

DreamMaker Bath & Kitchen

Kitchen Remodeling Questionnaire

GENERAL QUESTIONS

In what year was your home built? _____

Is this the original kitchen? Y / N

How many are in your household? _____

Adults _____ Teens _____ Children _____ Pets _____

How many users are right handed? _____ left handed? _____

What are the particular problems with your present Kitchen?

Do you like: Cooking? Y / N Baking? Y / N Canning? Y / N

Is there more than one cook in the house? Y / N At the same time? Y / N

Do you entertain? Y / N Formally? Y / N Informally? Y / N

What Activities will take place in your kitchen?

- | | | | |
|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Studying | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Entertaining |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Hobbies | <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Cell Phone Charging |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Ironing | <input type="checkbox"/> Pet Area | <input type="checkbox"/> Phone |

What type of eating?

- Daily Full Course Daily Heat & Serve Weekend Family Meals Socializing

Number of people served at one time? _____

ROOM ORIENTATION

Is the existing kitchen big enough? Y / N

Have you considered changing the location of doors and windows? Y / N

Does the kitchen relate to adjacent rooms the way you would like? Y / N

Is the view from the kitchen to the outside where you would like it to be? Y / N

Would you like a casual dining/conversation area in the kitchen? Y / N

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STORAGE SYSTEMS

Is there enough storage space in your kitchen? Y / N

Is there enough counter space in your kitchen? Y / N

What is your cycle for shopping? Weekly Bi-Weekly Daily

Do you purchase any product in bulk quantities? Y / N

Where do you currently store your food & canned goods? _____

Where do you store your broom/vacuum and ironing equipment? _____

What items would you like in your new kitchen?

- | | | | | |
|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Rollout Shelves | <input type="checkbox"/> Tall Utility Cabinet | <input type="checkbox"/> Cutlery Divider | <input type="checkbox"/> Vegetable Storage |
| <input type="checkbox"/> Tray Storage | <input type="checkbox"/> Bottle Storage | <input type="checkbox"/> Bulk Storage | <input type="checkbox"/> Divided Drawers | <input type="checkbox"/> Dough Kneading |
| <input type="checkbox"/> Towel Bar | <input type="checkbox"/> Sink Door Storage | <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Display Items | <input type="checkbox"/> Recycling Bins |
| <input type="checkbox"/> Lazy Suzan | <input type="checkbox"/> Hidden Trash | <input type="checkbox"/> Breadboard | <input type="checkbox"/> Island | <input type="checkbox"/> Audio/Video |

MECHANICAL ELEMENTS

Is there sufficient ventilation in the kitchen? Y / N

Is there adequate lighting in the right place(s) for your kitchen activities? Y / N

Are light switches located where you need them? Y / N

Are all the electrical outlets protected with Ground Fault Circuit Interrupters? Y / N

Do you have enough electrical outlets? Y / N

Do you ever trip breakers/fuses? Y / N

Are the plumbing pipes free from leaks? Y / N

With which do you prefer to cook? Gas Electric Induction

APPLIANCES/FIXTURES

Is your sink in good condition? Y / N

What style of sink do you prefer? Single Bowl Double Bowl

Do you have a microwave oven conveniently located? Y / N

Do you want keep any appliances? Y / N Which ones? _____

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STYLE

Do you have a color preference? _____

Are there colors you don't like? _____

Does your home have "period style" you would like to retain or restore? _____

Do you want your new bathroom to have a particular look? (okay to check more than one)

- | | | | |
|---------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Modern | <input type="checkbox"/> Rustic | <input type="checkbox"/> Art Deco | <input type="checkbox"/> Old World |
| <input type="checkbox"/> Casual | <input type="checkbox"/> High Tech | <input type="checkbox"/> Retro | <input type="checkbox"/> Country |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Industrial | <input type="checkbox"/> Victorian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Colonial | <input type="checkbox"/> Formal | <input type="checkbox"/> Elegant | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> European | <input type="checkbox"/> Cottage | <input type="checkbox"/> Arts And Crafts | <input type="checkbox"/> Mid Century |

What are the three most important things you would like to accomplish with your new kitchen?

1. _____

2. _____

3. _____

