

Kitchens of *Diablo*

Kitchen Planning Questionnaire

Instructions: Fill out form using the tab key to move between fields. Save file and email or bring to your design appointment. Call us at 925-831-9500 with any questions.

Family and Lifestyle

1. Number of family members: _____
2. Does a member of your family require accessibility for the elderly or disabled?
 Yes No
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+ yrs
5. Where does your family eat most meals?
 Kitchen Dining Room Other _____
6. 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 we are open to other options
 A kitchen table is not necessary
7. What other activities will take place in your new kitchen?
 Pay Bills Homework Watch TV Phone Charging
 Laundry Computer Center Entertaining Other _____
8. After your remodel/build, will you entertain frequently?
 Yes No
If so, what is your entertainment style?
 Formal Informal
What size gatherings do you have?
 Large Small
Do your guests help you in the kitchen when you entertain?
 Yes No

Do your guests gather around in the kitchen while you are cooking?

Yes No

9. 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

Design and Style

10. Have you created a collection of notes, photos, and ideas that you would like to use in your new kitchen? Yes No

11. How large is your house?

>1000 SF 1000-2000 SF 2000-3000 SF 3000-4000 SF

4000-5000 SF 5000+ SF

12. How long have you lived in this house? _____

13. What year was your house built? _____

14. What are your color preferences for your new kitchen? _____

15. Are there any colors you would not want in your kitchen? _____

16. If a design could be greatly improved, would you be willing to make structural changes? (ie. moving windows, doors, and walls) Absolutely not I would consider it

17. Would you like your kitchen to relate in some way to adjacent rooms?

18. What do you like about your current kitchen?

19. What do you dislike about your current kitchen?

20. Do you have any specific storage needs?

Rollouts Lazy Susan Vertical Dividers Pantry
 Cutlery Trays Spices Cookbooks Towel Bar
 Wastebasket Cutting Boards Wine Storage Pots/Pans

21. Do you require a recycling center in your kitchen? Yes No

Do you require a compost bin? Yes No

22. Is there any specific baking or cooking needs you would like us to design for?

23. Will you be keeping your existing appliances?

Dishwasher	<input type="checkbox"/> Existing	<input type="checkbox"/> New	Trash Compactor	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Refrigerator	<input type="checkbox"/> Existing	<input type="checkbox"/> New	Coffee Maker	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Oven/Range	<input type="checkbox"/> Existing	<input type="checkbox"/> New	Warming Drawer	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Cooktop	<input type="checkbox"/> Existing	<input type="checkbox"/> New	Misc. _____	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Microwave	<input type="checkbox"/> Existing	<input type="checkbox"/> New			
Hood	<input type="checkbox"/> Existing	<input type="checkbox"/> New			

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

Contemporary Formal Country Traditional
 Transitional Rustic Other _____

25. Are you familiar with any wood species or finishes you imagine in your new kitchen?

Wood Species _____ Finish _____ Door Style _____

26. Is there a countertop material you are ready to proceed with? Are you familiar with the advantages and disadvantages of the different materials on the market?

Material _____ Edge Treatment _____

Backsplash Height _____

27. Are you interested in a unique tile backsplash? Would you like a focal point behind the range/cooktop or sink? _____

28. Would you like glass cabinets for display? Yes No

29. What flooring material will you be using in the new space?

Wood Tile Vinyl Other _____

30. Are there any changes to the lighting you would like to integrate into the new plan?

Cooking Style

31. Is the cooking in your kitchen usually a solo or team effort?

If a team, are duties shared or divided?

Is the primary person who does most of the cooking? right handed left handed

32. What is the main cooking style?

Gourmet Family meals Quick and simple

Take out Baking

33. Do any of the persons cooking have physical limitations? Yes No

34. Do the persons cooking prefer things taller or shorter?

Time and Budget

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

36. When would you like your project completed? _____

37. If you are building, is the kitchen in your contract? Yes No

38. Do you have a budget for this project? Yes \$_____ No

39. How did you learn about our firm? _____

General

40. Name _____

41. Address _____

42. City _____ State _____ Zip _____

43. Home Phone _____

44. Work Phone (1) _____ Work Phone (2) _____

45. Cell Phone (1) _____ Cell Phone (2) _____

46. Fax _____

47. E-mail _____