



HOMEOWNER QUESTIONNAIRE

Please take the time to complete the following information to get a better idea of what direction your kitchen design project will take.

Think about what type of "feeling" you would like your new room to have.

- Strictly functional
- Formal
- Informal
- Sleek/Contemporary
- Traditional
- Country/Rustic
- Family retreat
- Other _____

What type of finish do you want your cabinets to have?

- Natural wood
- Light wood
- Medium wood
- Dark wood
- Metallic
- Colored/plastic Laminate
- Painted
- Aged/Antiqued
- Other (Please describe) _____

Is your existing space adequate? Yes No

If not, are you willing to:

- Move walls
- Move sink
- Move electrical wiring

What type of lighting will you use? _____

How many in your family? _____

Where does your family eat most of their meals?

- Kitchen
- Dining Room
- Other _____

Will you need a sit-down eating area in the kitchen? Yes No

How many people eat at the same time? _____



How do you shop? For the week For each meal
Non perishables in bulk Buy in bulk and freeze

If in bulk, do you need storage in the kitchen for these items? Yes No

Do you entertain frequently? Yes No

If yes, how often? _____

How many guests? _____

Do you need to accommodate physical limitations? Yes No

If yes, please describe _____

Type of cooking:

Everyday Gourmet Catering Baking Canning

Any additional kitchen activities? Yes No

Homework Hobbies Home Management Entertaining

Other _____

Is there more than one cook in the family? Yes No

Do you recycle? Yes No

If yes, do you need cabinetry with recycling bins? Yes No

Is your current storage space adequate? Yes No

If no, what space would you like to have added? _____

What do you like about the current space? _____

What would you change about the current space? _____

I would like more:

Cabinets Wall Base Roll-out

Shelves

Counter space

Food preparation area

Dining area

Seating space

Appliance storage

Pots and pans storage

Wine storage

China and/or collectibles

Other _____



It is important to you and to your designer to know how much space the appliances will take, and how the doors will open. Use this space to write down the model numbers, sizes and colors for all of your major appliances.

APPLIANCE	EXISTING/NEW	DIMENSION	COLOR	MODEL#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Use this space to write any notes that you feel will be helpful to your CabFab kitchen design specialist.

Plumbing _____

Electrical _____

Flooring _____

Walls _____

Windows _____

Appliances _____

Other _____



Your CabFab Cabinets

As you browse the web site, make note of the door styles, wood types, finishes and finish enhancements that caught your eye.

Door style(s) selected _____

Wood species selected _____

Finish and finish enhancements _____

Describe your new kitchen in your own words.

Remember to bring your notes with you when you meet with your CabFab kitchen design specialist. If you have clipped pictures from books and magazines, or if you have fabric swatches and paint samples you like, bring those along too - this information will help your design specialist create the room of your dreams.



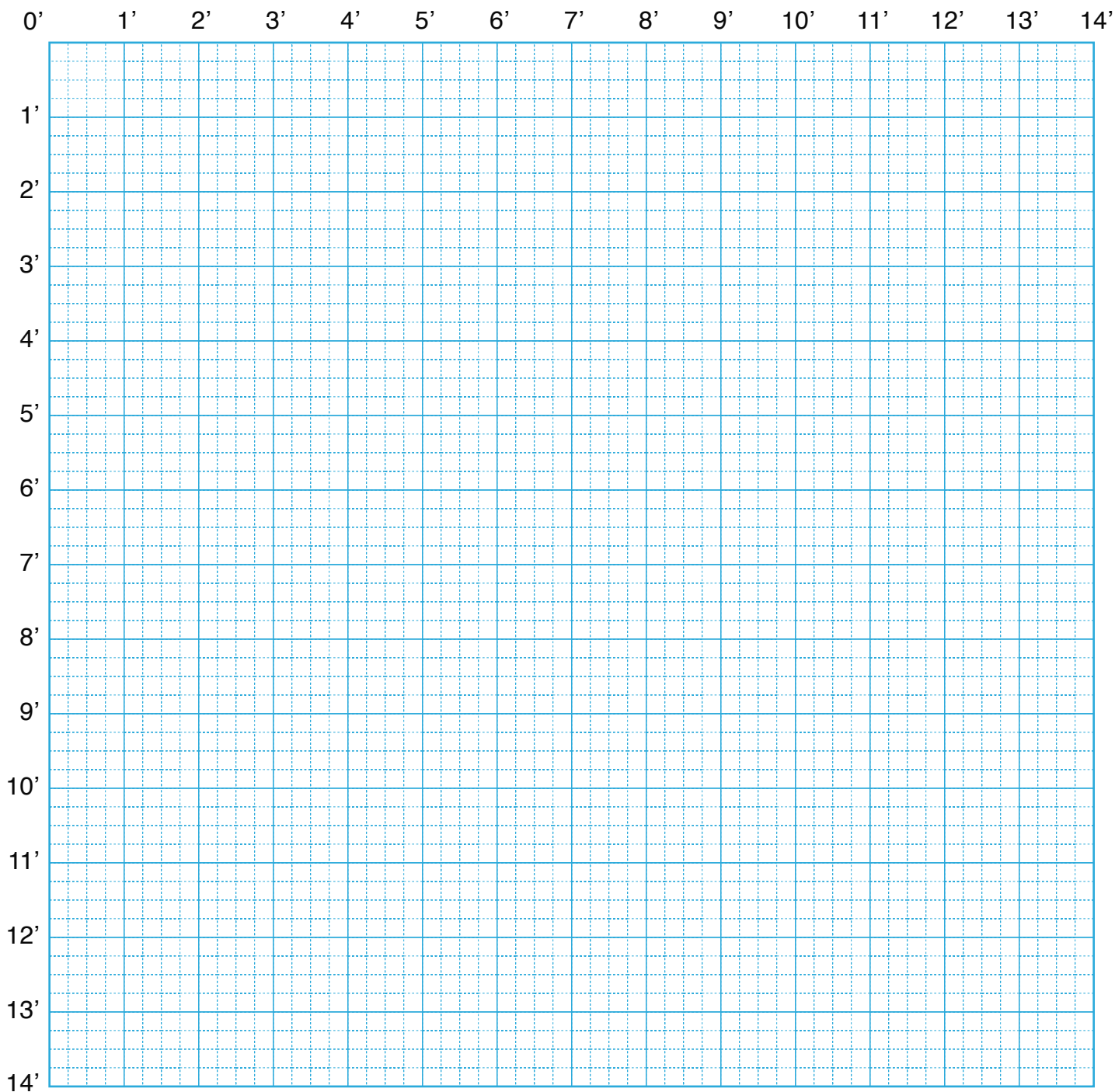
Time and Budget:

1. When would you like to begin your project? _____
2. When would you like your project completed? _____
3. If you are building, is the kitchen in your contract? Yes No
4. Do you have a budget for this project? Yes: \$ _____ No

General Information:

1. Name: _____
2. Address: _____
3. City / (State) Province / (Zip Code) Postal Code: _____
4. Home Phone: _____
5. Work Phone: _____
6. Fax: _____
7. New Home Address: _____
8. City / (State) Province / (Zip Code) Postal Code: _____
9. Builder Name (if applicable): _____
10. Contact Name: _____
11. Phone: _____
12. Fax: _____
13. Architect Name (if applicable): _____
14. Contact Name: _____
15. Phone: _____
16. Fax: _____
17. Interior Designer Name (if applicable): _____
18. Contact Name: _____
19. Phone: _____
20. Fax: _____

DESIGN YOUR KITCHEN



Scale: $\frac{1}{2}$ " equals one foot (each small square equals three inches.)

