



Kitchen Planning Guide

The Kitchen Planning Guide is geared to provide information that Creative Kitchens will use to design a kitchen ideally suited to the needs of your home & family. We invite you to print out the form, fill in the blanks & have the information with you we do your project review. It's a great way to get started!

FAMILY AND LIFESTYLE

- 1. Number of family members:** ____
- 2. Number and approximate ages of family members:**
 infants young children teens 20 to 30 yrs 31 to 40 yrs
 41 to 50 yrs 51 to 60 yrs 61 to 70 yrs 70+
- 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+
- 5. Where does your family eat its meals?**
 Kitchen Dining Room Other: _____
- 6. Where will your family eat after you remodel/build?**
 Kitchen Dining Room Other: _____
- 7. 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 open to other options
 A kitchen table is not necessary
- 8. What other activities will take place in your new kitchen?**
 Laundry Homework Watching TV
 Paying Bills Sewing Computer Center
 Other: _____ Other: _____

9. After your remodel/build will 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 you in the kitchen when you entertain? Yes No

10. 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

1. Who is the primary cook? _____

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

3. How tall is the primary cook? _____

4. What is the primary cook's cooking style?

Gourmet Meals Family Meals

Quick & Simple Meals

Bringing Meals Home Baking

5. What does the primary cook prefer?

No one else in the kitchen while preparing meals.

A helper in the kitchen when preparing meals.

Family or friends visiting during meal preparation.

6. Does the primary cook have any physical limitations? _____

7. Who is the secondary cook? _____

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

9. Is the secondary cook left handed or right handed?

10. How tall is the secondary cook? _____

11. What are the secondary cook's responsibilities?

Preparing side dishes Clean up

Assist in preparing main course

12. Does the secondary cook have any physical limitations? _____

DESIGN AND STYLE

1. **What are your color preferences for your new kitchen?**

2. **Are there colors you would not want in your new kitchen?**

3. **Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?** Yes No
4. **If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving, windows, doors, and walls)?**
 Absolutely not I would consider it
5. **What do you like about your current kitchen?**

6. **What do you dislike about your current kitchen?**

7. **Do you require a recycling center in your kitchen?** Yes No
If Yes... How many items do you need to sort? _____
8. **Will you be keeping your existing appliances?**
Dishwasher: existing new
Refrigerator: existing new
Oven/Range: existing new
9. **What is your style preference for your new kitchen?**
 contemporary formal country traditional

TIME AND BUDGET

1. **When would you like to begin your project?** _____

2. **When would you like your project completed?** _____

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

4. Do you have a budget for this project?

___ Yes: \$ _____ ___ No

GENERAL

1. Name: _____

2. Address: _____

3. City: _____ **State:** ___ **Zip:** _____

4. Home Phone: _____

5. Work Phone: _____

6. Fax: _____

7. New Home Address: _____

8. City: _____ **State:** ___ **Zip:** _____

9. Builder Name (if applicable): _____

10. Contact Name: _____

11. Phone: _____

12. Fax: _____

13. Architect Name (if applicable): _____

14. Contact Name: : _____

15. Phone: _____

16. Fax: _____

17. Interior Designer Name (if applicable): _____

18. Contact Name: _____

19. Phone: _____

20. Fax: _____