

# KITCHEN DESIGN SURVEY



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DESIGNER \_\_\_\_\_

DATE \_\_\_\_\_





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## KITCHEN DESIGN SURVEY

### REMODELING

- 1 How did you hear/learn about us? \_\_\_\_\_
- 2 How old is your home? \_\_\_\_\_
- 3 Time or event working toward for completion? \_\_\_\_\_

### NEW CONSTRUCTION

- 1 Have you purchased a lot yet?  Yes  No \_\_\_\_\_
- 2 When do you intend to start construction? \_\_\_\_\_
- 3 Who is your architect? \_\_\_\_\_
- 4 Who is your builder/contractor? \_\_\_\_\_
- 5 Stage of construction, if underway? \_\_\_\_\_

### GENERAL INFORMATION

- 1 Have you ever gone through the process of designing a custom kitchen before?  Yes  No \_\_\_\_\_
- 2 Have you collected pictures of kitchen designs, accessories or styles which appeal to you?  Yes  No \_\_\_\_\_
- Do you have a Houzz or Pinterest idea file you'd like to share?  Yes  No \_\_\_\_\_
- If "yes" what is your username? \_\_\_\_\_
- 3 Do you have a particular period style in mind?  Yes  No \_\_\_\_\_
- If "yes" please describe: \_\_\_\_\_
- 4 Have you or anyone else made a sketch of your ideas for the kitchen?  Yes  No \_\_\_\_\_
- 5 How many members are in your household?  Adults  Children \_\_\_\_\_
- Ages and gender of children: \_\_\_\_\_
- 6 What is your occupation? \_\_\_\_\_
- 7 What is your spouse's occupation? \_\_\_\_\_
- 8 Do you have an irregular work routine?  Yes  No \_\_\_\_\_
- 9 Do you have pets?  Yes  No \_\_\_\_\_
- If "yes" what type and how many? \_\_\_\_\_
- Do they eat in the kitchen?  Yes  No \_\_\_\_\_
- Do you buy pet food in bulk quantities?  Yes  No \_\_\_\_\_
- 10 Are you right or left-handed?  Wife  Husband \_\_\_\_\_



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 Husband

11 How tall are you?  Wife

12 Does anyone in your family have health issues/ allergies that need consideration?  Yes  No

13 Do you do any specialized baking or cooking?  Yes  No

If "yes" what type?

Do you bake bread or pastries often?  Yes  No

Would you desire a baking center Countertop at 32" high?  Yes  No

14 Do you need dedicated storage for smaller appliances?  Yes  No

If "yes" what appliances?  Blender  Toaster  Mixer

Coffee/Keurig  Juicer  Crock Pot  Other

15 Does your spouse or any of your children cook?  Yes  No

If "yes" do they have a specialty?

16 Does your spouse or children help prepare food?  Yes  No

17 Does your spouse or children help with the dishes?  Yes  No

18 Do you serve meals in the kitchen?  Yes  No

If "yes" do family members eat at different times?  Yes  No

How many family members usually eat together?

What type of eating area do you prefer?

Table:  Round  Rectangle  Square

Size of table?

Counter/Snack Bar height:  30"  36"  42"

Number of seats at Snack Bar

Would you like an island?  Yes  No

Would you like stools at Island?  Yes  No

If "yes" how many?

Would you like outlets for appliances?  Yes  No

19 In which area does your family eat their meals most often?

Kitchen  Dining Room  Family Room

Island/Bar  Family doesn't eat together  Other

20 How often do you entertain?

How many people?

What type of entertaining?  Cocktail Parties  Barbeques  Buffet Dinners

Sit Down Dinners  Other

21 When hosting a dinner party do you typically:

Serve Full Course Meals  Hire a Private Chef  Bring in Take-Out Food

Serve Appetizers and Snacks  Hire a Service Staff  Other

22 What other activities take place in your kitchen?



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<input type="checkbox"/> Homework	<input type="checkbox"/> Paying Bills	<input type="checkbox"/> Entertaining
<input type="checkbox"/> Watching TV	<input type="checkbox"/> Internet Access	<input type="checkbox"/> Other
23 Would you like a second prep sink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Dishwasher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24 Would you like a Wet Bar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need storage for liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" approximately how many bottles?		
Would you like liquor cabinet locks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you store mixers with the liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you store wine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like a decorative wine rack?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" what type?	<input type="checkbox"/> Vertical	<input type="checkbox"/> Diagonal
		<input type="checkbox"/> Horizontal
Would you like glass doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a relatively large quantity of bar utensils, glassware, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require a separate sink for the bar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25 Do you like to sit while preparing food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26 Do you recycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" Number of bins?		
27 Would you like a Compost Bin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28 Would you like a planning desk? (30" high sit down area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29 Would you like a message center? (counter height stand up area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30 Do you require a bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" do you prefer it visible or hidden behind doors?	<input type="checkbox"/> Visible	<input type="checkbox"/> Hidden
Approximately what size?		
31 Do you sort coupons, prepare shopping lists and recipes or pay bills in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32 Would you like a charging drawer for phones, laptops, iPads, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33 Would you like a Land Line Telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34 Approximately how many cookbooks do you have?		
Do you prefer them visible or hidden behind doors?	<input type="checkbox"/> Visible	<input type="checkbox"/> Hidden
35 Would a file drawer be advantageous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of files?		
Would you like to have some type of filing system for incoming and outgoing mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36 Would you like a computer in your kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" would it require a keyboard drawer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Computer tower cabinet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Printer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Laptop, iPad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37 What is your feeling toward open display of pots, dishes, utensils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Potracks open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Potracks stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you have anything to be displayed for decorative purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" what type of items? (baskets, pottery, china, other?)		
39 How many sets of dishes do you have?		
40 How much glassware do you have?		
41 How much silverware is stored in the kitchen?		
42 How often do you go shopping?		
43 Do you buy any foods or sodas in bulk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you purchase mostly canned goods or box type items?		
Would you like a Walk-In Pantry?		
If "yes" Please See Pantry Questionnaire		
44 Do you keep a Kosher Kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sinks would you like?		
How many sets of Pots & Pans do you have?	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
Do you keep a 3 <sup>rd</sup> set of Passover Dishes in your Kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like your meat & dairy work areas in the Kitchen Integrated or Separated?		
45 Would you like any cabinets with glass doors or other type of inserts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you use glass doors fir everyday dish storage?		
What type of inserts would you like?	<input type="checkbox"/> Leaded Glass	<input type="checkbox"/> Stained Glass <input type="checkbox"/> Clear Glass
	<input type="checkbox"/> Other Glass	<input type="checkbox"/> Metal
Type of mullions		
46 How do you feel about decorative open shelves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Would you like a plate rail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Would you like a plate rack?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 How do you store linens?		
50 Do you store medicine or supplements in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51 Do you have a fire extinguisher in the kitchen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52 Do you require a separate utility cabinet for brooms, mops & cleaning supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53 Would you like a decorative hood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" what type?		
	<input type="checkbox"/> Stainless	<input type="checkbox"/> Wood <input type="checkbox"/> Metal
	<input type="checkbox"/> Metal Wood Combo	<input type="checkbox"/> Stone <input type="checkbox"/> Tile
54 Do you prefer cabinets with drawers vs. doors?	<input type="checkbox"/> Drawers	<input type="checkbox"/> Doors



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55 Would you like an entertainment system in or adjacent to the kitchen?  Yes  No

If "yes" what type?  Speakers  Home Theatre  Alexa  Stereo Music

56 Would you like a TV?  Yes  No

If "yes" what size?

57 Generally speaking, is your family rough or easy on cabinets and countertops?  Rough  Easy

58 What are your favorite colors?

59 What are some specific likes and dislikes regarding your present kitchen?

Likes:

Dislikes:

**ACCESSORIES AND STORAGE AIDS**

Please check features that you would prefer in your new kitchen.

**WALL CABINETS**

- Can Rack on door
- Spice Rack
- Diagonal Lazy Susan
- Undercabinet Lights
- Undercabinet Shelf
  
- Appl. Garage w/Doors
- Appl. Garage w/Tambour
- Plate Rack
- Paper Towel Holder

**TALL CABINETS**

- Can Racks on doors
- Roll out Shelves
- Broom Closet
- Tray Dividers
- Tall Wire Roll out
- Tall Wood Pull out

**BASE CABINETS**

- Roll out Shelves
- Double Tiered Silverware
- Plexiglas Silverware
- Wooden Silverware
- Cooking Utensil Dividers
- Paper Towel Pullout
- Serving Utensil Dividers
- Knife Block
- Bread Box
- Swing up Mixer Unit
- Single Waste Basket
- Double Pull out Waste Basket
- Chopping Block
- Tilt out Sink Front
- Spice Pull out
- Spice Drawer
- Tray Dividers
- Lid & Tin Drawer
- Lid & Tin Roll out
- Base Pantry
- Pull out Towel Bar
- Towel Bar on door
- Towel Bar on Cabinet Side

**BASE CABINETS**

- Base Lazy Susan
- Magic Corner Unit
- Lemans Corner



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**COOKING**

Comments:

Microwave Oven	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Location:	<input type="checkbox"/> Wall Built In	<input type="checkbox"/> Under Counter
	<input type="checkbox"/> Above Counter	<input type="checkbox"/> Micro Drawer
Steam Oven	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Plumbed	<input type="checkbox"/> Non-Plumbed
Commercial Range	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Size		
Free Standing Range (slide in or drop in)	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Size		
Cooktop	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Number of Burners		
Type	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
		<input type="checkbox"/> Induction
Grill	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Griddle	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Warming Drawer	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Ovens	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Single	<input type="checkbox"/> Double
Ventilating System	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Interior Blower	<input type="checkbox"/> Inline Blower
		<input type="checkbox"/> Remote Blower
Pot Filler	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Coffee/Espresso Maker	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Would you like a coffee station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" would you like:	<input type="checkbox"/> Built-in	<input type="checkbox"/> Plumbed
	<input type="checkbox"/> Coffee Storage	<input type="checkbox"/> Sink

**REFRIGERATION**

Comments:

Refrigerator	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Size		
Type	<input type="checkbox"/> Built-in	<input type="checkbox"/> Freestanding
Style	<input type="checkbox"/> Side by Side	<input type="checkbox"/> Over Under
	<input type="checkbox"/> French Doors	<input type="checkbox"/> Columns
Undercounter Refrigerator	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Size		
	<input type="checkbox"/> Beverage Center	<input type="checkbox"/> Refrigerator



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Refrigerator Drawers	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Freezer Drawers	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Freezer	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Ice Maker	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Wine Cooler	<input type="checkbox"/> Existing	<input type="checkbox"/> New
	<input type="checkbox"/> Column	<input type="checkbox"/> Undercounter
Size		

**CLEAN UP** Comments:

Dishwasher	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Dishwasher Drawers	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Compactor	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Disposal	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Sink	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Type	<input type="checkbox"/> Overmount	<input type="checkbox"/> Undermount	<input type="checkbox"/> Apron
Material	<input type="checkbox"/> Stainless	<input type="checkbox"/> Quartz	<input type="checkbox"/> Porcelain
Style	<input type="checkbox"/> Apron	<input type="checkbox"/> Single Bowl	<input type="checkbox"/> Double Bowl
2nd Sink	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Galley Workstation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Purifier	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Faucets	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
Hot Water Dispenser	<input type="checkbox"/> Existing	<input type="checkbox"/> New	
What finishes would you like to use?	<input type="checkbox"/> Satin Nickel	<input type="checkbox"/> Brass	<input type="checkbox"/> Copper
	<input type="checkbox"/> Chrome	<input type="checkbox"/> Polished Nickel	

**CABINETRY** Comments:

Wood	<input type="checkbox"/> Paint	<input type="checkbox"/> Stain	
Type	<input type="checkbox"/> Slab	<input type="checkbox"/> 5 Piece	<input type="checkbox"/> 5 PC Raised Panel
	<input type="checkbox"/> Inset	<input type="checkbox"/> Framed	<input type="checkbox"/> Frameless
Finish	<input type="checkbox"/> Paint	<input type="checkbox"/> Stain	
Style	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Transitional	<input type="checkbox"/> Traditional
	<input type="checkbox"/> Laminate	<input type="checkbox"/> Foil	

**TRIM/MOLDING/CROWN** Comments:





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- Multiple Crown
- Cove Molding
- Carved Molding
- Flat Contemporary Trim

**DECORATIVE COLUMNS AND LEGS** Comments:

- Rounded Columns
- Square Columns
- 5 Piece Paneled Legs
- Metal Legs
- Valance or Bracket Feet
- Carved Turnings

**DECORATIVE ENDS AND WAINSCOT PANELS** Comments:

- Beaded board
- Paneled doors
- Integral styled panels
- Inset styled panels
- Applied Trim

**COUNTERTOPS** Comments:

- Concrete
- Stone                       Quartzite                       Granite                       Marble                       Soapstone
- Quartz
- Porcelain Slabs
- Tile
- Wood

**Backsplash**                       None                       Full high                       Tile                       4"

**LIGHTING** Comments:



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Would you like a Smart Home System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like a lighting-controlled system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Hanging ceiling lights</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pendants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Light Bridge</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Recessed Cans</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" what type	<input type="checkbox"/> Square	<input type="checkbox"/> Round
		<input type="checkbox"/> Drywall Flanges
<u>Undercabinet lights</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" what type	<input type="checkbox"/> Pucks	<input type="checkbox"/> Light Tape
<u>Indirect lighting</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Skylights</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Indirect lighting shining up or down</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FLOORING** \_\_\_\_\_ Comments: \_\_\_\_\_

Existing \_\_\_\_\_

Wood \_\_\_\_\_  Refinish \_\_\_\_\_  New \_\_\_\_\_

Tile \_\_\_\_\_

Other \_\_\_\_\_

Porcelain Tile \_\_\_\_\_

Natural Stone Tile \_\_\_\_\_