

## 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 room 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.



# ASSESS YOUR NEEDS

## 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 reason for making the change?

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, please explain:

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

What small appliances will you need space for?

- Coffeemaker
- Toaster
- Food Processor
- Other
- Blender
- Mixer
- Wok

Has anyone prepared a kitchen design for you?

- Yes
- No



# 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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Appliance Garage    | <input type="checkbox"/> Sliding Trays    |
| <input type="checkbox"/> Lazy Susan          | <input type="checkbox"/> Bookcase         |
| <input type="checkbox"/> Spice Storage       | <input type="checkbox"/> Trash Hamper     |
| <input type="checkbox"/> Tilt-out Sink Tray  | <input type="checkbox"/> Cutlery Tray     |
| <input type="checkbox"/> Bread Box           | <input type="checkbox"/> Cutting Board    |
| <input type="checkbox"/> Mullion Doors       | <input type="checkbox"/> File Drawers     |
| <input type="checkbox"/> Tray Divider        | <input type="checkbox"/> Open Shelving    |
| <input type="checkbox"/> Utility Cabinet     | <input type="checkbox"/> Pantry           |
| <input type="checkbox"/> Decorative Moldings | <input type="checkbox"/> Recycling Center |
| <input type="checkbox"/> Wine Storage        | <input type="checkbox"/> Desk Area        |

Do you prepare at least one meal every day?

- Yes
- No

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
- No

Size \_\_\_\_ ft. \_\_\_\_ in.

Shape

- Square
- Round
- Oval
- Rectangular

Are you the primary cook?

- Yes
- No

Is the primary cook right handed?

- Yes
- No

How tall are you? \_\_\_\_ ft. \_\_\_\_ in.

How tall is the other cook? \_\_\_\_ ft. \_\_\_\_ in.

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?

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Every other week | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Twice a week     | <input type="checkbox"/> Daily  |
| <input type="checkbox"/> Other            |                                 |

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:

What recycle bins are needed?

- Glass
- Plastic
- Newspaper
- Magazines

# BATH

What is the main reason for making changes?

How many people use this bath?

\_\_\_ Adults \_\_\_ Teens \_\_\_ Children \_\_\_ Pets

What do you like about your present bathroom?

Is your bathroom a comfortable size for all users?

- Yes
- No

What do you dislike about your present bathroom?

Is your sink at a comfortable height for all users?

- Yes
- No

Features you would like to see in your new bath:

- Tall Linen Cabinet
- Wall Cabinet
- Hamper

Is there adequate ventilation in the room?

- Yes
- No

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

Is there adequate lighting in the room?

- Yes
- No

If yes, please provide them:

Is there a convenient spot for soaps and shampoos in the shower/tub area?

- Yes
- No

Re-Masters

