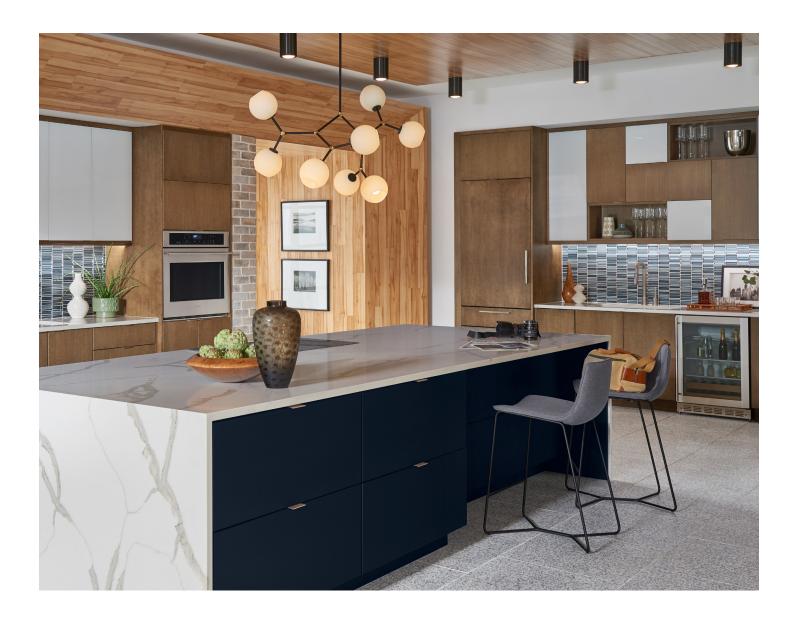# Design·Craft

REMODELING CHECKLIST

Before you remodel your kitchen or bathroom, make a checklist of major and minor problems and keep notes of the features you like and dislike. This way, when it comes time to sit down with your designer, they'll know exactly how to suit your needs, taste and style.

Start by thinking about the details in your kitchen and what you'd like to either keep or change in your remodeled room. Use the checklist below for a remodel and indicate what you would like to change, and make any special notes that will help your designer.

REMODELING PROJECT

How soon are you planning to remodel?

Do You have a Contractor/Remodeler?   □ Yes   □ No

What is your budgeted investment?

What is the main reason for making the change(s)?

Which rooms will need cabinetry?   □ Kitchen   □ #_____ Bath(s)   □ Library/Office
□ Laundry   □ Entertainment area   □ Other

When will the cabinets be needed?
Approximate start date: _____   Completion date: _____

Are you willing to change the location of doors and/or windows if necessary?
□ Yes   □ No   If yes, explain:

What new appliances are you considering and what appliances will be re-used?

What small appliances will you need space for?
□ Coffeemaker   □ Blender
□ Toaster   □ Mixer
□ Food Processor   □ Wok
□ Other

Has anyone prepared a kitchen design for you?   □ Yes   □ No

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KITCHEN

What do you like about your present kitchen?

What do you dislike about your present kitchen?

How many family members are in your household?
_____ Adults _____ Teens   _____ Children   _____ Pets

What is your décor/color preference?

What is your wood preference?

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your kitchen design?   ☐ Yes   ☐ No
If yes, please provide them.

Do you enjoy: ☐ Cooking ☐ Gourmet cuisine   ☐ Baking   ☐ Canning   ☐ Other, please specify

Do you entertain frequently?   ☐ Yes   ☐ No

Features you would like to see in your new kitchen:

☐ Appliance Garage   ☐ Sliding Trays   ☐ Lazy Susan
☐ Spice Storage   ☐ Bookcase   ☐ Tilt-out Sink Tray
☐ Bread Box   ☐ Trash Hamper   ☐ Mullion Doors
☐ Tray Divider   ☐ Cutlery Tray   ☐ Open Shelving
☐ Utility Cabinet   ☐ Cutting Board   ☐ Pantry
☐ Decorative Moldings   ☐ Recycling Center   ☐ Wine Storage
☐ Desk Area   ☐ File Drawers

What secondary activities do you want to take place in the kitchen?

Do you prepare at least one meal every day?   ☐ Yes   ☐ No

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KITCHEN

How many members are normally served at once?

Is there a separate dining room? ☐ Yes ☐ No

Do you own or plan to purchase a table for the kitchen?
☐ Yes Size _____ Shape: square rectangular round oval
☐ No

Are you the primary cook? ☐ Yes ☐ No
Is the primary cook right handed? ☐ Yes ☐ No

How tall are you? _____ How tall is the other cook? (if applicable) _____

Is there anyone in the household with special needs?
☐ Left handed ☐ Physically challenged ☐ Other, please explain:

In what areas should the special requirements be incorporated?

How often do you grocery shop?
☐ Every other week ☐ Weekly
☐ Twice a week ☐ Daily
☐ Other, please specify

Do you purchase any products in bulk (quantity)? ☐ Yes ☐ No

Where do you presently store your packaged foods and canned goods?

Where do you presently store tall cleaning and ironing equipment?

Do you recycle? ☐ Yes ☐ No
Location of recycling bins: ☐ In house ☐ Garage

What recycle bins are needed? ☐ Glass ☐ Plastic ☐ Newspaper ☐ Magazines

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BATH

What is the main reason for making changes?

What do you like about your present bathroom?

What do you dislike about your present bathroom?

Features you would like to see in your new bath:
☐ Tall Linen Cabinet   ☐ Wall Cabinet   ☐ Hamper

Do you have any ideas, or have you collected any pictures or sketches
that you would like to incorporate into your bath design?
☐ Yes   ☐ No   If yes, please provide them.

How many people use this bath? _____

____Adults   ____Teens   ____Children   ____Infants

Is your bathroom a comfortable size for all users?   ☐ Yes   ☐ No

Is your sink at a comfortable height for all users?   ☐ Yes   ☐ No

Is there adequate ventilation in the room?   ☐ Yes   ☐ No

Is there adequate lighting in the room?   ☐ Yes   ☐ No

Is there a convenient spot for soaps and shampoos in the shower/tub area?   ☐ Yes   ☐ No

Would you like this storage?   ☐ Yes   ☐ No

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NOTES