



Kitchen Planning Guide

	Owner	Architect	Designer
Name			
Address			
City / State / Zip			
Home			
Office			
Fax			
Cell			
E-Mail			

Family & Lifestyle

Number and ages of family members:	#	Age Group	#	Age Group	#	Age Group	#	Age Group	#	Age Group
		infants		children		teens		20 s		30 s
		40 s		50 s		60 s		70 s		80+
Total										

If your family has young children, will they be using the kitchen frequently?

Yes No

How long do you plan on living in the home you are remodeling/building?

1-5 yrs 6-10 11-20 20+yrs

Where does your family eat its meals?

Kitchen Dining Room Other: _____

Where will your family eat after you remodel/build?

Kitchen Dining Room Other: _____

Do you plan to have a kitchen table or create a built in dining space?

A kitchen table is required table is preferred but open to other options Built-in Island or Peninsula

Project Name		
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Other activities in new kitchen? Laundry Homework Watching TV Paying Bills Sewing
 Computer Center Other _____

After your remodel/build will you entertain frequently? Yes No

If Yes... What is your entertainment style? Formal Informal

Do you have large gatherings? Yes No

Do your guests help you in the kitchen when you entertain? Yes No

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

	Primary cook	Secondary cook
Right or Left Hand Height	<input type="checkbox"/> Right <input type="checkbox"/> Left Height:	<input type="checkbox"/> Right <input type="checkbox"/> Left Height:
Physical limitations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Style	<input type="checkbox"/> Gourmet Meals <input type="checkbox"/> Family Meals <input type="checkbox"/> Quick & Simple Meals <input type="checkbox"/> Baking <input type="checkbox"/> Bringing Meals Home	<input type="checkbox"/> Gourmet Meals <input type="checkbox"/> Family Meals <input type="checkbox"/> Quick & Simple Meals <input type="checkbox"/> Baking <input type="checkbox"/> Bringing Meals Home
Other Cooking Styl Comments		
Preferences	<input type="checkbox"/> No one else in the kitchen while preparing meals. <input type="checkbox"/> A helper in the kitchen when preparing meals. <input type="checkbox"/> Family or friends visiting during meal preparation <input type="checkbox"/> Prepare meals together	

