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PROJECT PLANNING QUESTIONNAIRE

Customer Name: _____ Email: _____

Phone Home: _____ Phone Cell: _____

Address: _____

Builder (if applicable): _____ Designer (if applicable): _____

Builder Phone: _____ Designer Phone: _____

Do you have notes and picture ideas of what you would like to use in your new kitchen? [] Yes [] No

General Use

1. How long do you plan on living in the project home?

- [] Less than 1 year [] 1 to 5 years [] 5 to 10 years [] 10+ years [] Rental/Income

2. How many people live in the home?

_____ Adults _____ Teenagers _____ Children under 13

3. Does your home have a Dinning Room? [] Yes [] No

4. Which room do you usually eat meals in? [] Kitchen [] Dinning [] Other _____

Are you considering your options to change the normal eating location? [] Yes [] No

If yes, please explain: _____

5. Do you entertain frequently? [] No [] Yes What type? [] Formal [] Informal

- [] Usually small groups (8 or less) [] Usually large groups (8 or more)

Cooking Style & Needs

1. Who is the primary cook? _____

2. Is the primary cook Right Handed Left Handed?

3. What Style of cooking will be done?
 Gourmet Meals Family Meals Quick & Simple Meals Baking

4. Is there normally more than 1 person in the kitchen when meals are being prepared?
 Yes _____ No Sometimes _____

5. Does anyone in the home have any physical/special needs or limitations that should be taken into consideration? Yes No _____

6. Does your existing kitchen ...
Have enough counter/workspace? Yes No _____
Have enough storage space? Yes No _____

7. Are you interested in incorporating any of the following into your project?
 Cutlery Rack Spice Rack Pull-out Trash Can Wine Rack
 Roll-out Trays Desk/Key Drop Area Other _____

8. Please list and/or comment on any other requirements or needs you would like address in this project

