



kitchendesignconcepts

Lifestyle Assessment for

_____ as of _____, _____
(MM) (YY)

Your kitchen should be as unique as you are.
So our first step will be to get to know *you*.

Please take a few minutes to answer this questionnaire. This information will help us design a kitchen that is customized just for you, your personality and your way of life.

The Basics

	Name	Age	Relationship
Household members ¹ :	_____		

Pet(s):	_____		

Who else spends significant time in your home and/or kitchen?

When was your kitchen built or last remodeled?

Any special considerations (keep kosher, mobility considerations, health concerns, etc.)?

¹ Note if any household members are left-handed

What spaces are adjacent to your kitchen? (Check all that apply)

- Breakfast area
- Family room
- Dining room
- Office
- Laundry
- Bath
- Patio or deck
- Other: _____

I'd cook more if I had: (Check all that apply)

- More time
- More space
- Better equipment and/or appliances
- A more attractive environment to cook in
- Company while I cooked
- The ability to prepare more meals ahead of time
- Other: _____

Rate the following features in your *current* kitchen on a scale of 1 to 5. (1=Strongly dislike, 2=Dislike, 3=Okay, 4=Like, 5=Like a lot)

- Appliances _____
- Cabinets _____
- Counters _____
- Fixtures _____
- Floor treatment _____
- Lighting _____
- Size of room _____
- Storage space _____
- Wall treatment _____
- Overall look _____
- Overall functionality _____
- Other: _____
- Other: _____

What are your hobbies and interests? (Check all that apply)

- Cooking
- Healthy eating
- Exercise
- Wine
- Beer
- Entertaining
- Reading
- Pets
- Home improvement
- Interior design
- Art
- Music
- Children
- Grandchildren
- Other: _____

Cooking

How would you describe yourself? (Check all that apply)

- A reluctant cook
- A time-pressed cook
- A family cook
- A food enthusiast
- A gourmet chef
- An entertaining enthusiast

I like to eat and/or cook the following. (Check all that apply)

	Eat	Prepare, cook or serve
Fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian foods	<input type="checkbox"/>	<input type="checkbox"/>
Meats	<input type="checkbox"/>	<input type="checkbox"/>
Foods with dried herbs and spices	<input type="checkbox"/>	<input type="checkbox"/>
Foods with fresh herbs and spices	<input type="checkbox"/>	<input type="checkbox"/>
Baked goods	<input type="checkbox"/>	<input type="checkbox"/>
Fried foods	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>
Smoothies	<input type="checkbox"/>	<input type="checkbox"/>
Wine or other cocktails	<input type="checkbox"/>	<input type="checkbox"/>
Soups	<input type="checkbox"/>	<input type="checkbox"/>
Rotisserie cooked foods	<input type="checkbox"/>	<input type="checkbox"/>
Indoor grilled foods	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor grilled foods	<input type="checkbox"/>	<input type="checkbox"/>
Pasta	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

I do the following. (Check all that apply)

- Bake a lot (e.g., pies, pastries)
- Make casseroles frequently
- Reheat leftovers at least 3x / wk
- Fry foods weekly
- Prepare sushi
- Sharpen my knives at least 1x / month

I own and/or use the following. (Check all that apply)

	Own	Frequency of Use
Basting brush	<input type="checkbox"/>	_____
Blender	<input type="checkbox"/>	_____
Bread machine	<input type="checkbox"/>	_____
Cast iron skillet	<input type="checkbox"/>	_____
Colander	<input type="checkbox"/>	_____
Cookie sheet	<input type="checkbox"/>	_____
Cooling rack	<input type="checkbox"/>	_____
Copper pan	<input type="checkbox"/>	_____
Crock pot	<input type="checkbox"/>	_____
Cutting board	<input type="checkbox"/>	_____
Electric mixer	<input type="checkbox"/>	_____
Food processor (e.g, Cuisinart)	<input type="checkbox"/>	_____
Grater	<input type="checkbox"/>	_____
Griddle	<input type="checkbox"/>	_____
Hand mixer	<input type="checkbox"/>	_____
Higher end SS cookware (e.g., AllClad)	<input type="checkbox"/>	_____

	Own	Frequency of Use
Kitchen scale	<input type="checkbox"/>	_____
Mandolin	<input type="checkbox"/>	_____
Meat thermometer	<input type="checkbox"/>	_____
Mixing machine	<input type="checkbox"/>	_____
Muffin tins	<input type="checkbox"/>	_____
Non-stick cookware	<input type="checkbox"/>	_____
Outdoor grill	<input type="checkbox"/>	_____
Pyrex casserole dish	<input type="checkbox"/>	_____
Ramekins	<input type="checkbox"/>	_____
Rice cooker	<input type="checkbox"/>	_____
Ricer	<input type="checkbox"/>	_____
Springform pan	<input type="checkbox"/>	_____
Toaster oven	<input type="checkbox"/>	_____
Toaster	<input type="checkbox"/>	_____
Wok	<input type="checkbox"/>	_____

Guests

What kinds of entertaining do you like/want to do in your home?

- Holiday gatherings/meals for:
 - 2 to 8
 - 9 to 16
 - 16 to 24
 - 25 or more
- Children's parties
- Children's activities
- Casual meals
- Business entertaining
- Cocktail parties
- Fundraisers
- Formal dining
- Cookouts
- Club and/or organization meetings
- Other: _____

If you were able to use your kitchen as an entertaining space, what would you like to be able to do there? (Check all that apply)

- Greet friends and family
- Serve drinks
- Invite guests to talk and eat
- Serve an entire meal
- Talk with friends and family while preparing a meal
- I don't want guests in the kitchen
- Other: _____

The Future

How would you describe what you would like to do to your kitchen? (Select only one)

- A facelift/touch-up
- A remodel/redesign
- An total do-over, including space reconfiguration and/or expansion

In what timeframe would you expect to sell your home after the kitchen remodel? (Select only one)

- Less than 1 year
- Within 3 years
- Within 7 years
- More than 7 years

What purpose does your kitchen *currently* serve, and what would you like it to be in the future?
 (Check all that apply)

	Now	In the future
A place to cook	<input type="checkbox"/>	<input type="checkbox"/>
Where my family eats	<input type="checkbox"/>	<input type="checkbox"/>
A gathering place	<input type="checkbox"/>	<input type="checkbox"/>
Where I get organized	<input type="checkbox"/>	<input type="checkbox"/>
A place to entertain	<input type="checkbox"/>	<input type="checkbox"/>
A home office	<input type="checkbox"/>	<input type="checkbox"/>
My personal space	<input type="checkbox"/>	<input type="checkbox"/>
A high traffic area	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following do you frequently do in your kitchen now, and which would you like to do in your remodeled kitchen? (Check all that apply)

	Do now	Would like to
Cook frequently	<input type="checkbox"/>	<input type="checkbox"/>
Read the newspaper	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV	<input type="checkbox"/>	<input type="checkbox"/>
Listen to music	<input type="checkbox"/>	<input type="checkbox"/>
Respond to email	<input type="checkbox"/>	<input type="checkbox"/>
Home office work	<input type="checkbox"/>	<input type="checkbox"/>
Organize family activities	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>
Family meals	<input type="checkbox"/>	<input type="checkbox"/>
Informal dining	<input type="checkbox"/>	<input type="checkbox"/>
Formal dining	<input type="checkbox"/>	<input type="checkbox"/>
Entertain	<input type="checkbox"/>	<input type="checkbox"/>
Visit with family and friends	<input type="checkbox"/>	<input type="checkbox"/>
Homework and other activities with kids	<input type="checkbox"/>	<input type="checkbox"/>
Talk on the phone	<input type="checkbox"/>	<input type="checkbox"/>
Feed pets	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

What features would you like to learn more about and/or consider for your remodeled kitchen?
 (Check all that apply)

- Convection oven and/or microwave
- Gas cook-top
- Stainless steel appliances
- Cork flooring
- Organizational tools
- Full extension drawers
- Glass cabinets
- Warming drawer
- Dishwasher drawer
- Refrigerator drawer
- Beverage cooler
- Wine storage
- Wall mounted coffee system
- Wet bar
- Water purification system
- Pot filler
- Home entertainment center (TV and/or audio)
- Home security center
- Other: _____

Which styles would you use to describe aspects of your home's current interior, and which ones would you like to see in your home? (Check any that apply)

	In my home now	Styles I'd like in my home
Classic	<input type="checkbox"/>	<input type="checkbox"/>
Inviting	<input type="checkbox"/>	<input type="checkbox"/>
Casual	<input type="checkbox"/>	<input type="checkbox"/>
Elegant	<input type="checkbox"/>	<input type="checkbox"/>
Urban	<input type="checkbox"/>	<input type="checkbox"/>
Traditional	<input type="checkbox"/>	<input type="checkbox"/>
Contemporary	<input type="checkbox"/>	<input type="checkbox"/>
Soft Contemporary	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Antique	<input type="checkbox"/>	<input type="checkbox"/>
Rustic	<input type="checkbox"/>	<input type="checkbox"/>
Up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
Country	<input type="checkbox"/>	<input type="checkbox"/>
Eclectic	<input type="checkbox"/>	<input type="checkbox"/>
Sleek	<input type="checkbox"/>	<input type="checkbox"/>
Retro	<input type="checkbox"/>	<input type="checkbox"/>
Utilitarian	<input type="checkbox"/>	<input type="checkbox"/>
Natural	<input type="checkbox"/>	<input type="checkbox"/>
Artistic	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>