



KITCHEN DESIGN QUESTIONNAIRE

CLIENT NAME*

EMAIL*

PHONE*

ADDRESS*

ADDRESS 2

CITY*

STATE*

ZIP*

DATE

HOW DID YOU HEAR ABOUT US?

WHICH OF OUR SERVICES ARE YOU INTERESTED IN?

☐ CABINETS

☐ COUNTERTOPS

☐ APPLIANCES

☐ SHEETROCK

☐ DESIGN

☐ LIGHTING

☐ PLUMBING

☐ ELECTRICAL

☐ CARPENTRY

☐ FLOORING

☐ HVAC

☐ MILLWORK

START DATE

COMPLETION DATE

DO YOU HAVE A BUDGET? IF YES, PLEASE ELABORATE.



GENERAL INFORMATION

HOW MANY PEOPLE LIVE IN THE HOUSE?*

ADULTS

TEENS

CHILDREN

PETS

YEAR HOME WAS BUILT

HOMEOWNER ASSOCIATION*

☐ YES

☐ NO

WHAT DO YOU DISLIKE ABOUT YOUR CURRENT KITCHEN?

WHAT DO YOU LIKE ABOUT YOUR CURRENT KITCHEN?

HOW LONG DO YOU PLAN TO STAY IN THIS HOME?

IS RESALE A CONCERN? IF YES, PLEASE ELABORATE.

☐ YES

☐ NO



WHO IS USING THE KITCHEN?

USER 1

HEIGHT

☐ LEFT HANDED

☐ RIGHT HANDED

CONSIDERATIONS

--

USER 2

HEIGHT

☐ LEFT HANDED

☐ RIGHT HANDED

CONSIDERATIONS

--

USER 3

HEIGHT

☐ LEFT HANDED

☐ RIGHT HANDED

CONSIDERATIONS

--

USER 4

HEIGHT

☐ LEFT HANDED

☐ RIGHT HANDED

CONSIDERATIONS

--

USER 5

HEIGHT

☐ LEFT HANDED

☐ RIGHT HANDED

CONSIDERATIONS

--

DO YOU FORESEE ANY CHANGES TO YOUR FAMILY MAKEUP (SPOUSE, ADDITIONAL CHILDREN, AGING PARENTS, FREQUENT HOUSEGUESTS, ETC)?

--



HOW MANY PEOPLE ARE NORMALLY USING THE KITCHEN SIMULTANEOUSLY?

HOW MANY PEOPLE ARE NORMALLY CLEANING THE KITCHEN AFTER A MEAL?

WHAT TYPE OF COOKING USUALLY TAKES PLACE IN YOUR HOME?

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> BAKING | <input type="checkbox"/> FAMILY MEALS | <input type="checkbox"/> QUICK AND SIMPLE MEALS |
| <input type="checkbox"/> GOURMET DISHES | <input type="checkbox"/> CATERING | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> HEATING PREMADE FOOD | <input type="checkbox"/> CANNING | <input type="text"/> |

SECONDARY ACTIVITIES TAKING PLACE IN THE KITCHEN

- | | | |
|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> STUDYING | <input type="checkbox"/> HOBBIES |
| <input type="checkbox"/> WET BAR | <input type="checkbox"/> WATCHING TV | <input type="checkbox"/> OTHER |

IF HOBBIES OR OTHER PLEASE EXPLAIN

DINING REQUIREMENTS

WHERE DO YOU CURRENTLY EAT MOST MEALS?

DO YOU WANT TO INCLUDE A DINETTE OR STOOLS IN YOUR NEW KITCHEN?

☐ YES

☐ NO

PREFERENCE

HOW MANY SEATS ARE DESIRED?

WHAT IS THE MINIMUM NUMBER OF SEATS REQUIRED?

ENTERTAINMENT

WHAT TYPE OF ENTERTAINING DO YOU DO?

- | | | | |
|---------------------------------|-----------------------------------|--|------------------------------|
| <input type="checkbox"/> FORMAL | <input type="checkbox"/> COCKTAIL | <input type="checkbox"/> INFORMAL/CASUAL | <input type="checkbox"/> BBQ |
| <input type="checkbox"/> BUFFET | <input type="checkbox"/> OTHER | | |

HOW MANY PEOPLE WOULD YOU LIKE TO ACCOMMODATE IN THE KITCHEN WHILE ENTERTAINING?



APPLIANCES AND STORAGE

SMALL APPLIANCES

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> TOASTER | <input type="checkbox"/> MICROWAVE | <input type="checkbox"/> BREAD MAKER |
| <input type="checkbox"/> COFFEE MAKER | <input type="checkbox"/> BLENDER | <input type="checkbox"/> FOOD PROCESSOR |
| <input type="checkbox"/> CROCK POT | <input type="checkbox"/> GRIDDLE | <input type="checkbox"/> STAND MIXER |
| <input type="checkbox"/> WOK | <input type="checkbox"/> RICE COOKER | <input type="checkbox"/> SPECIALTY COFFE MACHIN |
| <input type="checkbox"/> JUICER | <input type="checkbox"/> WAFFLE IRON | <input type="checkbox"/> ROASTER |

IF OTHER PLEASE LIST:

MAJOR APPLIANCES & FIXTURES

REFRIGERATOR

WIDTH

STYLE

OPTIONS

WOOD PANEL

EXPOSED ICE & WATER

FREEZER

WIDTH

LOCATION

RANGE

WIDTH

RANGE OPTIONS

OVEN

LOCATION

RANGE

WALL

WIDTH

QUANTITY

CONVECTION

COOKTOP

WIDTH

FUEL SOURCE

FEATURES



MISC.

- | | | | |
|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> ICE MAKER | <input type="checkbox"/> WINE COOLER | <input type="checkbox"/> TRASH COMPACTOR | <input type="checkbox"/> BEVERAGE CENTER |
| <input type="checkbox"/> BAR SINK | <input type="checkbox"/> PREP SINK | | |

ADDITIONAL APPLIANCE NOTES:

STORAGE

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> PANTRY | <input type="checkbox"/> LAZY SUSAN | <input type="checkbox"/> SPICE STORAGE | <input type="checkbox"/> BAKING DISHES |
| <input type="checkbox"/> RECYCLING CENTER | <input type="checkbox"/> ROOT DRAWERS | <input type="checkbox"/> MIXER SHELF | <input type="checkbox"/> CASSEROLE DISHES |
| <input type="checkbox"/> SILVERWARE DIVIDERS | <input type="checkbox"/> KNIFE DRAWER | <input type="checkbox"/> CHOPPING BLOCK | <input type="checkbox"/> MEASURING CUPS |
| <input type="checkbox"/> COOKBOOKS | <input type="checkbox"/> TOWEL BAR | <input type="checkbox"/> ROLL OUT SHELVES | <input type="checkbox"/> MEASURING SPOONS |
| <input type="checkbox"/> SERVING TRAYS | <input type="checkbox"/> OPEN SHELVES | <input type="checkbox"/> GLASS DOORS | <input type="checkbox"/> POT HOLDERS/GLOVES |
| <input type="checkbox"/> WASTE BASKET | <input type="checkbox"/> TILT OUT SINK FRONT | <input type="checkbox"/> CHARGING STATION | <input type="checkbox"/> JUNK DRAWER |
| <input type="checkbox"/> BREAD BOARD | <input type="checkbox"/> BREAD BIN/DRAWER | <input type="checkbox"/> CHINA | <input type="checkbox"/> BOX FOOD |
| <input type="checkbox"/> WINE STORAGE | <input type="checkbox"/> LINEN STORAGE | <input type="checkbox"/> LARGE MIXING BOWLS | <input type="checkbox"/> CANNED FOOD |
| <input type="checkbox"/> LARGE FRY PAN | <input type="checkbox"/> LARGE SAUCEPAN | <input type="checkbox"/> SMALL MIXING BOWLS | <input type="checkbox"/> BAGGED FOOD |
| <input type="checkbox"/> SMALL FRY PAN | <input type="checkbox"/> SMALL SAUCEPAN | <input type="checkbox"/> COOKIE SHEETS | <input type="checkbox"/> FOOD SCALE |
| <input type="checkbox"/> PIE PAN | <input type="checkbox"/> COLLANDER | <input type="checkbox"/> SALAD SPINNER | <input type="checkbox"/> COOKIE CUTTERS |

☐ OTHER

PETS

- | | | | |
|---|--------------------------------|--|------------------------------------|
| <input type="checkbox"/> FOOD | <input type="checkbox"/> WATER | <input type="checkbox"/> GROOMING SUPPLIES | <input type="checkbox"/> BED/CRATE |
| <input type="checkbox"/> MEDICAL SUPPLIES | <input type="checkbox"/> OTHER | | |

DÉCOR AND FINISH

OVERALL STYLE

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> CONTEMPORARY | <input type="checkbox"/> TRADITIONAL | <input type="checkbox"/> TRANSITIONAL | <input type="checkbox"/> MODERN |
| <input type="checkbox"/> RUSTIC | <input type="checkbox"/> OTHER | | |



CABINET STYLE

- ☐ FULL OVERLAY/EUROPEAN ☐ FACEFRAME OVERLAY ☐ FACEFRAME INSET

KITCHEN CABINET FINISH PREFERENCE

- ☐ STAINED WOOD ☐ PAINTED ☐ DISTRESSED ☐ GLAZED

☐ OTHER

CABINET WOOD PREFERENCE

- ☐ CHERRY ☐ MAPLE ☐ ALDER ☐ HICKORY

- ☐ OAK ☐ RIFT OAK ☐ WALNUT ☐ BIRCH

☐ OTHER

CABINET INTERIOR PREFERENCE

- ☐ MAPLE PLYWOOD ☐ MAPLE MELAMINE ☐ WHITE MELAMINE ☐ BLACK MELAMINE

- ☐ MATCH EXTERIOR ☐ OTHER

DRAWER & ROLLOUT MATERIAL PREFERENCE

- ☐ MAPLE PLYWOOD ☐ SOLID MAPLE DOVETAIL ☐ WHITE MELAMINE ☐ BLACK MELAMINE

☐ OTHER

DRAWER GUIDE PREFERENCE

- ☐ UNDERMOUNT ☐ SIDE MT FULL EXT. ☐ SOFT CLOSE SIDE MOUNT ☐ SIDE MT OVERTRAVEL

☐ OTHER

HINGES

- ☐ EXPOSED HINGE ☐ CONCEALED HINGE ☐ SOFT CLOSE HINGE

COUNTERTOP PREFERENCE

- ☐ GRANITE ☐ QUARTZ ☐ CONCRETE ☐ SOLID SURFACE

- ☐ LAMINATE ☐ WOOD ☐ TILE ☐ MARBLE

☐ OTHER

BACKSPLASH PREFERENCE

- ☐ TILE ☐ 4" MATCH COUNTERTOP ☐ FULL HEIGHT MATCH COUNTERTOP

- ☐ SHEETROCK ☐ OTHER

SINK PREFERENCE

- ☐ STAINLESS ☐ COMPOSITE ☐ PORCELAIN ☐ FARM FRONT

- ☐ DOUBLE BOWL ☐ SINGLE BOWL ☐ PREP SINK ☐ UNDERMOUNT

- ☐ DROP IN/SELF RIMMING ☐ OTHER



LIGHTING REQUIREMENTS

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> RECESSED CANS | <input type="checkbox"/> PENDANTS | <input type="checkbox"/> SURFACE MOUNT | <input type="checkbox"/> CHANDELIER |
| <input type="checkbox"/> UNDER CABINET | <input type="checkbox"/> ART LIGHTING | <input type="checkbox"/> UP LIGHTING | <input type="checkbox"/> CABINET INTERIOR LIGHT |
| <input type="checkbox"/> OTHER | <div style="border: 1px solid black; height: 20px; width: 400px;"></div> | | |

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ANY ADDITIONAL INFORMATION YOU WANT US TO KNOW?

Please complete this form to the best of your ability and submit to:

Email: ycccabinets@gmail.com

Mail: YCC Cabinets
Jennifer
101 Railroad Ave
Isanti, MN 55040

THANK YOU!