

# **Joanne Cannell Designs**

**Joanne Cannell CKD, CBD**

**Kitchen & Bath Design**

**2400 Pacific Ave. #507, San Francisco, CA 94115**

**TEL: (415) 921-5534 FAX: (415) 680-1679**

**EMAIL: [jc@kitchendesignbyjoanne.com](mailto:jc@kitchendesignbyjoanne.com)**

**WEB: <http://kitchendesignbyjoanne.com>**

## **KITCHEN DESIGN PLANNING QUESTIONNAIRE**

### **GENERAL INFORMATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

JOBSITE ADDRESS: \_\_\_\_\_

PHONE:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

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?

REFERRAL: \_\_\_\_\_ NKBA: \_\_\_\_\_

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	___	___
Microwave	___	___
Convection	___	___
Television	___	___
Telephone	___	___
Desk	___	___
Vacuum	___	___
Computer	___	___
Planting Area	___	___
Water Purifier	___	___
Bar	___	___

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	___	___

