**KITCHEN QUESTIONNAIRE**

Print and complete this form, then scan and email to fawn@interiorsbyfawn.com

or mail to Interiors by Fawn, 449 Upshire Circle, Gaithersburg, MD 20878

**Name (s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Top 3 Reasons You Want to Remodel Your Kitchen:**

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2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY AND LIFESTYLE

1. **Number and age range of family members who use this kitchen:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Physical conditions family members have that impact their experience in the kitchen:**

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3. **How long do you plan to live in your house?**

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4. **What activities occur in this kitchen, and how often? (i.e., daily dinner and breakfast preparation, weekly entertaining, homework 3 times a week, every day work, etc.)**

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# DESIGN AND STYLE

1. **What are your color & material preferences for your new kitchen?**

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1. **What colors or materials do you not want in your new kitchen?**

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1. **If a design could be greatly improved, would you be willing to make structural changes (i.e., moving walls, doors and walls)?**

 \_\_\_\_\_ Absolutely not \_\_\_\_\_ I would consider it \_\_\_\_\_ Yes

1. **What do you like most about your current kitchen?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. **What do you dislike most about your current kitchen?**

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6. **Describe your décor style/preferences:**

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1. **What style of cabinet door do you prefer?**

\_\_\_ Flat Panel \_\_\_ Raised Panel \_\_\_ Recessed Panel \_\_\_ Shaker \_\_\_ Arched

\_\_\_ Bead Board \_\_\_ No Preference/ Unsure/ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of cabinet do you prefer?**

\_\_\_ Light Colored Wood \_\_\_ Medium Colored Wood

\_\_\_ Dark Colored Wood \_\_\_ Painted Wood

\_\_\_ Laminate \_\_\_ MDF

\_\_\_ No Preference \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What finish do you prefer for your cabinet hardware (mark all that apply)?**

\_\_\_ Chrome/Silver \_\_\_ Nickel \_\_\_\_ Oil-Rubbed Bronze

\_\_\_ Gold \_\_\_ Brass \_\_\_\_ Glass/Crystal \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Brushed / Satin \_\_\_\_ Polished/ Shiny \_\_\_\_ Hands Free (No Hardware)

1. **What kind of countertop would you like?**

\_\_\_ Granite \_\_\_ Quartz \_\_\_ Solid Surface \_\_\_ Marble \_\_\_ Laminate

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What tile pattern or type do you prefer for the backsplash (i.e., Straight, Diamond, Herringbone; Plain, Decorative, Multiple Types; None)?**

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1. **What floor materials do you prefer?**

\_\_\_ Vinyl \_\_\_ Tile \_\_\_ Hardwood \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of feeling(s) would you like your new kitchen to have?**

\_\_\_ Formal \_\_\_ Traditional \_\_\_ Relaxing \_\_\_ Industrial \_\_\_\_ Fun

\_\_\_ Open \_\_\_ Sleek/contemporary \_\_\_ Country \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FIXTURES

1. **Are the countertops a comfortable height for all users?** \_\_\_ Yes \_\_\_ No
2. **What types of appliances are important in your new kitchen (i.e., American Made, Professional Style, Stainless Steel, Brand Specific, Smart)?**

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1. **Do you plan to re-use any existing appliances?** \_\_\_ No \_\_\_ Yes (please list)

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1. **What type of cooking surface would you like?**

\_\_\_\_ Gas \_\_\_\_ Magnetic/ Induction \_\_\_\_ Electric \_\_\_\_ Other

1. **What types of oven features would you like?**

\_\_­­\_\_ Wall \_\_\_\_\_ Double Oven \_\_\_\_ Professional Style \_\_\_\_ Under-Counter

\_\_\_\_ Convection \_\_\_\_ Steam \_\_\_\_ Warming Drawer \_\_\_\_ Speed Oven

1. **What type of sink would you like?**

\_\_\_\_ Farmhouse/Apron \_\_\_\_ Undermount \_\_\_\_ Drop-In \_\_\_\_ Integrated

Number of Bowls: \_\_\_\_ Material: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Sinks: \_\_\_\_

1. **What additional components/features would you like to add?**

\_\_\_\_ Beverage Refrigerator \_\_\_\_ Second Sink \_\_\_\_ Heated Floors \_\_\_\_ Technology

\_\_\_\_ Audio-Visual **\_\_\_\_** Wine Storage \_\_\_\_ Separate Freezer \_\_\_\_ Pot Filler

**\_\_\_\_** Work/Study Area \_\_\_\_ Baking Station \_\_\_\_\_ Instant Hot Water

\_\_\_\_ Beverage Station \_\_\_\_\_ Second Dishwasher \_\_\_\_ Medication Station

\_\_\_\_ Display Area for Collections (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Small Appliances that need to be on counters or easily accessed (i.e., Bread Maker, Rice Cooker, Coffee Maker, Slow Cooker, Toaster Over, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What lighting do you imagine in your new kitchen?**

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# TIME AND BUDGET

1. **When would you like to begin your project?**

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1. **When would you like your project completed?**

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1. **Budget for this project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the space below to provide any other information that might be helpful in creating your perfect kitchen. Thank you!**