

Bathroom

Are these bathrooms for your: House ___ Condo ___ Other ___

Bathroom Type	Location	Users/¢ How Many (A, T, C, #	Shower/ Tub/Combined (S, T, or C)	Linen Closet (Y or N)	Storage Area (Y or N)	Appliance Garage (Y or N)	His/Her Facilities (Y or N)
Master Suite							
Children							
Guest							
Hall							
Powder Room							
Other							

Enter the Type and Number of users for each bathroom (Adult, Teenager, Child)

Comments: _____

Kitchen

Family members and ages

Children

Adults

Age	Sex	Age	Sex

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

___ 1 to 5 yrs ___ 6 to 10 yrs ___ 11 to 20 yrs ___ 20+

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 want a kitchen table or would you like other options if a design could be improved?

___ Kitchen table

___ Preferred but open to options

___ Not necessary

What other activities will take place in your new kitchen?

___ Laundry ___ Homework ___ Watching TV ___ Paying Bills ___ Sewing

___ Computer Center Other _____

After your remodel/build will you entertain frequently? Yes No
What is your entertainment style? formal informal
Do you have large or small gatherings? large small
Do your guests help you in the kitchen when you entertain? Yes No

How do you shop?

- For the week
- For each meal
- Buy non-perishable items in bulk
- Buy in bulk and freeze

If you buy in bulk, do you need kitchen storage for all or most of these items?

- Yes No

Cooking Style

Who is the primary cook? _____

Are they left handed right handed?

How tall are they? _____

What is their cooking style?

- Gourmet Meals Family Meals Quick & Simple Meals Baking Carry Out Meals

Do they prefer?

- No one in the kitchen while preparing meals.
- A helper in the kitchen while preparing meals.
- Family or friends visiting while preparing meals.

Do they have any physical limitations? Yes No

What type? _____

Is there a secondary cook? Yes No

Are they left handed right handed?

How tall are they? _____

Do the secondary and primary cook prepare meals together? Yes No

What are the secondary cook's responsibilities?

- Preparing side dishes Clean up Assist in preparing main course

Does they have any physical limitations? Yes No

What type? _____

Design and Style

What are your color preferences? _____

Are there colors you would not want? _____

Do you have notes, photos, and ideas that you would like to use in your new kitchen? Yes No

Would you be willing to make structural changes for an improved design (moving windows, doors, and walls)? Yes No

What do you like about your current kitchen?

What don't you like about your current kitchen?

Do you want a recycling center in your kitchen? Yes No

What items and quantities do you recycle? _____

Do you want new appliances?

Dishwasher Yes No

Refrigerator Yes No

Oven/Range Yes No

Microwave Yes No

What is your style preference for your new kitchen?

Contemporary Formal Country Traditional

Time and Budget

When would you like to begin? _____

When would you like to complete the project? _____

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

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

General Information

Name _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Work Phone _____

Fax _____

If this is a new house

New Home Address _____

City _____ State _____ Zip _____

Builder Name _____

Contact Name _____

Phone _____ Fax _____

Architect Name _____

Contact Name _____

Phone _____ Fax _____

Interior Designer Name (if applicable) _____

Contact Name _____

Phone _____ Fax _____