

Currier Kitchens & Baths

Kitchen Planning Questionnaire

Family and Lifestyle

1. How many people live in your home? _____
2. How many people in each age group below live in your home?
Infants: _____ Young Children: _____ Teens: _____
20 – 30 years: _____ 31 to 40 years: _____ 41 to 50 years: _____
51 – 60 years: _____ 61 to 70 years: _____ 70 + years: _____
3. If you have young children, do they spend a lot of time in the kitchen?
Yes: _____ No: _____
4. How long do you plan on living in your home after the remodel?
1 – 5 years: _____ 6 to 10 years: _____
11 – 20 years: _____ 21+ years: _____
5. Where does your family eat its meals now?
Kitchen: _____ Dining room: _____
Other: _____
6. Where will you eat after your remodel?
Kitchen: _____ Dining room: _____
Other: _____
7. Do you require a kitchen table or would you be willing to explore other options ?
Kitchen table required: _____
Kitchen table preferred – Willing to explore other options: _____
Kitchen table is not necessary: _____
8. What other activities will take place in your new kitchen?
Laundry: _____ Homework: _____ Watch TV: _____
Pay Bills: _____ Sew/Crafts: _____ Computer Center: _____
Other: _____

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9. Entertainment:

Do 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 in the kitchen when you entertain? Yes: _____ No: _____

10. Shopping:

For the week: _____

For each meal: _____

Buy non-perishables in bulk: _____

Buy in bulk and freeze: _____

Cooking Style

1. Who is the primary cook in your home? _____

2. Is the primary cook left _____ or right _____ handed?

3. How tall is the primary cook? _____

4. What is the primary cooks cooking style?

Gourmet Meals: _____ Family Meals: _____

Quick/Simple Meals: _____ Baking: _____

Take Out: _____ Other: _____

5. What does the primary cook prefer during meal preparation?

No one in the kitchen:

Help in the kitchen: _____

Family or friends visiting: _____

6. Does the primary cook have any physical limitations? Yes: _____ No: _____

7. Is the secondary cook left _____ or right _____ handed?

8. How tall is the secondary cook? _____

9. Do the primary and secondary cooks prepare meals together? Yes: _____ No: _____

10. What are the secondary cook's responsibilities?

Prepare side dishes: _____ Cleanup: _____

Assist with main course: _____ Other: _____

11. Does the secondary cook have any physical limitations? Yes: _____ No: _____

Design and Style

1. What are your kitchen color preferences? _____
2. Are there any colors you do not want in your kitchen? _____
3. Do you have a scrapbook of notes, photos and ideas that you would like to use in your new kitchen? Yes: _____ No: _____
4. If a design greatly improves your kitchen, would you be willing to make structural changes? (i.e. moving windows, doors, and walls) Yes: _____ No: _____
5. What do you like about your current kitchen? _____
6. What do you dislike about your current kitchen? _____
7. Do you want a recycling center in your kitchen? Yes: _____ No: _____
If yes:
How many items do you want to sort? _____
8. Which appliances will you keep after the remodel?

Dishwasher: Keep _____ New _____
Refrigerator: Keep _____ New _____
Oven/Range: Keep _____ New _____
9. What style do you want reflected in your new kitchen?

Contemporary: _____ Formal: _____
Country: _____ Traditional: _____

Time and Budget

1. When do you want your project to begin? _____
2. When do you want your project completed? _____
3. Are you building? Is the kitchen in your contract? _____
4. Do you have a budget for your project? Yes: _____ No: _____
What is your budget? _____

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General Information

Personal Information	
Name:	Address:
Home Phone:	City/State/Zip:
Cell Phone:	New Address:
Work Phone:	New City/State/Zip
Fax:	Email:
Contractor Information	
Builder Name:	Builder Contact:
Builder Phone:	Builder Fax:
Architect Name:	Architect Contact:
Architect Phone:	Architect Fax:
Interior Designer Name:	Designer Contact:
Designer Phone:	Designer Fax: