

# 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 \_\_\_\_\_