



107 Sherman Ave
Raritan, NJ 08869

Customer Kitchen Survey

Customer Information:

Name _____

Address _____

Phone _____

General Information

1. How long have you lived at your current residence? _____
2. How long do you plan on staying there? _____
3. When was the house built? _____ How old is the present kitchen? _____
4. When would you like to start the project? _____
5. When would you like the project to be completed? _____
6. Do you have a specific contractor or subcontractor you would like us to work with? If yes, please name & describe specialty _____

7. Do you plan to do any of the work yourself? _____ If yes, please describe _____

8. What budget range have you established for your kitchen project? _____
9. If design could be improved, would you be willing to make structural changes i.e. moving walls, windows, doors, etc? _____

Lifestyle & Cooking

10. What are the number and approximate ages of your 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+

11. Who is the primary cook? _____ Are they right or left-handed? _____

12. How tall is the cook? _____

13. How many other household members cook? _____ Who are they? _____

14. What is the primary cook's style of cooking?

___ Quick & Simple Meals ___ Take-out
___ Family Meals ___ Baking
___ Gourmet Meals

15. Who is the secondary cook? _____ Are they right or left-handed? _____

16. How tall is the secondary cook? _____

17. What are the secondary cook's primary responsibilities?

___ Preparing Side Dishes ___ Clean Up
___ Assist in Preparing Main Course

18. How does the family use the Kitchen?

___ Daily Heat & Serve Meals ___ Daily Full-Course Meals
___ Weekend Quantity Cooking ___ Weekend Family Meals

Design & Style

19. What style would you like your new Kitchen to have?

Sleek/Contemporary

French Country

Traditional

English Country

Transitional

Formal or Traditional

Shaker

Personal Design Statement

20. What colors do you like? _____ Dislike? _____

21. What colors are you considering for your new kitchen? _____

22. Have you created a lookbook on Houzz or Pinterest or a scrapbook with photos or ideas that you would like to use in your new kitchen? _____

If yes, please make sure to share your profile link or scrapbook with your designer.

23. What do you dislike about your present kitchen? _____

24. What do you like about your present kitchen? _____

Kitchen Specific

25. How would you like your kitchen to relate to adjacent rooms? _____

26. Would you like your cabinets full height to the ceiling? _____

27. Would you like your cabinets to have varied heights? _____

28. What type of interior cabinet storage items are you interested in?

___ Lazy Susan

___ Vertical Dividers

___ Pots & Pans

___ Pantry

___ Recycling/Waste Bins

___ Cookbook

___ Roll-outs

___ Tilt-out

___ Cutlery

___ Small Appliances

___ Sink Tray

___ Bread Box

___ Wine

___ Spice Racks

___ Other

29. What type of moldings are you interested in?

___ Simplistic

___ More Detail

___ Built-up

___ Less Detail

30. What type of Countertop Material are you considering? _____

31. What type of Backsplash Material are you considering? _____

32. What type of Flooring are you considering? _____

Other Details you wish to provide not addressed in this survey _____
