



KITCHENS & FINE CUSTOM CABINETRY

KITCHEN RENOVATION QUESTIONNAIRE

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 ____ 51 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 by open to other options
____ A kitchen table is not necessary



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8. What other activities will take place in your new kitchen?

Laundry Homework Watching TV
 Paying Bills Sewing Computer Center
 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

II. 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? _____



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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?

- Yes No

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?

- Yes No

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III. Design & 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 as 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



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IV. Time & 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

IV. 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: _____

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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: _____