

KITCHEN PLANNING QUESTIONNAIRE

Name:		Phone Number:	
Address:City:			
	te:Zip:Builder Name (if applicable):		
	•	e it into our showroom to meet tions will help us better underst	e
1. Number o	of family members:		
_	, .	nome you are remodeling/building? rears 11 - 20 years.	20 + years.
-	oes the family eat their meals itchen	? Dining Room	☐ Other:
□ L	er activities will take place in aundry omework other:	☐ Paying Bills ☐ Sewing	☐ Watching TV☐ Using the Computer
5. After you	r remodel/build will you ente es	rtain frequently?	
6. What styl	e interests you? (modern, tra	ditional, rustic, ect.)	
7. What cold	ors interest you? (stain, paint,	, ect.)	
8. If a design could be greatly improved, would you be willing to make structural changes? Example: moving windows, doors and walls. Yes No			
9. What do	you like about your current ki	tchen?	
o. What do you dislike about your current kitchen?			
11. 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? \square Yes \square No			
□ L	you willing to invest in this pr ess than 5K K - 10K 1K - 15K	roject?	☐ 41K - 50K☐ 51K - 75K☐ More than 75K

