

Kitchen Planning Guide

By: Southwest Kitchen & Bath

FAMILY AND LIFESTYLE

1. Number of family members: ___

2. Number and approximate ages of family members:

___ infants ___ young children ___ teens
___ 20 to 30 yrs ___ 31 to 40 yrs ___ 41 to 50 yrs
___ 51 to 60 yrs ___ 61 to 70 yrs ___ 70+

3. If your family has young children, will they be using the kitchen frequently? ___ Yes ___ No

4. 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 or more

5. Where does your family eat its meals?

___ Kitchen ___ Dining Room ___ Other: _____

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

___ Kitchen ___ Dining Room ___ Other: _____

7. Do you require a kitchen table or would you be willing 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

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

___ Laundry ___ Homework ___ Watching TV
___ Paying Bills ___ Sewing ___ Computer Center
___ Other: _____ ___ Other: _____

9. After your remodel/build will you entertain frequently?

___ Yes ___ No

If Yes...

What is your entertainment style?

formal informal

Do you have large or small gatherings?

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

Yes No

10. 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

COOKING STYLE

1. Who is the primary cook? _____

2. Is the primary cook left- 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

Bringing Meals Home Baking

5. What does the primary cook prefer?

No one else in the kitchen while preparing meals.

A helper in the kitchen when preparing meals.

Family or friends visiting during meal preparation.

6. Does the primary cook have any physical limitations?

Yes No

7. Who is the secondary cook? _____

8. Do the secondary and primary cook prepare meals together?

Yes No

9. Is the secondary cook left-handed or right-handed?

10. How tall is the secondary cook? _____

11. What are the secondary cook's responsibilities?

Preparing side dishes Clean up

Assist in preparing main course

12. Does the secondary cook have any physical limitations? _____

DESIGN AND STYLE

1. Are there color preferences for your new kitchen?

2. Are there colors you would 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)?

Absolutely not I would consider it

5. What do you like about your current kitchen?

6. What do you dislike about your current kitchen?

7. Do you require a recycling center in your kitchen?

Yes No

If Yes...

How many items do you need to sort? ____

8. Will you be keeping your existing appliances?

Dishwasher: existing

new

Refrigerator: existing new

Oven/Range: existing new

9. What is your style preference for your new kitchen?

contemporary formal

country traditional

TIME AND BUDGET

1. When would you like to begin your project? _____

2. When would you like your project completed? _____

3. If you're building, is the kitchen in your contract?

Yes No

4. Do you have a budget for this project?

Yes: \$ _____ No

GENERAL

1. Name: _____

2. Address: _____

3. City: _____ State: Zip: _____

4. Home Phone: _____

5. Work Phone: _____

6. Fax: _____

7. New Home Address: _____

8. City: _____ State: Zip: _____

9. **Builder Name (if applicable):** _____

10. **Contact Name:** _____

11. **Phone:** _____

12. **Fax:** _____

13. **Architect Name (if applicable):** _____

14. **Contact Name:** _____

15. **Phone:** _____

16. **Fax:** _____

17. **Interior Designer Name (if applicable):** _____

18. **Contact Name:** _____

19. **Phone:** _____

20. **Fax:** _____