

LIFESTYLE, FUNCTION AND DESIGN SURVEY

Please take a moment to review and complete as much of this questionnaire as possible. Your professional Imperia custom designer will review this and more with you, but it would be helpful if you could begin to think about some of these issues before your first meeting. If you are not familiar with some of the terms and options, you will find many of them described on our web site.

Any time you can spend now will help us better understand your lifestyle, how you use (or intend to use) your kitchen, and your design style preferences. In short, what would you want included on your kitchen dream wish list?

You will ultimately be rewarded with a kitchen design and installation that is perfectly and uniquely customized and suited to you.

Let's get started.

Basics

1. Is your project a: New construction Remodel

2. When would you like to begin your project? _____

3. When would you like your project completed? _____

4. How long do you plan to live in your home? 1 year 3 - 5 years 10+ years

5. Why do you want a new kitchen? _____

6. What **don't** you like about your present kitchen?

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7. What **do** you like about your present kitchen? _____

8. What is on your wish list for your new kitchen? _____

9. Of the items on your wish list, which must you absolutely have? _____

10. Are you willing to make major changes like moving plumbing, windows, walls, or doors?

- Yes No

Lifestyle

1. List the gender and ages of those living in household:

2. What non-food related activities take place in your kitchen?

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Center of daily activities | <input type="checkbox"/> Homework | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Home office | <input type="checkbox"/> TV/Music | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Crafts/Hobbies | _____ |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Computer | _____ |

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3. Describe your entertainment preferences:

- | | | |
|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Occasional | <input type="checkbox"/> Formal | <input type="checkbox"/> Catered |
| <input type="checkbox"/> Frequent | <input type="checkbox"/> Informal | |
| <input type="checkbox"/> Never | <input type="checkbox"/> Both | |

On average, how many guests would be present? _____

4. Describe your shopping patterns:

- | | |
|--|--|
| <input type="checkbox"/> Small amounts frequently | <input type="checkbox"/> Buy non-perishables in bulk |
| <input type="checkbox"/> Bulk purchases and freeze | <input type="checkbox"/> Occasional/As needed |
| <input type="checkbox"/> Large amounts weekly | <input type="checkbox"/> Daily |

5. How many people normally participate in food preparation and/or cook on a regular basis? _____

6. Describe your cooking style/preferences. Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Gourmet | <input type="checkbox"/> Take out/Reheat | <input type="checkbox"/> Cook for the week |
| <input type="checkbox"/> Family quantities | <input type="checkbox"/> Mostly fresh foods | <input type="checkbox"/> Cook to freeze |
| <input type="checkbox"/> Quick & simple | <input type="checkbox"/> Serious grilling | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Serious baking | <input type="checkbox"/> Wok | <input type="checkbox"/> Other |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Canning | |

7. Describe any special needs/physical limitations:

Function

1. Check the kitchen dining arrangement(s) you prefer:

- Island
 One level
 Two-level
___ # of seats
- Peninsula
 One level
 Two-levels
___ # of seats
- Banquette
 Table
 Table plus
 No dining in kitchen

2. Check the counter top style you prefer:

- Granite, stone, marble
- Solid surface
- Metal
- Laminate
- Wood

3. Check the sink style you prefer:

- Single bowl
- Bowl and 1/2
- Double bowl
- Apron-front sink
- Bowl and 3/4
- Triple bowl

4. Sink material preferences:

- Stainless
- Engineered stone
- Copper
- Porcelain
- Enameled cast iron

5. Check if you are interested in:

- Second sink
- Wet bar
- Raised dishwasher
- Microwave placed at child level

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6. Other than the usual dishware, etc., what else do you wish to store/display in your kitchen?
Check all that apply:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Appliances
(Toaster, blender, etc.) | <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Bakeware | <input type="checkbox"/> Pizza stone | <input type="checkbox"/> Large pots
(Stock, lobster, etc.) |
| <input type="checkbox"/> Collectibles | <input type="checkbox"/> Platters | <input type="checkbox"/> Other |
| <input type="checkbox"/> Containers | <input type="checkbox"/> Trays | _____ |

7. Please indicate the number of small appliances that you would always like on the counter vs. stored in a cabinet:

___ # Appliances on counter ___ # Appliances stored in cabinet

8. How do you prefer to store and access items?

- | | | |
|----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Drawers | <input type="checkbox"/> Doors w/rollouts | <input type="checkbox"/> Both |
|----------------------------------|---|-------------------------------|

9. Are you interested in organization accessories? Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> All-drawer base | <input type="checkbox"/> Lazy susan | <input type="checkbox"/> Spice insert |
| <input type="checkbox"/> Appliance garage | <input type="checkbox"/> Open shelves | <input type="checkbox"/> Spice rack |
| <input type="checkbox"/> Baskets | <input type="checkbox"/> Pot rack | <input type="checkbox"/> Stemware holder |
| <input type="checkbox"/> Breadbox | <input type="checkbox"/> Pullout trash receptacle | <input type="checkbox"/> Swing-out base |
| <input type="checkbox"/> Cutlery tray | <input type="checkbox"/> Recycle bins | <input type="checkbox"/> Tall pantry |
| <input type="checkbox"/> Deep drawers | <input type="checkbox"/> Rollout tray | <input type="checkbox"/> Tray dividers |
| <input type="checkbox"/> Desk | <input type="checkbox"/> Sliding towel bars | <input type="checkbox"/> Wine rack |
| <input type="checkbox"/> File cabinet | <input type="checkbox"/> Soap tray | <input type="checkbox"/> Other |
- _____

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Design Style

1. Check the theme(s) that best represents your design style preference:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Casual | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Formal | <input type="checkbox"/> Old World | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Eclectic | <input type="checkbox"/> Country/cottage | _____ |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Traditional/classic | _____ |

2. How high do you want your wall cabinets to reach?

- Ceiling
 Open above
 Soffit
 Staggered heights

3. How decorative do you want your kitchen to be?

Check all items that you would like to possibly consider incorporating into your design:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corbels | <input type="checkbox"/> Wire, punched tin or metal door inserts | <input type="checkbox"/> Decorative wood mantel |
| <input type="checkbox"/> Turned posts | <input type="checkbox"/> Glass/muntin doors | <input type="checkbox"/> Paneled ends |
| <input type="checkbox"/> Crown molding | <input type="checkbox"/> Decorative wood hood | <input type="checkbox"/> Other |
| <input type="checkbox"/> Valances | <input type="checkbox"/> Overlays | _____ |
| <input type="checkbox"/> Carved feet | | _____ |

4. Are you interested in incorporating lighting into your design? Check all that apply:

- Under cabinet lights
 Interior cabinet lighting

Comments/Questions/Reminders:
