

## Planning Guide Form

Please fill out the information below as this will assist in the design of your project. Please fax to 910-686-4897 or bring to consultation.

### FAMILY AND LIFESTYLE

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    \_\_ 41 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 but open to other options  
\_\_ A kitchen table is not necessary

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

\_\_ Laundry    \_\_ Homework    \_\_ Watching TV  
\_\_ Paying Bills    \_\_ Sewing    \_\_ Computer Center  
\_\_ Other: \_\_\_\_\_    \_\_ 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  
 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?  
\_\_\_\_\_

## DESIGN AND 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 a design could be greatly improved, would you be willing to make structural changes? (i.e. moving, indows, doors, and walls)?  
 Absolutely not       I would consider it
5. What do you like about your current kitchen?

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**6. What do you dislike about your current kitchen?**

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**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

## TIME AND BUDGET

**1. When would you like to begin your project? \_\_\_\_\_**

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**2. When would you like your project completed? \_\_\_\_\_**

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**3. If you are building, is the kitchen in your contract?**

Yes  No

**4. Do you have a budget for this project?**

Yes: \$ \_\_\_\_\_  No

## GENERAL

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_

5. Work Phone: \_\_\_\_\_

6. Fax: \_\_\_\_\_

7. New Home Address: \_\_\_\_\_

9. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

10. Builder Name (if applicable): \_\_\_\_\_

11. Contact Name: \_\_\_\_\_

12. Phone: \_\_\_\_\_

13. Fax: \_\_\_\_\_

14. Architect Name (if applicable): \_\_\_\_\_

15. Contact Name: \_\_\_\_\_

16. Phone: \_\_\_\_\_

17. Fax: \_\_\_\_\_

18. Interior Designer Name (if applicable): \_\_\_\_\_

19. Contact Name: \_\_\_\_\_

20. Phone: \_\_\_\_\_

21 Fax: \_\_\_\_\_