



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?



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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.

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*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	<input type="checkbox"/> 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 Seconary 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"/> Other :				
<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	
Do You Use Any Of The Following Electrical Appliances Weekly?				
<input type="checkbox"/> Other :				
<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	
What Major Appliances Do You Need?				
<input type="checkbox"/> Other :				
<input type="checkbox"/> Range	<input type="checkbox"/> Oven	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fridge	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Hood
Do You Plan To Reuse Any Existing Appliances?				
<input type="checkbox"/> Other :				
<input type="checkbox"/> Range	<input type="checkbox"/> Oven	<input type="checkbox"/> Microwave	<input type="checkbox"/> Fridge	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Hood
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	



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Kitchen Design

What Do You Like About The Existing Kitchen?

What Do You Dislike About The Existing Kitchen?

What Appliances Finishies Do You Want In The Kitchen?

☐ Paneled ☐ Stainless ☐ White ☐ Other:

What Plumbing Finishies 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 Finishies ☐ Arches ☐ Crown Molding ☐ Applied Molding

Which Countertop Material Do You Prefer?

☐ Granite/Marble/Natural Stone ☐ Quartz ☐ Wood ☐ Other :
☐ Concrete ☐ Stainless Steel

Which Backsplash Material Do You Prefer?

☐ Granite/Marble/Natural 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?

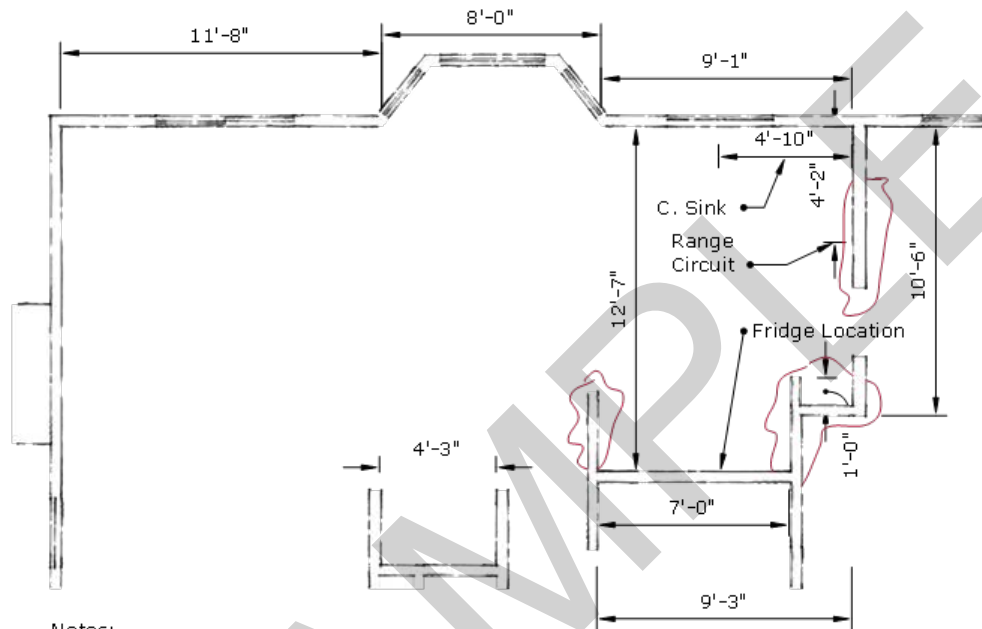


Crystal Cabinetry & Design Questionnaire

Site Drawings/Dimensions

Crystal Cabinetry & Design Questionnaire

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"

Layout Option?

