



My Kitchen Profile

Date: _____

Name: _____

Residence address: _____

Jobsite Address (if different): _____

Client #1

Client #2

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Notes:

General Information

1. What type of project is this? Renovation New Construction
2. Have you ever purchased a kitchen before? _____
3. When would you like to start the project? _____ Complete the project? _____
4. How much time do you / will you spend at the jobsite residence? _____
5. How did you learn about our firm? _____
6. Has anyone else assisted you in preparing a design for the kitchen? _____
7. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work?
If so, please list names and contact information:

8. What portion of the project, if any, will be your responsibility? _____
9. What budget range have you established for your kitchen project?
 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000
 \$50,000-\$75,000 \$75,000-\$100,000 \$100,000+
10. How long do you intend to own the jobsite residence? _____
 - a. Is return on investment a primary concern? _____
11. What family members will share in the final decision-making process? _____
12. What do you *dislike* most about your present kitchen?

13. What do you *like* most about your present kitchen?

Specific Kitchen Questions

1. How many household members? _____

Are you planning on enlarging your family while living there? Yes No

Name	Age	Handed	Height	Physical limitations/Mobility aids
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		

2. How many pets in your household? _____ Types? _____ Names: _____

3. Do any frequent guests have physical limitations? _____

4. Personal information about the kitchen:

One person does most of the cooking. Who? _____

Two or more people share most of the cooking. Describe: _____

One person cooks and another person helps. Describe: _____

Different people take turns doing the cooking. Describe: _____

Another arrangement. Describe: _____

What about clean-up?

The cook cleans up. Describe: _____

Cooking and clean-up are shared. Describe: _____

Clean-up is done by someone who does not cook. Describe: _____

Another arrangement. Describe: _____

5. Primary Cook:

Is the primary cook left handed right handed

Does the primary cook have any physical limitations? No Yes

How tall is the primary cook? _____

Does the primary cook have any cooking hobbies / specialty cooking preferences?

Gourmet Baking Ethnic Grilling Bulk cooking to freeze

Other _____

6. Other family cooks:

How many other household members cook? _____

Who are they? _____

Do they: have a cooking hobby assist primary cook with specific task

share a menu item with primary cook?

Is a specialized cooking center required for the secondary cook? _____

7. How does the family use the kitchen for meals at home? _____

Daily heat & serve meals Daily 'from scratch' meals Daily 'bring in' meals

Weekend 'quantity' cooking Weekend family meals Ethnic or specialty cooking (please specify)

What type of foods is the family cooking? _____

8. What are your kitchen dining area requests? _____ Number of seated diners _____

30" counter height 36" counter height 42" counter height

Separate table New Existing Size _____ Leaf extension _____

9. Is the kitchen a socializing space? _____

10. Do you have any furniture that you want in your kitchen?

Dining table-size: _____ Chairs-how many: ____ Hutch-size: _____ Buffet-size: _____

Baker's Rack-size: _____ Easy Chair-how many: ____ Sofa-size: _____ Other Items: _____

11. Do you entertain frequently? No Yes _____ per week _____ per month _____ per year

Formally Informally Buffet Plated Snacks/drinks mostly

How many people typically might be in the kitchen when entertaining? _____

Do friends bring food to share? Yes No

12. Designing the kitchen so that it supports your entertainment style is part of the planning process.

Which statement fits you best:

- I like to be the only one in the kitchen with my guests in a separate space that is away from the kitchen.
- I like to be the only cook in the kitchen, with my guests close by in a space that opens onto the kitchen.
- I like my guests to be sitting in the kitchen visiting me while I cook.
- I like my guests to help me in the kitchen with meal preparation.
- I like my guests to help in the clean-up process after the meal.
- I retain caterers who prepare all meals for entertaining.
- The caterers come to the home to serve and clean up.
- I stop at the deli-take-out food source to bring part or all of the meal home before entertaining.
- Food items that I purchase from outside sources:
 - Appetizers Entrees Soups Desserts Salads
 - _____ _____ _____ _____ _____

13. What secondary activities will take place in your kitchens?

- Computer use Hobbies Medicine Center use Children Playing
- Eating Laundry Message Center Study/Homework
- Growing Plants Liquor/Wine Storage Planning Desk TV/Radio/Media/CD

14. What is your cycle for shopping for food?

- Daily Twice weekly Weekly Bi-weekly Monthly

15. What types of products / materials do you purchase at the grocery / specialty store?

- Predominantly fresh food purchased for a specific meal.
- Predominantly fresh/frozen foods purchased for stock.
- Traditional pantry boxed / packaged / canned / bottled goods purchased for stock.
- Cleaning products stocked in bulk:
- Paper products stocked in bulk:
- Other boxed / packaged food items stocked in bulk:
- Other:

16. Where do you presently store:

Legend:

AG=Appliance Garage
B=Basement
BA=Base Cabinet

BC=Bookcase
C=Countertop
D=Desk

G=Garage
L=Laundry Room
P=Pantry Closet

T=Tall Cabinet
W=Wall Cabinet

- | | | | |
|-----------------------|------------------------------|-----------------------------------|-------------------------------|
| ___ Baking Equipment | ___ Flatware | ___ Leftover Containers | ___ Serving Trays |
| ___ Boxed Goods | ___ Food Prep Utensils | ___ Linens/Towels | ___ Specialty Cooking Vessels |
| ___ Canned Goods | ___ Food Wrapping Materials | ___ Non-refrigerated fruits/vegs. | ___ Other _____ |
| ___ Cleaning Supplies | ___ Glassware | ___ Paper Products | ___ Other _____ |
| ___ Coffee Station | ___ Grill Equipment | ___ Pet Food | ___ Other _____ |
| ___ Cooking Utensils | ___ Hand Appliances | ___ Pots & Pans | ___ Other _____ |
| ___ Dishes | ___ Laundry / Iron Equipment | ___ Recycle Containers | ___ Other _____ |

17. What type of specialized storage is desired?

- | | | | |
|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Display Items | <input type="checkbox"/> Linen | <input type="checkbox"/> Wine _____ |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Dishes | <input type="checkbox"/> Plasticware | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Food Wrappings | <input type="checkbox"/> Soft Drink Cans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Glassware | <input type="checkbox"/> Spice | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Lids | <input type="checkbox"/> Vegetables | <input type="checkbox"/> _____ |

18. What small specialty electrical appliances do you use in your kitchen?

- | | | | |
|---|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Blender | <input type="checkbox"/> Crock Pot / Slow Cooker | <input type="checkbox"/> Mixer | <input type="checkbox"/> Juicer |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Electric Frying Pan | <input type="checkbox"/> Toaster | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Griddle | <input type="checkbox"/> Wok | | |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Countertop | <input type="checkbox"/> Built-in | |

19. Do you plan on sorting recyclable trash in your kitchen? No Yes Number of bins required _____

Would you like a sorting station in the:

- Kitchen Utility Room Garage Outside Other _____

Design Information

1. What type of feeling would you like your new kitchen space to have?

- American Country Sleek Contemporary Warm Contemporary Asian
 American Formal Old World European Personal Design Statement (Eclectic) Traditional

2. Have you created a scrapbook of notes, photos, and ideas of kitchens that you like? Yes No

3. What colors do you like? _____

And dislike? _____

What colors are you considering for your new kitchen? _____

What are the color preferences of other family members? _____

4. Design Notes:

Special Details: