

Kitchen Design Survey Form

Date:
Name:
Residence:
Jobsite Address:

Client 1:
Home Phone:
Work Phone:
Cell Phone:
Email:

Client 2:
Home Phone:
Work Phone:
Cell Phone:
Email:

Appointment
Schedule:
Call When Ready:
Times Available:
Directions:

Allied Professional
Name: Paula Kennedy, CKD, CBD
Firm: Timeless Kitchen Design
Address: 17712 NE 96th Way #4, Redmond, WA
Cell Phone: 425-466-4483
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Email: paulakennedyckd@hotmail.com

Notes: _____

General Client Information

1. *What type of project is this?* Renovation New Construction
2. *Have you ever purchased a kitchen before?* Yes No
3. *When would you like to start the project?* _____ Complete the Project? _____
4. *How much time do you / will you spend at the jobsite residence?* _____
5. *How did you learn about our firm?* _____
6. *Has anyone else assisted you in preparing a design for the kitchen?* _____
7. *Do you plan on retaining an interior designer or architect to assist in the kitchen planning?*
If so, Name: _____ Phone: _____
8. *Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work?*
If so, Name: _____ Phone: _____
9. *What portion of the project, if any, will be your responsibility?* _____
10. *What budget range have you established for your kitchen project?*
\$5,000 – \$10,000 \$10,000 - \$ 20,000 \$20,000 – \$40,000 \$40,000 – \$60,000
\$60,000 – \$75,000 \$75,000 – \$100,000 \$100,000 +
11. *How long do you intend to own the jobsite residence?* _____
 - a. Is return on investment a primary concern? _____
 - b. Do you plan on renting the jobsite residence? _____
12. *What family members will share in the final decision-making process?* _____
13. *Would you like our firm to assist you in securing project financing?* Yes No
14. *What do you dislike most about your present kitchen?* _____

15. *What do you like most about your present kitchen?* _____

16. *Sustainable design ideas important to your family:*

<input type="checkbox"/> Use of "Green" Products	General products made from recycled materials: <input type="checkbox"/> Cabinets <input type="checkbox"/> Counters <input type="checkbox"/> Floors <input type="checkbox"/> Building Materials
	<input type="checkbox"/> Wood products supplied by environmentally responsible manufacturers _____
<input type="checkbox"/> Special water conservation products: _____	
<input type="checkbox"/> Energy efficient appliances: _____	
<input type="checkbox"/> Energy efficient lighting systems: _____	
<input type="checkbox"/> Sustainable design details incorporated into the plan: _____	
<input type="checkbox"/> Areas for recycling waste incorporated into the plan: _____	
17. *If you are remodeling:* Is there a room addition planned? Yes No
 - a. When was the house built? _____ How old is the present kitchen? _____
 - b. Are you considering relocating windows doors walls in your new plan?
18. *If you are building a new home:*
 - a. Are you able to relocate windows doors walls at this stage of construction? Yes No
 - b. Are you able to relocate walls at this stages of construction Yes No

Specific Kitchen Questions

1. *How many household members? Are you planning on enlarging your family while living here?* Yes No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		

2. *How many pets in your household?* _____ What Types? _____ Names: _____

3. *Do any frequent guests have physical limitations?* _____

4. **Personal information about the kitchen:**

What is the typical pattern of cooking in your household?

One person does most of the cooking. Who? _____

Two or more people share most of the cooking. Describe: _____

One person cooks and another person helps. Describe: _____

Different people take turns doing the cooking. Describe: _____

Another arrangement. Describe: _____

What about clean-up?

The cook cleans up. Describe: _____

Cooking and clean-up are shared. Describe: _____

Clean-up is done by someone who does not cook. Describe: _____

Another arrangement. Describe: _____

5. **Primary Cook:**

Is the primary cook left handed right handed

Does the primary cook have any physical limitation? Yes No _____

How tall is the primary cook? _____

Does the primary cook have any cooking hobbies/specialty cooking preferences?

gourmet baking ethnic grilling bulk cooking to freeze

other: _____

6. **Other Family Cooks:**

How many other household members cook? _____

Who are they? _____

Do they have a cooking hobby assist primary cook with specific task share a menu item with primary cook?

Is a specialized cooking center required for the secondary cook? _____

7. *How does the family use the kitchen for meals at home?* _____
 daily heat & serve meals daily "from scratch" meals daily "bring in" meals weekend "quantity" cooking
 weekend family meals ethnic or specialty cooking (please specify) _____

What type of foods is the family cooking? _____

8. *What are your kitchen dining area requests?* _____
 separate table- new existing _____ size _____ leaf extension _____ number of seated diners _____
 30" counter height 36" counter height 42" counter height

9. *Is the kitchen a socializing space?* _____

10. *What time of day is your kitchen most frequently used?* _____

11. *Do you have any furniture that you want in your kitchen?*
 Dining Table- Size? _____ Chairs- How many? _____ Hutch- Size? _____ Buffet- Size? _____
 Baker's Rack- Size? _____ Easy Chair- How many? _____ Sofa - Size? _____ Other Items- _____

12. *How would you like the new kitchen to relate to adjacent rooms?* _____

- Family Room Dining Room Family Home Office
 Family Media Center Outdoor Kitchen Laundry/Hobby Space

13. *Do you entertain frequently?* _____ per week _____ per month _____ per year - formally informally buffet plated
 snacks/drinks mostly How many people typically might be in the kitchen when entertaining? _____ Do friends bring food to share? Yes No

14. *Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you best:*

- I like to be the only one in the kitchen with my guests in a separate space that is away from the kitchen.
 I like to be the only cook in the kitchen, with my guests close by in a space that opens onto the kitchen.
 I like my guests to be sitting in the kitchen visiting with me while I cook.
 I like my guests to help me in the kitchen in meal preparation.
 I like my guests to help in the clean-up process after the meal.
 I retain caterers who prepare all meals for entertaining.
 The caterers come to the home to serve and clean up.
 I stop at the deli/take-out food source to bring part or all of the meal home before entertaining.
 Food items that I purchase from outside sources:

- Appetizers Entrees Soups _____
 Desserts Salads _____ _____

15. *What secondary activities will take place in your kitchen?*

- Computer Usage Hobbies: Medicine Center / Use Children Playing
 Eating Laundry Message Center Study/Homework
 Growing Plants Liquor/Wine Storage Planning Desk TV /Radio/Media/CD

16. *What is your cycle for shopping for food?*

- Daily Twice Weekly Weekly Bi-weekly Monthly

17. *What types of products/materials do you purchase at the grocery/specialty store?*

- Predominantly fresh food purchased for a specific meal. _____
 - Predominantly fresh/frozen foods purchased for stock. _____
 - Traditional pantry boxed/package/canned/bottled goods purchased for stock. _____
-
- Cleaning products stocked in bulk: _____
 - Paper products stocked in bulk: _____
 - Other boxed/package food items stocked in bulk: _____
 - Other: _____

18. *Where do you presently store:*

- | | | | |
|-----------------------|-----------------------------|----------------------------------|---|
| ___ Baking Equipment | ___ Flatware | ___ Leftover Containers | ___ Serving Trays |
| ___ Boxed Goods | ___ Food Prep Utensils | ___ Linens/Towels | ___ Specialty Cooking Vessels (Wok, etc.) |
| ___ Canned Goods | ___ Food Wrapping Materials | ___ Non-Refrigerated Fruits/Vegs | ___ Other: _____ |
| ___ Cleaning Supplies | ___ Glassware | ___ Paper Products | ___ Other: _____ |
| ___ Coffee Station | ___ Grill Equipment | ___ Pet Food | ___ Other: _____ |
| ___ Cooking Utensils | ___ Hand Appliances | ___ Pots & Pans | ___ Other: _____ |
| ___ Dishes | ___ Laundry/Iron Equip | ___ Recycle Containers | ___ Other: _____ |

Legend:			
AG=Appliance Garage	BC=Bookcase	G=Garage	T=Tall Cabinet
B=Basement	C=Countertop	L=Laundry Room	W=Wall Cabinet
BA=Base Cabinet	D=Desk	P=Pantry Closet	

19. *What type of specialized storage is desired?*

- | | | | |
|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Display Items | <input type="checkbox"/> Linen | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Dishes | <input type="checkbox"/> Plasticware | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Food Wrappings | <input type="checkbox"/> Soft Drink Cans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Glassware | <input type="checkbox"/> Spice | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Lids | <input type="checkbox"/> Vegetables | <input type="checkbox"/> _____ |

20. *What small specialty electrical appliances do you use in your kitchen?*

- | | | | |
|---|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Blender | <input type="checkbox"/> Crock Pot / Slow Cooker | <input type="checkbox"/> Mixer | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Electric Frying Pan | <input type="checkbox"/> Toaster | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Griddle | <input type="checkbox"/> Wok | |
| <input type="checkbox"/> Countertop | <input type="checkbox"/> Built-in | <input type="checkbox"/> Juicer | |

21. *Do you plan on sorting recyclable trash in your kitchen?* Yes No

Number of bins required: _____

Would you like a sorting station in the:

- Kitchen Utility Room Garage Basement Outside

Design Information

1. *What type of feeling would you like your new kitchen space to have? Have you created a scrapbook of notes, photos and ideas of kitchens that you like?*

- American Country Asian Warm Contemporary Sleek Contemporary
 American Formal Old World European Personal Design Statement (Eclectic) Traditional

2. *What colors do you like?* _____

And dislike? _____

What colors are you considering for you new kitchen? _____

What are the color preferences of other family members? _____

3. *Design Notes:* _____

Special Details: