

Jaeger Lumber Kitchen Planning Survey

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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 if a design could be improved?

___ 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: _____

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?

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. What is your style preference for your new kitchen?

___ contemporary ___ formal

___ country ___ traditional

4. Is this kitchen a remodeling project or a part of a new construction project?

___ Yes ___ No

5. Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?

___ Yes ___ No

6. If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)?

___ Absolutely not ___ I would consider it

7. What do you like about your current kitchen?

8. What do you dislike about your current kitchen?

9. Do you require a recycling center in your kitchen?

___ Yes ___ No

If Yes...

How many items do you need to sort? ____

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. Is there a secondary cook?

8. Do the secondary and primary cook prepare meals together? ☐ Yes ☐ No

9. How tall is the secondary cook? _____

10. What are the secondary cook's responsibilities?

☐ Preparing side dishes ☐ Clean up
☐ Assist in preparing main course

1. Does the secondary cook have any physical limitations?

9. Will you be keeping your existing appliances?

Dishwasher: ☐ existing ☐ new

Refrigerator: ☐ existing ☐ new

Oven/Range: ☐ existing ☐ new

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

1. Name: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Home Phone: _____

5. Work Phone: _____

6. Fax: _____

7. New Home Address: _____

8. City: _____ State: _____ Zip: _____

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: _____