _____
- How would you like the new kitchen to relate to adjacent rooms? _____

_____ Family Room _____ Dining Room
_____ Family Home Office _____ Family TV Viewing
- What time of day is the kitchen used most frequently? _____
- What are your kitchen and dining area requests? _____
_____ Separate Table _____ 30" Table Height Dining Counter
_____ New _____ Existing _____ 36" Counter Height
_____ Size _____ Leaf Extension _____ 42" Elevated Bar Height Dining Center
_____ Number of Seated Diners
- Do you do any specialty cooking? _____ Gourmet _____ Canning _____ Ethnic
- Do you cook in bulk for freezing _____ and/or leftovers _____ ?

Specific Kitchen Questions (continued)

12. Do you entertain frequently? _____ Formally _____ Informally
13. Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you the best:
- _____ I like to be the only one in the kitchen with my guest 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 family room 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 cleanup process after the meal.
- _____ I retain caterers who prepare all meals for entertaining.
- _____ The caterers come to the home to serve and cleanup.
- _____ I stop by the caterers and pick up the food.
- _____ I stop at the deli/take-out restaurant to bring part or all of the meal home before entertaining.
- The items that I purchase from outside sources are:
- | | | |
|------------------|----------------|-------------|
| _____ Appetizers | _____ Salads | _____ Soups |
| _____ Entrees | _____ Desserts | _____ Other |
14. What secondary activities will take place in your kitchen?
- | | | |
|----------------------|---------------------|----------------|
| _____ Computer | _____ Laundry | _____ TV/Radio |
| _____ Eating | _____ Planning Desk | _____ Wet Bar |
| _____ Growing Plants | _____ Sewing | _____ Other |
| _____ Hobbies | _____ Study | _____ Other |
15. What is your cycle of shopping for food?
- _____ Weekly _____ Bi-weekly _____ Daily
16. What types of products/materials do you purchase at the grocery store?
- Predominantly fresh food purchased for a specific meal. _____
- Predominantly frozen foods purchased for stock. _____
- Traditional pantry boxed/packaged/canned goods purchased for stock. _____
- (1) Types of canned goods:
- _____ Condiments _____ Fruits _____ Soft Drinks _____ Vegetables
- (2) Cleaning products stocked in bulk _____
- (3) Paper products stocked in bulk _____
- (4) Other boxed/packaged food items stocked in bulk _____
- (5) Other _____

Specific Kitchen Questions (continued)

17. Where do you presently store:

- | | | |
|--|--|--|
| <input type="checkbox"/> Baking Equipment | <input type="checkbox"/> Non-Refrigerated | <input type="checkbox"/> Spices |
| <input type="checkbox"/> Boxed Goods | <input type="checkbox"/> Fruits/Vegs. | <input type="checkbox"/> Table/Appointments |
| <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Linens |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Pet Food | <input type="checkbox"/> Wrapping Materials |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Pots & Pans | <input type="checkbox"/> Leftover Containers |
| <input type="checkbox"/> Glassware | <input type="checkbox"/> Recycle Containers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Laundry/Iron | <input type="checkbox"/> Serving Trays | <input type="checkbox"/> Other |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Specialty Cooking | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Vessels (Wok, Etc.) | |

Legend: B = Base Cabinet
BA = Basement
BC = Bookcase

C = Countertop
AG = Appliance Garage
D = Desk

L = Laundry Room
T = Tall Cabinet
W = Wall Cabinet

18. What type of specialized storage is desired?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Bottle | <input type="checkbox"/> Dishes | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Display Items | <input type="checkbox"/> Soft Drink Cans |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Glassware | <input type="checkbox"/> Spice |
| <input type="checkbox"/> Cookbook | <input type="checkbox"/> Lids | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Linen | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

19. What type of cabinet interior storage are you interested in?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Lazy Susan | <input type="checkbox"/> Roll-outs | <input type="checkbox"/> Drawer Ironing Board |
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Towel Bar | <input type="checkbox"/> Toe-Kick Step Stool |
| <input type="checkbox"/> Vertical Dividers | <input type="checkbox"/> Tilt-out | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recycling/Waste Bins | <input type="checkbox"/> Drawer Head | <input type="checkbox"/> Other |

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

- | | | |
|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Blender | <input type="checkbox"/> Elec, Fry Pan | <input type="checkbox"/> Wok |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crock Pot | <input type="checkbox"/> Griddle | <input type="checkbox"/> Other |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Toaster | <input type="checkbox"/> Other |

21. Have you considered relocating or changing windows or doors in the new plan? _____

22. How do you plan on sorting recyclable trash in your new kitchen?

- Sorting into:
- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Compact refuse |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Trash |
| <input type="checkbox"/> Glass | |
| a. <input type="checkbox"/> clear | |
| b. <input type="checkbox"/> brown | |
| c. <input type="checkbox"/> green | |

23. Would you like a sorting station in the:

- kitchen utility room garage basement outside?

