



Design Survey

Client Name: _____

1. How many household members in your family? _____

2. How many people in your family cook? _____

3. Regarding the main cook: R/L handed _____ Height _____

Any physical restrictions? _____

Cooking style: ☐ From scratch meals
☐ Quick and easy
☐ Take out

Cooking preferences :

☐ Gourmet ☐ Grilling
☐ Baking ☐ Cooking in bulk to freeze
☐ Other _____

4. Are there any other family members that share in meal prep, serving and clean up?

Please describe _____

5. How often do you entertain? _____X monthly

6. What is your style of entertaining? ☐ Casual ☐ Formal

7. Do you prefer your guests to be in the kitchen while you cook? ☐ Yes ☐ No

8. How frequently do you shop for groceries? _____

9. What percentage of the following items make up your purchases:

Fresh food _____%

Packaged food _____%

Frozen food _____%

10. Do you need any specialized storage areas for:

- | | |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Display Items |

11. What secondary activities will you perform in your new kitchen?

- | | | |
|--------------------------------------|-----------------------------------------|----------------------------------|
| <input type="checkbox"/> Watching TV | <input type="checkbox"/> Bill Paying | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Message Center | <input type="checkbox"/> Other |

12. What type of feeling would you like your new kitchen to have?

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> American Country | <input type="checkbox"/> European Country |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Warm Contemporary |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Other _____ |

13. What colors do you like? _____

14. What colors are you considering for your new kitchen? _____

15. What countertop material would you prefer? _____

16. What flooring material would you prefer? _____

17. Have you established a budget for your project? _____

18. In your current kitchen what do you like most? _____

19. In your current kitchen what do you dislike most? _____
