



Kitchen Planning Guide

The Kitchen Planning Guide is formatted to provide information that Naylor's Kitchen, Bath & Interiors will use to design a kitchen ideally suited to the needs of your home & family. Please print out the form, fill in the blanks and bring it with you when you visit our showroom. It's a great way to get started!

FAMILY AND LIFESTYLE

1. Number of family members: _____
2. Number and approximate ages of family members:
 infants *young children* *teens* *20 to 30 yrs* *31 to 40 yrs*
 41 to 50 yrs *51 to 60 yrs* *61 to 70 yrs* *70+*
3. If your family has young children, will they be using the kitchen frequently? *Yes* *No*
4. How long do you plan on living in the home you are remodeling/building?
 1 to 5 yrs *6 to 10 yrs* *11 to 20 yrs* *20+*
5. Where does your family eat its meals?
 Kitchen *Dining Room* *Other:* _____
6. Where will your family eat after you remodel/build?
 Kitchen *Dining Room* *Other:* _____
7. Do you require a kitchen table or would you be willing to explore other options?
 A kitchen table is required
 A kitchen table is preferred but open to other options
 A kitchen table is not necessary
8. What other activities will take place in your new kitchen?
 Laundry *Homework* *Watching TV* *Paying Bills* *Sewing* *Computer Center*
 Other: _____
9. After your remodel/build will you entertain frequently? *Yes* *No*
If Yes... What is your entertainment style? *formal* *informal*
Do you have *large* or *small* gatherings?
Do your guests help you in the kitchen when you entertain? *Yes* *No*
10. How do you shop?
 For the week *Buy in bulk and freeze* *For each meal* *Buy non-perishable items in bulk*
If you buy in bulk, do you require storage in the kitchen for all or most of these items? *Yes* *No*

COOKING STYLE

1. Who is the primary cook? _____
2. Is the primary cook *left handed* or *right handed*?
3. How tall is the primary cook? _____
4. What is the primary cook's cooking style?
 Gourmet Meals *Family Meals* *Quick & Simple Meals* *Bringing Meals Home* *Baking*
5. What does the primary cook prefer?
 No one else in the kitchen while preparing meals
 A helper in the kitchen when preparing meals
 Family or friends visiting during meal preparation
6. Does the primary cook have any physical limitations? *Yes* *No*
7. Who is the secondary cook? _____
8. Do the secondary and primary cook prepare meals together? *Yes* *No*
9. Is the secondary cook *left handed* or *right handed*?
10. How tall is the secondary cook? _____
11. What are the secondary cook's responsibilities?
 Preparing side dishes *Clean up* *Assist in preparing main course*
12. Does the secondary cook have any physical limitations? *Yes* *No*

DESIGN AND STYLE

1. What are your color preferences for your new kitchen? _____
2. Are there colors you would not want in your new kitchen? _____
3. Have you created a scrapbook of notes, photos, & ideas that you would like to use in your new kitchen? *Yes* *No*
4. Would you be willing to make structural changes? (i.e. moving windows, doors, and walls)?
 Absolutely not *I would consider it*
5. What do you like about your current kitchen? _____
6. What do you dislike about your current kitchen? _____
7. Do you require a recycling center in your kitchen? *Yes* *No*
If Yes... How many items do you need to sort? _____
8. Will you be keeping your existing appliances?
Dishwasher: *existing* *new*
Refrigerator: *existing* *new*
Oven/Range: *existing* *new*

9. What is your style preference for your new kitchen?
 Contemporary Formal Country Traditional

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
If yes...What is your budget \$ _____

GENERAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

New Home Address: _____ City: _____ State: _____ Zip: _____

Contractor Company (if applicable): _____

Contact Name: _____

Phone: _____ Fax: _____

Architect Name (if applicable): _____

Phone: _____ Fax: _____

Interior Designer Name (if applicable): _____

Phone: _____ Fax: _____