

Kitchen Renovation Questionnaire



FAMILY and LIFESTYLE

1. How many people are in your family? _____
2. What are their approximate ages? _____
3. Do you have any pets? Yes No If so, what types? _____
4. What year was your house built (or your best guess)? _____
5. When was the last time your kitchen was remodeled? _____
6. The walls are: Drywall Plaster
7. How many years do you plan on living in the home after the remodel is complete? _____
8. Do you want an eat-in kitchen? Yes No
9. What other activities will take place in your new kitchen (i.e., homework, laundry, TV)? _____

COOKING STYLE:

1. Who is the primary cook in the home? _____
2. How tall (or short) is the primary cook? _____
3. How many people typically cook in the kitchen at the same time? _____

DESIGN and STYLE:

1. What are your color preferences for your new kitchen? _____
2. Do you have a scrapbook of notes, photos, or ideas that you would like to use as inspiration for your new kitchen design? Yes No
3. Are you considering any structural changes (i.e., moving walls)? Yes No
4. Are you considering additional plumbing fixtures (i.e., a second sink, laundry facility, separate bath and shower, etc.)? Yes No
5. What do you like about your current kitchen? _____
6. What do you dislike about your current kitchen? _____
7. What type of lighting do you want? Recessed Pendants General Ceiling Fixtures
8. Do you need any additional electrical outlets? Yes No
9. What type of floor do you have now? _____
10. Do you want to keep the same floor? Yes No
If not, what type of floor would you like to install? _____
11. What type of kitchen sink would you like to install?
 Single Bowl Double Bowl Bowl and a Half Use my current sink

(continued)

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NEW APPLIANCE INFORMATION

Please provide product make and model and, if applicable, indicate if you would like to use your existing appliance(s):

1. Refrigerator #1: _____
2. Refrigerator #2: _____
3. Wine Storage: _____
4. Dishwasher: _____
5. Microwave: _____
6. Oven #1: _____
7. Oven #2: _____
8. Cooktop: _____
9. Range: _____
10. Ventilation System: _____
11. Warming Drawer: _____
12. Disposal: _____
13. Television: _____
14. Computer: _____

TIME and BUDGET:

1. What family members will share in the final decision-making? _____
2. When would you like to begin your project? _____
3. When would you like your project completed? _____
4. Do you have a budget for this project? Yes No If yes, how much? _____

GENERAL INFORMATION:

Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____