

KITCHEN PLANING GUIDE

Family 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 ___ 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 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? ___ Yes ___ No

Design & 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 ___ industrial

___ country ___ traditional ___ modern

Time & 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. Do you have a budget for this project? ___ Yes: \$ _____ ___ No

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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: _____