

Joanne Cannell Designs

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KITCHEN DESIGN PLANNING QUESTIONNAIRE

GENERAL INFORMATION:

NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____

JOB SITE ADDRESS: _____

PHONE:

HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

1) Do you have a specific architect or other specialist with whom you would like to work?

If yes, please list:

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

FIRM: _____

FIRM: _____

ADDR: _____

ADDR: _____

2) Do you plan to retain an interior designer or architect for your current remodeling project?

YES: _____ NO: _____

3) How did you learn about my services?

NKBA: _____

REFERRAL: _____

OTHER: _____

4) How long have you lived at your present address? _____ Years.

5) When was the house built? _____

6) How long do you intend to live in this house? _____

7) When would you like to start the project? _____

8) When would you like the project completed? _____

9) What family members will share in the final decision making process?

10) Family member characteristics:

NAME	AGE	RIGHT OR LEFT HAND	HEIGHT	% OF COOKING	PHYSICAL LIMITATIONS

11) Are you planning to enlarge your family while living here? YES: _____ NO: _____

KITCHEN INFORMATION:

1) What don't you like about your present kitchen?

- ___ Inadequate counter space
- ___ Aging or failed appliances
- ___ Insufficient storage
 - ___ Wasted floor space
 - ___ Too many doors or windows
 - ___ Too few outlets
- ___ Not enough light
- ___ Other _____

2) Type of cook you are?

- ___ Gourmet ___ Plan ahead & freeze
- ___ Other _____

3) Which of the following would you like in the kitchen?

	<u>Necessity</u>	<u>Optional</u>	
Recycling	___	___	Size: _____
Composting	___	___	Size: _____
Microwave	___	___	Size: _____
Convection	___	___	
Television	___	___	
Telephone	___	___	
Desk	___	___	
Vacuum	___	___	
Computer	___	___	
Planting Area	___	___	
Water Purifier	___	___	
Bar	___	___	
Washer/Dryer	___	___	

4) Which of these items do you plan to keep? Which do you plan to purchase?

	<u>Keep</u>	<u>Purchase</u>
Range	___	___
Cooktop	___	___
Oven	___	___

Hood	___	___
Refrigerator	___	___
Microwave	___	___
Trash Compactor	___	___
Dishwasher	___	___
Washer/Dryer	___	___
Sink	___	___
Other	_____	

5) Do you do a lot of the following activities in the kitchen?

___ Baking	___ Preparing school lunches
___ Paying bills	___ Wine storage
___ Homework	___ Entertaining
___ Hobbies	___ Formal ___ Informal
___ List:	_____
___ Other	_____

6) Do you like to buy food & household items in bulk? YES: ___ NO: ___

7) How many sets of dishes do you have? _____

8) What general feeling or style would you like to achieve?

___ Arts & Crafts	___ Victorian	___ Traditional
___ Cozy	___ Country	___ Contemporary
___ Sleek	___ European	___ Other _____

9) How many people will cook at one time? _____

10) Do you prefer eating at:

___ Table
___ Countertop
___ Other _____

11) In the kitchen, do you primarily eat:

___ Full meals
___ Breakfasts
___ Snacks

12) What is your budget for your kitchen remodel? \$_____