

Kitchen Design Questionnaire

Please fill out and bring with you to your appointment or email to the showroom you are visiting.

— contacts & contact info —

Your name:

Final decision maker's name:

Interior designer's name:

Contractor's name:

— nuts & bolts —

Is this a remodel or a completely new space?

Are you working within a set budget?

How much time is available to complete the project / where are you in the project timeline?

Is this your first renovation project? Do you have any specific questions in mind?

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— *style* —

What style have you always wanted? How would you describe your style?

- Modern Traditional Transitional Mid-Century Rustic Contemporary Minimalist Coastal

What do you like about your current space?

What do you dislike about your current space?

Are there any features, finishes or design elements you know you don't want in the space?

Are there any "must have" features, finishes or design elements for the space?

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— functionality —

How many people live in your home?

Do you do a lot of entertaining?

Are there any people with a disability that will be using the space?

Do you need to increase storage within your space?

Do you have any appliances or special equipment you use regularly?

Anything else you would like to add?

If you filled out this form electronically, you are able to save it as a PDF and email to the showroom that you are visiting.

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**Thank you, we can't wait to help you create the kitchen
and bath spaces you've always dreamed of.**