



KITCHENS

BY JULIE, INC.

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Kitchen Planning Questionnaire

Family and Lifestyle																					
1.	Number of family members: <input type="text"/>																				
2.	Number and approximate ages of family members: <table><tr><td><input type="text"/></td><td>Infants</td><td><input type="text"/></td><td>young Children</td></tr><tr><td><input type="text"/></td><td>teens</td><td><input type="text"/></td><td>20 to 30 yrs</td></tr><tr><td><input type="text"/></td><td>31 to 40 yrs</td><td><input type="text"/></td><td>41 to 50 yrs</td></tr><tr><td><input type="text"/></td><td>51 to 60 yrs</td><td><input type="text"/></td><td>61 to 70 yrs</td></tr><tr><td><input type="text"/></td><td>70+</td><td></td><td></td></tr></table>	<input type="text"/>	Infants	<input type="text"/>	young Children	<input type="text"/>	teens	<input type="text"/>	20 to 30 yrs	<input type="text"/>	31 to 40 yrs	<input type="text"/>	41 to 50 yrs	<input type="text"/>	51 to 60 yrs	<input type="text"/>	61 to 70 yrs	<input type="text"/>	70+		
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3.	If your family has young children, will they be using the kitchen frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
4.	How long do you plan on living in the home you are remodeling/building? <input type="checkbox"/> 1 to 5 yrs <input type="checkbox"/> 6 to 10 yrs <input type="checkbox"/> 11 to 20 yrs <input type="checkbox"/> 20+																				
5.	Where does your family eat its meals? <input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Other <input type="text"/>																				
6.	Where will your family eat after you remodel/build? <input type="checkbox"/> Kitchen <input type="checkbox"/> Dining Room <input type="checkbox"/> Other <input type="text"/>																				
7.	Do you require a kitchen table or would you be willing to explore other options if a design could be improved? <input type="checkbox"/> A kitchen table is required <input type="checkbox"/> Preferred but open to other options																				

Not necessary

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?
 Over 10 people or Under 10 people
Do your guests help you in the kitchen when you entertain?
 Yes No
Do you typically cook the food yourself or have it catered?
 Cook Catered

10. How do you shop?

- For the week
 For each meal
 Buy non-perishable items in bulk
 Buy in bulk and freeze
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 and Simple meals Baking
 Bringing meals Home

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.	Is the secondary cook <input type="checkbox"/> Left handed or <input type="checkbox"/> Right handed?
9.	How tall is the secondary cook? <input type="text"/>
10.	Do the secondary and primary cook prepare meals together? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	What are the secondary cook's responsibilities? <input type="checkbox"/> Preparing side dishes <input type="checkbox"/> Cleanup <input type="checkbox"/> Assist in preparing main course
12.	Does the primary cook have any physical limitations? <input type="checkbox"/> yes <input type="checkbox"/> No

Storage Needs

1.	What are my storage requirements? <input type="text"/>
2.	What storage improvements would I like to see in my new kitchen? <input type="text"/>
3.	Looking at what you have now, where would you want to put everything in the new kitchen? <input type="text"/>
4.	Would you like your new kitchen to have a special spot for storing trays, cookie sheets, and other flat items? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Taller shelves for storing wine glasses and vases? <input type="checkbox"/> Yes <input type="checkbox"/> No

Design and Style

1.	What are your color preferences for your new kitchen? <input type="text"/>
2.	Are there colors you would not want in your new kitchen? <input type="text"/>
3.	Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No *If you answered no, it is greatly recommended that you compile a wish book of ideas that catch your eye. Include photos, drawings, descriptions, and lists of what you want in your new kitchen. Keep in mind color preferences, layouts, and products. Don't exclude things you do not like. They help direct us in the right direction.

4.	If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls) <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	What do you like/dislike about your current kitchen?
	<p>What don't I like about how it looks?</p> <div data-bbox="237 306 1182 457" style="border: 1px solid black; height: 72px; width: 582px;"></div> <p>Do I have enough countertop space for preparing meals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is my sink large enough? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I have enough refrigerator and freezer space? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I need more storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I have enough shelf space? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do my cabinet doors open easily? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there enough space for me to comfortably prepare meals and cook? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I need more space in the kitchen for working on the computer, paying bills, and other tasks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I have enough electrical outlets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can I adjust my cabinet shelves? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is my dishwasher easy to load and unload? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is fresh water easily accessible when I'm cooking? Do I need an additional sink or faucet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the kitchen meet the special needs of family members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is my kitchen easy to clean? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do I have enough light to work by? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6.	<p>Do you require a recycling center in your kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes... How many items do you need to sort? <input type="text"/></p>
7.	<p>Will you be keeping your existing appliances?</p> <p>Dishwasher: <input type="checkbox"/> existing <input type="checkbox"/> new</p> <p>Refrigerator: <input type="checkbox"/> existing <input type="checkbox"/> new</p> <p>Oven/Range: <input type="checkbox"/> existing <input type="checkbox"/> new</p>
8.	<p>What is your style preference for your new kitchen?</p> <p><input type="checkbox"/> Contemporary <input type="checkbox"/> Formal</p> <p><input type="checkbox"/> Country <input type="checkbox"/> Traditional</p>
9.	<p>What is the architectural style of my home? Do I want my new kitchen to reflect this style?</p> <div data-bbox="237 1661 1192 1717" style="border: 1px solid black; height: 27px; width: 588px;"></div>
10.	<p>What do I like about my friend's kitchens? Snap photos of your favorites.</p> <div data-bbox="237 1772 1192 1829" style="border: 1px solid black; height: 27px; width: 588px;"></div>

Time and Budget

1.	When would you like to begin your project? <input type="text"/>
2.	When would you like your project completed? <input type="text"/>
3.	If you are building, is the kitchen in your contract? <input type="checkbox"/> Yes <input type="checkbox"/> No

General Information

1.	Name: <input type="text"/>
2.	Address: <input type="text"/>
3.	City/State/Zip: <input type="text"/>
4.	Home Phone: <input type="text"/>
5.	Work Phone: <input type="text"/>
6.	Fax: <input type="text"/>
7.	New Home Address: <input type="text"/>
8.	City/State/Zip: <input type="text"/>
9.	Builder name (If applicable): <input type="text"/>
10.	Contact Name: <input type="text"/>
11.	Phone: <input type="text"/>
12.	Fax: <input type="text"/>
13.	Architect Name: <input type="text"/>
14.	Contact Name: <input type="text"/>
15.	Phone: <input type="text"/>
16.	Fax: <input type="text"/>
17.	Interior Designer name (if applicable): <input type="text"/>
18.	Contact Name: <input type="text"/>
19.	Phone: <input type="text"/>

20.

Fax: