



Kitchen Planning Questionnaire

www.kitchensunique.com

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

FAMILY AND LIFESTYLE:

01. Number of family members: _____

02. Where does your family eat its meals?

Kitchen

Dining Room

Other: _____

03. Do you require a kitchen table or island? Yes No

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

Laundry

Homework

Watching TV

Paying Bills

Sewing

Computer center

Other: _____

05. Do you entertain frequently? Yes No

COOKING STYLE:

- 01. Who is the Primary cook: _____
- 02. Is the Primary cook right or left handed? Right Left
- 03. Does the Primary cook have any physical limitations? Yes No
If so, what type: _____
- 04. If there is a secondary cook , are there any physical limitations? Yes No
If so, what type: _____

DESIGN AND STYLE:

- 01. Have you created a scrapbook of notes, photos and ideas that you would like to use in your kitchen? Yes No
- 02. What style would you like to see in your new kitchen:
 - Contemporary
 - Traditional
 - Old World
 - Country
 - Formal
 - Other: _____
- 03. If a design could be greatly improved, would you be willing to make structural changes? Yes No
- 04. What do you like about your current kitchen? _____

- 05. What do you dislike about your current kitchen? _____

- 06. List make and model numbers of the appliances you will be using and whether you want wood panels on applicable appliances:
 - Refrigerator _____
 - Freezer _____
 - Cooktop _____

- Range _____
- Ventilation _____
- Vent Motor _____
- Double Ovens _____
- Single Oven _____
- Micro/Oven Combo _____
- Microwave _____
- Microwave Trim Kit _____
- Dishwasher _____
- Warming Drawer _____
- Icemaker _____
- Compactor _____
- Beverage Center _____
- Wine Cooler _____
- Refrigerator Drawers _____
- Freezer Drawers _____
- Garbage Disposer _____
- Main Sink _____
- Prep Sink _____
- Other _____