



Kitchen Planning Guide

The Kitchen Planning Guide is geared to provide information The Kitchen Gallery will use to design a kitchen ideally suited to the needs of your home & family. We invite you to print out the form, fill in the blanks & bring the information with you when you visit our showroom. It's a great way to get started!

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+
- 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 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

___ 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. What are your 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. _____
3. When would you like your project completed? _____

4. If you are building, is the kitchen in your contract?
__ Yes __ No
5. 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: _____