



## Crystal Cabinetry & Design Questionnaire

Date:

Address:

### Customer 1

Name:

Primary Phone:

Email:

### Customer 2

Name:

Primary Phone:

Email:

### Designer (If Applicable)

Name:

Primary Phone:

Email:

### Architect (If Applicable)

Name:

Primary Phone:

Email:

### Contractor (If Applicable)

Name:

Primary Phone:

Email:

### Other Professional (If Applicable)

Name:

Primary Phone:

Email:

### General Client Info

Project Type:  New Construction  Addition  Remodel

Project Area(s):  Kitchen  Primary Bathroom  Other Bathroom(s):  
 Laundry Room  Living Room  Full Home  Other:

How Many Household Members?

Have You Remodeled Before?  Yes  No

Intended Home Use?  Primary Residence  Secondary Residence  Vacation Home  
 Rental Property  Home Sale  Other:

Project Intentions?  Personal Enjoyment  Resale Value  Required/Utility

Physical or Personal Accommodations?

Desired Project Start/Completion?

Desired Budget For Project?

Have You Started/Completed Design Work?



## Crystal Cabinetry & Design Questionnaire

### General Home Information

When Was The Home Built?

Architectural Style (Exterior) Of Home?

Does The Home Have Historic Designations?

Has Home Been Previously Updated?    Yes                      No

Style Of Home Interior?

### General Project Questions

Intended Role Of Crystal Cabinetry & Design?

Which Best Describes Intended Project Scope?

Is Relocation Of Exterior Doors or Windows Planned?

Are Changes To Bearing Walls Planned?

In Your Own Words, How Would You Describe Your Project Goals?

Note: Please include with questionnaire any of the following which are applicable to your project, or any other documents/ photos which you feel would be beneficial: Architectural or Design Plans, Site Photos, Inspiration Photos, and Site Dimensions. Example of site dimensions included on last page. Drawings do not need to be to scale.

## Crystal Cabinetry & Design Questionnaire

\*If your project does not include a kitchen skip to page 5

### Kitchen Use (Check All That Apply)

Do You Plan To Eat In The Kitchen Regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> TBD						
If So, How Much Seating Do You Need In Kitchen?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5				
What Is Your Seating Preference?	<input type="checkbox"/> Seperate Table	<input type="checkbox"/> Low Counter	<input type="checkbox"/> Counter Height	<input type="checkbox"/> Bar Counter					
When Do You Use Your Kitchen?	<input type="checkbox"/> Morning	<input type="checkbox"/> Mid-Day	<input type="checkbox"/> Evening	<input type="checkbox"/> All Day					
What Type Of Daily Use Will The Kitchen See?	<input type="checkbox"/> Low Prep Cooking	<input type="checkbox"/> Scratch Cooking	<input type="checkbox"/> Baking	<input type="checkbox"/> Purchased Meals					
What Type of Weekly Use Will The Kitchen See?	<input type="checkbox"/> Low Prep Cooking	<input type="checkbox"/> Scratch Cooking	<input type="checkbox"/> Baking	<input type="checkbox"/> Purchased Meals	<input type="checkbox"/> Weekend Family Meals	<input type="checkbox"/> Other :			
Do You Have Regular Special Uses?	<input type="checkbox"/> Yes:	<input type="checkbox"/> No							
How Often Do You Host Large Gatherings?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other :						
What Size Are Your Typical Large Gatherings?	<input type="checkbox"/> 10-15	<input type="checkbox"/> 15-20	<input type="checkbox"/> 20+ :						
How Often Do You Host Small Gatherings?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other :						
What Size Are Your Typical Small Gatherings?	<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-6	7-9 <input type="checkbox"/>						
What Is Your Entertainment Preference?	<input type="checkbox"/> Formal Meal	<input type="checkbox"/> Informal Meal	<input type="checkbox"/> Buffet Style	<input type="checkbox"/> Snacks/Drinks	<input type="checkbox"/> Catered	<input type="checkbox"/> Communal Cooking			
Do You Use The Kitchen For Secenary Purposes?	<input type="checkbox"/> Family Center	<input type="checkbox"/> Hobbies:	<input type="checkbox"/> Study/Work	<input type="checkbox"/> Other :					
Do You Use Any Of The Following Electrical Appliances Daily?	<input type="checkbox"/> Blender	<input type="checkbox"/> Coffee Maker	<input type="checkbox"/> Crock Pot	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Griddle	<input type="checkbox"/> Juicer	<input type="checkbox"/> Mixer	<input type="checkbox"/> Toaster/Toaster Oven	<input type="checkbox"/> Other :
Do You Use Any Of The Following Electrical Appliances Weekly?	<input type="checkbox"/> Blender	<input type="checkbox"/> Coffee Maker	<input type="checkbox"/> Crock Pot	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Griddle	<input type="checkbox"/> Juicer	<input type="checkbox"/> Mixer	<input type="checkbox"/> Toaster/Toaster Oven	Other :
What Major Appliances Do You Need?	<input type="checkbox"/> Range	<input type="checkbox"/> Oven	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fridge	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Hood	<input type="checkbox"/> Other :		
Do You Plan To Reuse Any Existing Appliances?	<input type="checkbox"/> Range	<input type="checkbox"/> Oven	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fridge	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Hood	<input type="checkbox"/> Other :		
Any Important Storage Requirements?	<input type="checkbox"/> Yes:	<input type="checkbox"/> No							
Rank Prioritization Of The New Kitchen Design:	<input type="checkbox"/> Cooking	<input type="checkbox"/> Other :	<input type="checkbox"/> More Storage	<input type="checkbox"/> Ergonomics/Work Efficiency	<input type="checkbox"/> Prep Space	<input type="checkbox"/> Aesthetics			

Crystal Cabinetry & Design Questionnaire

Kitchen Design

What Do You Like About The Existing Kitchen?

What Do You Dislike About The Existing Kitchen?

What Appliances Finishes Do You Want In The Kitchen?

- Paneled                       Stainless                       White                       Other:

What Plumbing Finishes Do You Want In The Kitchen?

- Chrome                       Gold                       Stainless/Brushed                       Bronze                       Black                       Other:

Would You Like The Follow Items In The Base Cabinets?  Other :

- Cleaning Suppies                       Dishes (Bowls/Plates)                       Pots/Pans                       Food Storage  
 Microwave                       Oven                       Trash/Recycle                       Trays/Cutting Boards

Is It Important For Your Kitchen To Match Home Style (Exterior?)  Yes                       No

How Would You Describe Your Personal Interior Style?  Other :

- Traditional                       Transitional                       Minimalist                       Maximalist  
 Modern                       Rustic                       Contemporary                       Country/Farmhouse

What Do You Like In Cabinetry? (Check All That Apply)  Painted / Color:                       Other:

- Metal Doors     Stained                       Light Wood Tones                       Glazing                       Dark Wood Tones                       Distressing  
 Shaker Doors     Slab Doors                       Raised Panel Doors                       Inset Doors                       Frameless Boxes                       Framed Boxes  
 Glass Doors     Open Shelves     Laminate Finishes                       Arches                       Crown Molding                       Applied Molding

Which Countertop Material Do You Prefer?  Other :

- Granite/Marble/Naural Stone     Quartz                       Wood                       Concrete                       Stainless Steel

Which Backsplash Material Do You Prefer?

- Granite/Marble/Naural Stone     Quartz                       Tile                       Stainless Steel                       Other:

Are You Considering Any Colors For The Kitchen?

Are You Considering Any Of The Following Lighting Types?  Other :

- Under Wall Cabinet                       Under Countertop                       Under Toe Kick                       Above Cabinet  
 Inside Cabinet (Spotlight)     Inside Cabinet (Full)                       Island Pendants                       Spotlights

Are There Any Architectural Elements Of The Home You Want To Incorporate?

Is There Any Furniture Or Decor You Want To Incorporate Into The Kitchen?

Does Your Kitchen Design Need To Coordinate With Adjacent Rooms?  Yes:                       No

Do You Have Any Other Design Ideas or Requirements?



Crystal Cabinetry & Design Questionnaire

Project Design

Are You Interested In Design/Remodel Of Additional Areas?

Is There Anything Else About The Project We Should Know?



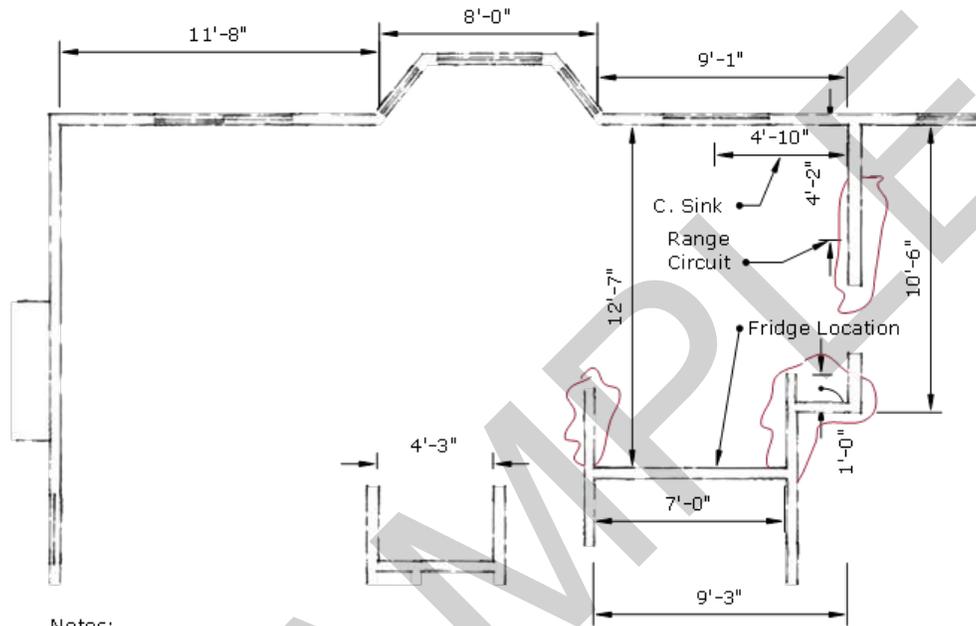
Crystal Cabinetry & Design Questionnaire

Site Drawings/Dimensions

A large, empty rectangular box with a thin black border, intended for site drawings and dimensions.

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Site Drawings/Dimensions



Notes:

- 1) Range To Fridge, Move Fridge Over Right (bump out corner)
- 2) Sink Stays Same
- 3) Bubbled Walls Non-Bearing and Can Be Moved
- 4) Island Desired
- 5) Ceiling Height 94"

