



Complete Home Renovations

# Kitchen Planning Questionnaire

## Family and Lifestyle:

1. Family members:

2. Approximate ages of family members:

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

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

4. Where does your family eat its meals?

Kitchen  Dining Room  Other: \_\_\_\_\_

5. Where will your family eat after you remodel/build?

Kitchen  Dining Room  Other: \_\_\_\_\_

6. Do you require a kitchen table or would you be willing to explore other options if a design could be improved?

Required  Preferred, but open to other options  Not necessary

7. What other activities will take place in your new kitchen?

Laundry  Homework  Watching TV  Paying Bills  Sewing  
 Computer Center  Other: \_\_\_\_\_

8. After your remodel/build, will you entertain frequently?  Yes  No

If Yes, What is your entertaining style?  Formal  Informal

Do you have large or small gatherings?  Large or  Small

Do your guests help you in the kitchen when you entertain?  Yes  No

9. How do you shop?

For the week  For each meal  Buy non-perishable items in bulk  
 Buy in bulk and freeze

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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**Cooking Style:**

1. Who is the primary cook? \_\_\_\_\_
2. Is the primary cook  
 Left-handed or  Right-handed?
3. How tall is the primary cook? \_\_\_\_\_
4. What is the primary cook's cooking style?  
 Gourmet Meals  Family Meals  Quick & Simple Meals  
 Baking  Bringing Meals Home
5. What does the primary cook prefer?  
 No one else in the kitchen while preparing meals  
 A helper in the kitchen while preparing meals  
 Family or friends visiting during meal preparation
6. Does the primary cook have any physical limitations?  
 Yes  No What type? \_\_\_\_\_
7. Is there a secondary cook?  Yes  No
8. If there is a secondary cook, are they  Left or  Right-handed?
9. How tall is the secondary cook? \_\_\_\_\_
10. Do the primary and secondary cooks prepare meals together?  
 Yes  No
11. What are the secondary cook's responsibilities?  
 Prepare side dishes  Clean up  Assist in preparing main course
12. Does the secondary cook have any physical limitations?  
 Yes  No What type? \_\_\_\_\_



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**Design and Style:**

1. What are your color preferences for your new kitchen? \_\_\_\_\_  
\_\_\_\_\_

2. Which colors do you not want in your new kitchen? \_\_\_\_\_  
\_\_\_\_\_

3. Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?  Yes  No

4. If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)  Yes  No

5. What do you like about your current kitchen? \_\_\_\_\_  
\_\_\_\_\_

6. What do you dislike about your current kitchen? \_\_\_\_\_  
\_\_\_\_\_

What have you done to try to remedy these issues? \_\_\_\_\_  
\_\_\_\_\_

7. Do you require a recycling center in your kitchen?  Yes  No  
If Yes, how many separate bins do you need for sorting items? \_\_\_\_\_

8. Will you be keeping your existing appliances?

Dishwasher:  Existing  New

Refrigerator:  Existing  New

Oven/Range:  Existing  New

Microwave:  Existing  New

9. What is your style preference for your new kitchen?  
 Contemporary  Formal  Country  Traditional



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**Time and Budget:**

1. When would you like to begin your project?  
\_\_\_\_\_

2. When would you like your project completed?  
\_\_\_\_\_

3. If you are building, is the kitchen in your contract? \_\_ Yes \_\_ No

4. What is your approximate investment amount that you would like to devote to your kitchen? \_\_\_\_\_

**General Information:**

1. Name:

2. Address:

3. City/ State/ Zip:

4. Home Phone:

5. Work Phone:

6. Fax:

Finally, when choosing a company to work inside your home and trust with the remodel of your new space, please rate the following in order of importance:

\_\_\_\_\_ Quality                      \_\_\_\_\_ Price                      \_\_\_\_\_ Design

\_\_\_\_\_ Product Lines                      \_\_\_\_\_ Time/Schedule of Completion

\_\_\_\_\_ Client Testimonials