

THE HEALTHIEST HOME

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Kitchen Planning Guide

Client Name:

Day phone:

Address:

e-mail:

GENERAL

1. Why are you renovating your kitchen? (out dated, dream design, increase functionality, new appliances, etc...)
2. What features/design of your current kitchen to you like/dislike?
3. What the key elements of you house/space that you would like to remain intact?
4. How long do you plan on living in the home? Are you preparing for re-sale?
5. Is there enough natural light presently?
6. What are your goals for your new kitchen?
7. Do you like the configuration as is? Do you plan on or are you willing for design purposes to alter the structural configuration/move walls?

FAMILY AND LIFESTYLE

1. Is the kitchen a high traffic area? _____
2. How many people live in your home? ____
How many people are typically in the kitchen at any given time? ____
Approximate age of family members:
__ infants __ young children __ teens
__ 20 to 30 yrs __ 31 to 40 yrs __ 41 to 50 yrs
__ 51 to 60 yrs __ 61 to 70 yrs __ 70+
3. If you have young children, will they be using the kitchen frequently? _____
4. Where does your family eat its meals? __ Kitchen __ Dining Room Other: _____
Are all meals eaten in the same location (i.e. breakfast & dinner at same table)?
5. Are meals eaten all together? _____
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 design

creating healthy green interiors

could be improved?

- A kitchen table is required
- A kitchen table is preferred but open to other options
- A kitchen table is not necessary

Other ideas: _____

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

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? _____

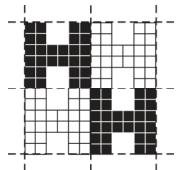
4. What is the primary cook's cooking style?

- Gourmet Meals Family Meals
- Quick & Simple Meals Microwave
- 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/disabilities? Yes No
describe _____



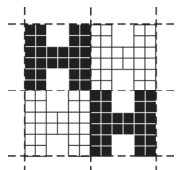
7. Who is the secondary cook? _____
8. Do the secondary and primary cook prepare meals together? Yes No
9. Is the secondary cook left handed or right handed?
10. How tall is the secondary cook? _____
11. What are the secondary cook's responsibilities?
 Preparing side dishes Clean up
 Assist in preparing main course
12. Does the secondary cook have any physical limitations/disabilities? Yes No
describe _____

DESIGN AND STYLE

1. Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen? Yes No If no- please begin. The most important factors in design are your ideas!
2. What are your color preferences for your new kitchen?
3. What is your style preference for your new kitchen?
 contemporary formal
 country traditional
4. Are there colors you would not want in your new kitchen?
5. Will you be keeping your existing appliances?
Dishwasher: existing new
Refrigerator: existing new
Oven/Range: existing new

TIME AND BUDGET

1. When would you like to begin your project? _____
2. When would you like your project completed? _____
3. What is your approximate TOTAL project budget (exclude appliance budget)? _____



Initial Kitchen Consultation

To be complete with HH consultant

Cabinets

Material:

Door Style:

Countertops

Material:

Sink type:

Flooring:

Rooms/square footage

Lighting:

Appliances:

Model information (specs required)

Electrical

Plumbing:

Model information (specs required)

Built-ins/ Specialty Hardware:

Model information (specs required)

OTHER:

Site Visit:

