



**Callahan
&
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KITCHEN QUESTIONNAIRE

There are two main objectives for filling out this questionnaire. First of all, the process of filling out this form will get you and your family thinking about the questions you need to ask yourselves before starting a construction project.

The second objective of the questionnaire is to help us understand the vision you have for your project and help plan a direction for its realization. Be frank about what you want the end result to look and feel like, but also be prepared to explore new ideas and alternatives.

Every project Callahan & Peters, Inc. undertakes is considered a unique design opportunity, each with its own scale and budget. This questionnaire is a tool to help jumpstart communication between you and Callahan & Peters, Inc. The responses you give here are not final design decisions, but rather initial concepts that will be used as a reference to help develop a program for your project.

PERSONAL INFORMATION

Name _____

Street Address _____

City, State and Zip _____

Day Phone _____

Evening Phone _____

Cell/Car Phone _____

Email Address _____

GENERAL INFORMATION

1. Is your current kitchen large enough? Yes [] No []

2. Would you consider incorporating additional existing space (combining existing rooms) into one larger space? Yes [] No []

3. **Would you consider adding additional room by building onto your existing house?** Yes [] No []

4. **Why do you want to remodel your kitchen? (Check all that apply.)**

[] To update the look and function of the current kitchen.

[] To obtain more storage space.

[] To obtain more counter space

[] To update old appliances.

[] To increase the value of your home.

[] To change a kitchen in a home that was recently purchased.

5. **What are the main features that you LIKE about your current/previous kitchen?**

6. **What are the main features that you DISLIKE about your current/previous kitchen?**

7. **How many people will use the kitchen on a daily basis?**

[] 1-2

[] 5-7

[] 3-4

[] 8+

8. **Who does most of the daily cooking in your house?**

[] Wife

[] Children

[] Husband

[] Nanny

[] Both

[] Other

9. **How many people are regularly served at each meal?**

[] 1-2

[] 5-7

[] 3-4

[] 8+

10. **Does anyone in your family have a physical disability (for example, requires the use of a wheelchair) that may need to be accommodated in the design and/or layout of your kitchen?**

Yes []

No []

11. **How often do you cook?**
 Rarely Once a day
 Occasionally Several times a day
12. **How often do you bake?**
 Once a day Rarely
 Occasionally Several times a day
13. **How often do you entertain guests?**
 Rarely (Once or twice a year)
 Occasionally (Once or twice a month)
 Often (Once or twice a week)
14. **What percentage of the above is formal entertaining?**
 0-25% 51-75%
 26-50% 76-100%
15. **How many people do you typically entertain at one time?**
 1-4 11-20
 5-10 20+

DESIGN INFORMATION

Which of the following do you prefer? You can check more than one if you are unsure at this time or if you would like to explore different options.

16. **Overall style.** (Note that typically it is desirable to stay consistent with the existing style of the house.)
 Contemporary/Modern Arts and Crafts/Shaker
 Colonial Eclectic
 Rustic/Farmhouse/Country Cottage Undecided/Open to Suggestion
 Tudor Other (Specify Below)
17. **Cabinet/Millwork Material**
 Natural wood Laminate
 Stained wood Combination of two or more finishes
 Antique/distressed wood Undecided/Open to Suggestion
 Painted wood Other (Specify Below)

18. Countertop Material

- | | |
|---|--|
| <input type="checkbox"/> Corian® | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood or Butcher Block |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Quartz | <input type="checkbox"/> Other (Specify Below) |

19. Backsplash Material

- | | |
|---|--|
| <input type="checkbox"/> Corian® | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood or Butcher Block |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Quartz | <input type="checkbox"/> Other (Specify Below) |

20. Floor Finish Material

- | | |
|---|--|
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood – Strip flooring |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Wood – Wide Planks |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood - Parquet |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Porcelain Tile | <input type="checkbox"/> Other (Specify Below) |

21. Wall Finish Material

- | | |
|--|--|
| <input type="checkbox"/> Drywall (for Paint) | <input type="checkbox"/> Wainscot or Chair Rail |
| <input type="checkbox"/> Drywall (for Wallpaper) | <input type="checkbox"/> Wood Panels |
| <input type="checkbox"/> Drywall (Faux Finish) | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Paneling | <input type="checkbox"/> Other (Specify Below) |

22. Natural Lighting

- | | |
|--|---|
| <input type="checkbox"/> Keep/match existing windows | <input type="checkbox"/> French doors |
| <input type="checkbox"/> Enlarge existing windows | <input type="checkbox"/> Sliding glass doors |
| <input type="checkbox"/> Skylights | <input type="checkbox"/> Combination of two or more |
| <input type="checkbox"/> Bay or Bow window | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Other (Specify Below) | |

23. General Lighting

- | | |
|--|---|
| <input type="checkbox"/> Incandescent | <input type="checkbox"/> Under cabinet lighting |
| <input type="checkbox"/> Fluorescent | <input type="checkbox"/> Over cabinet lighting |
| <input type="checkbox"/> Halogen | <input type="checkbox"/> Built-in accent lighting |
| <input type="checkbox"/> Recessed cans | <input type="checkbox"/> Pendant lights |
| <input type="checkbox"/> Surface-mounted ceiling fixture | <input type="checkbox"/> Pin spots |
| <input type="checkbox"/> Wall washers | <input type="checkbox"/> Combination of two or more options |
| <input type="checkbox"/> Wall sconces | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Track lighting | <input type="checkbox"/> Other (Specify Below) |

KITCHEN LAYOUT

Which of the following do you prefer? You can check more than one if you are unsure at this time or if you would like to explore different options. Note that some options may be unavailable due to the existing layout of your house and/or site restrictions.

24. Would you prefer your Kitchen to be closed off from the rest of the house or would you like it to be open to another room?

- | | |
|---|---|
| <input type="checkbox"/> Open to Family Room | <input type="checkbox"/> Open to Sitting Room |
| <input type="checkbox"/> Open to Dining Room | <input type="checkbox"/> Closed off from other rooms |
| <input type="checkbox"/> Open to Sun Room | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Open to Breakfast Room | <input type="checkbox"/> Other (Specify Below) |

25. What type of eating area would you prefer?

- | | |
|--|---|
| <input type="checkbox"/> Separate table in Kitchen | <input type="checkbox"/> Separate Breakfast Room |
| <input type="checkbox"/> Island Breakfast Bar | <input type="checkbox"/> Combination of two or more options |
| <input type="checkbox"/> Table attached to Island | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Breakfast Nook or Bay | <input type="checkbox"/> Other (Specify Below) |

26. **Would you like to incorporate any of the following into the layout of your Kitchen?**

- | | |
|--|---|
| <input type="checkbox"/> Desk / Roll top desk | <input type="checkbox"/> Display cabinet |
| <input type="checkbox"/> Message board | <input type="checkbox"/> Cookbook shelf |
| <input type="checkbox"/> Television | <input type="checkbox"/> Island |
| <input type="checkbox"/> Wet bar | <input type="checkbox"/> Butcher block |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Fireplace |
| <input type="checkbox"/> Built-in stereo with speakers | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Hanging pot rack | <input type="checkbox"/> Other (Specify Below) |

27. **If secondary activities take place in your Kitchen, would you be interested in including any of the following?**

- | | |
|--|---|
| <input type="checkbox"/> Built-in Washer/Dryer | <input type="checkbox"/> Homework area |
| <input type="checkbox"/> Ironing board | <input type="checkbox"/> Sitting/Reading area |
| <input type="checkbox"/> Telephone center | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Sewing area | <input type="checkbox"/> Other (Specify Below) |

28. **Would you like a separate Mud Room adjacent to the Kitchen?**

Yes No

29. **If yes, which of the following applies?**

- Add a new Mud Room
- Remodel an existing Mud Room
- Enlarge or relocate an existing Mud Room
- Unsure/Open to Suggestion
- Other (Specify Below)

30. **If applicable, which of the following would you like to incorporate in the Mud Room?**

- | | |
|--|---|
| <input type="checkbox"/> Built-in Washer/Dryer | <input type="checkbox"/> Coat closet |
| <input type="checkbox"/> Ironing board | <input type="checkbox"/> Coat hooks |
| <input type="checkbox"/> Bench/seat | <input type="checkbox"/> Boot storage |
| <input type="checkbox"/> Kid's lockers/cubbies | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Storage cabinets | <input type="checkbox"/> Other (Specify Below) |

CABINETRY FEATURES

Which of the following do you prefer? You can check more than one if you are unsure at this time or if you would like to explore different options.

31. Which of the following cabinetry features would you like to incorporate into the design of your Kitchen?

- | | |
|---|---|
| <input type="checkbox"/> Pantry cabinet | <input type="checkbox"/> Recycling/trash bins |
| <input type="checkbox"/> Hutch | <input type="checkbox"/> Lazy Susan |
| <input type="checkbox"/> Display cabinet | <input type="checkbox"/> Plate rack |
| <input type="checkbox"/> Appliance garage | <input type="checkbox"/> Lined silver drawers |
| <input type="checkbox"/> Broom closet | <input type="checkbox"/> Linen storage |
| <input type="checkbox"/> Bread drawer | <input type="checkbox"/> Roll-out shelves |
| <input type="checkbox"/> Wine bottle storage/rack | <input type="checkbox"/> Spice rack/drawer |
| <input type="checkbox"/> Wine glass rack | <input type="checkbox"/> Tray dividers |
| <input type="checkbox"/> Wall organizers w/ cubbies | <input type="checkbox"/> Glass doors |
| <input type="checkbox"/> Butcher/chopping block | <input type="checkbox"/> Cutlery drawer |
| <input type="checkbox"/> Pop up mixer cabinet | <input type="checkbox"/> Vegetable bins |
| <input type="checkbox"/> Wicker baskets | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Tilt out sink front | <input type="checkbox"/> Other (Specify Below) |

APPLIANCES

Below are lists of appliance options. Check off the options that interest you. If you have already made selections, indicate the manufacturer name and model number.

32. Would you like to reuse any of your existing appliances? Yes No

If yes which appliances?

33. Freezer/Refrigerator

- | | |
|--|---|
| <input type="checkbox"/> Built-in | <input type="checkbox"/> Under counter refrigerator |
| <input type="checkbox"/> Free standing | <input type="checkbox"/> Under counter freezer |
| <input type="checkbox"/> Refrigerator above, Freezer below | <input type="checkbox"/> Under counter wine captain |
| <input type="checkbox"/> Side-by-side | <input type="checkbox"/> Under counter Ice maker |
| <input type="checkbox"/> Commercial refrigerator/freezer | <input type="checkbox"/> Refrigerator drawers |
| <input type="checkbox"/> Separate full-size refrigerator | <input type="checkbox"/> Freezer drawers |
| <input type="checkbox"/> Separate full-size freezer | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Wine captain (full height) | <input type="checkbox"/> Other (Specify Below) |

34. Cooktop/Range

- | | |
|---|--|
| <input type="checkbox"/> Cooktop | <input type="checkbox"/> Range with 1 Oven |
| <input type="checkbox"/> Cooktop with Grille or Griddle | <input type="checkbox"/> Range with 2 Ovens |
| <input type="checkbox"/> Undecided/Open to Suggestion | <input type="checkbox"/> Other (Specify Below) |

Please include size of range/cooktop and # of burners required:

35. Cooktop/Range

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Other (Specify Below) |
| <input type="checkbox"/> Dual Fuel | |

36. Ovens

- | | |
|---|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Large Microwave |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Small Microwave |
| <input type="checkbox"/> Single separate Oven | <input type="checkbox"/> Oven with microwave above |
| <input type="checkbox"/> Double Oven | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> No separate ovens
(Oven in range is sufficient) | <input type="checkbox"/> Other (Specify Below) |

37. Other Appliances

- | | |
|--|---|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Wine Cooler |
| <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Warming Drawer | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Trash Compactor | <input type="checkbox"/> Other (Specify Below) |

PLUMBING FIXTURES

Below are lists of plumbing fixture options. Check off the options that interest you. If you have already made selections, indicate the manufacturer name and model number.

38. Would you like to reuse any of your existing plumbing fixtures?

Yes [] No []

39. Kitchen Sink

- | | |
|--|---|
| <input type="checkbox"/> Large Single Bowl | <input type="checkbox"/> Under-mount |
| <input type="checkbox"/> Double Bowl | <input type="checkbox"/> Built-in Drain Board |
| <input type="checkbox"/> Triple Bowl | <input type="checkbox"/> Farmhouse Style Sink |
| <input type="checkbox"/> Separate Prep Sink | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Integrated with Counter | <input type="checkbox"/> Other (Specify Below) |

40. Sink Accessories

- | | |
|--|---|
| <input type="checkbox"/> Soap/Lotion Dispenser | <input type="checkbox"/> Faucet with Pull-out Spray |
| <input type="checkbox"/> Purified Water Spout | <input type="checkbox"/> Separate Pull-out Spray |
| <input type="checkbox"/> Instant Hot Water Spout | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Colander | <input type="checkbox"/> Other (Specify Below) |

41. Sink Finish

- | | |
|--|---|
| <input type="checkbox"/> Porcelain | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Corian® | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Other (Specify Below) |

