

## Design Questionnaire

### DEALER INFORMATION

Customer Name: \_\_\_\_\_

CC Account #: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Sidemark: \_\_\_\_\_

Email: \_\_\_\_\_ Notes: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### Select Your Room What room are you planning? Please use one Design Questionnaire per room.

- |                                      |  |                                 |                                      |
|--------------------------------------|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Office/Craft Room | <input type="checkbox"/> Bath 1 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Master Bath | <input type="checkbox"/> Media Room        | <input type="checkbox"/> Bath 2 | _____                                |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Laundry/Utility   | <input type="checkbox"/> Bath 3 | _____                                |

### Budget What is your proposed cabinetry budget for this project?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Under \$5,000      | <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$20,000 - \$25,000 | <input type="checkbox"/> \$30,000 - \$35,000 |
| <input type="checkbox"/> \$5,000 - \$10,000 | <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$25,000 - \$30,000 | <input type="checkbox"/> Over \$35,000       |

### Type of Project

### Desired Outcome

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> New Construction<br><input type="checkbox"/> Remodel<br>Start Date _____<br>End Date _____ | <input type="checkbox"/> A showstopper - my priorities are beauty first, functionality second<br><input type="checkbox"/> I'll sacrifice some aesthetics for efficiency and storage | <input type="checkbox"/> Our family needs a multi-use space that includes storage and display<br><input type="checkbox"/> Storage, storage, storage!<br>Other _____ |
|---|---|---|

### A Bit About You Some info about your family/lifestyle will help guide your design.

What is your decorating theme? _____ _____ Family Size _____ Ages _____ Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary cook is: Height _____ <input type="checkbox"/> R Handed <input type="checkbox"/> L Handed Secondary cook is: Height _____ <input type="checkbox"/> R Handed <input type="checkbox"/> L Handed	Do you entertain frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your style of dining: <input type="checkbox"/> Formal <input type="checkbox"/> Informal Do you want an eating area in the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No # of people _____ Mostly: <input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Mix Are there special needs to consider? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____
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### Type of Cabinetry

### Wood Species Mark primary species in left column and accent species in right.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cornerstone Framed<br><input type="checkbox"/> Inset<br><input type="checkbox"/> Beaded Inset<br><input type="checkbox"/> Millennia Frameless<br><input type="checkbox"/> I'd like to mix it up:<br>_____<br>_____ | <b>Available in both Cornerstone and Millennia:</b><br><input type="checkbox"/> <input type="checkbox"/> Alder<br><input type="checkbox"/> <input type="checkbox"/> Rustic Alder<br><input type="checkbox"/> <input type="checkbox"/> Beech<br><input type="checkbox"/> <input type="checkbox"/> Cherry<br><input type="checkbox"/> <input type="checkbox"/> Hickory<br><input type="checkbox"/> <input type="checkbox"/> Rustic Hickory | <b>Millennia Only:</b><br><input type="checkbox"/> <input type="checkbox"/> Bamboo<br><input type="checkbox"/> <input type="checkbox"/> Rift White Oak<br><input type="checkbox"/> <input type="checkbox"/> Rustic Pine<br><input type="checkbox"/> <input type="checkbox"/> VG Fir<br><input type="checkbox"/> <input type="checkbox"/> Metal<br><input type="checkbox"/> <input type="checkbox"/> High Gloss (HG) Foil |
|---|--|--|

Door Style & Finish Color		Finish Enhancements (include color)	
Primary Door Style: _____	Secondary Door Style: _____	<input type="checkbox"/> Glazing _____	<input type="checkbox"/> Spattering
Primary Finish Color: _____	Secondary Finish Color: _____	<input type="checkbox"/> Highlighting _____	<input type="checkbox"/> Distressing
		<input type="checkbox"/> Chocolate Antiqued	Artisan: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Sand-Through to Wood
Drawer Options		Interior Options	
<b>Construction:</b> <input type="checkbox"/> Plywood Dovetail <input type="checkbox"/> Hardwood Dovetail	<b>Guides:</b> <input type="checkbox"/> SEGU (3/4 ext. undermount) <input type="checkbox"/> FEGZ (zinc full ext. sidemount) <input type="checkbox"/> FEGW (white full ext. sidemount) <input type="checkbox"/> FEGB (black full ext. sidemount) <input type="checkbox"/> UMFEG (full ext. undermount) <input type="checkbox"/> Add InMotion	<b>Plywood:</b> <input type="checkbox"/> White Vinyl <input type="checkbox"/> Natural Wood Veneer	<b>Interior Modifications:</b> <input type="checkbox"/> Finished to Match (FMI) <input type="checkbox"/> FMI with Beaded Back <input type="checkbox"/> Beaded Interior Back
<b>Drawer Front:</b> <input type="checkbox"/> Slab <input type="checkbox"/> DFMD (matches door) <input type="checkbox"/> Add Finger Rout		<b>Particleboard:</b> <input type="checkbox"/> White Vinyl <input type="checkbox"/> Wood-Grain Vinyl <input type="checkbox"/> Black <input type="checkbox"/> Grey (Millennia)	
Finishing Touches Mouldings, legs, corbels and other decorative elements to personalize your design.			
<b>Wall Cabinets:</b> <input type="checkbox"/> Crown Moulding <input type="checkbox"/> Decorative Valances <input type="checkbox"/> Light Valances <input type="checkbox"/> Corbels <input type="checkbox"/> Cornice Moulding <input type="checkbox"/> Finished Bottom	<b>Base Cabinets:</b> <input type="checkbox"/> Decorative Valance <input type="checkbox"/> Toekick Valance <input type="checkbox"/> Furniture Feet <input type="checkbox"/> Toekick Treatments <input type="checkbox"/> Turned Legs <input type="checkbox"/> Clipped Corners	<b>Door Options:</b> <input type="checkbox"/> Rout For Glass <input type="checkbox"/> Mullion Grid <input type="checkbox"/> Nine Lite <input type="checkbox"/> Half Lite <input type="checkbox"/> Quarter Round <input type="checkbox"/> Vertical Mullion Top <input type="checkbox"/> Acrylic Panels	<b>Focal Points:</b> <input type="checkbox"/> Staggered Heights <input type="checkbox"/> Staggered Depths <input type="checkbox"/> Basic Wood Hood <input type="checkbox"/> "Mantel" Hood <input type="checkbox"/> Hutch Area <input type="checkbox"/> Furniture-Style Island
Kitchen "Wish List" Check off the items you would like to have specialized storage or display space for:			
<input type="checkbox"/> Baking Sheets <input type="checkbox"/> Breadboard <input type="checkbox"/> Bulk Items <input type="checkbox"/> Computer/Printer <input type="checkbox"/> Cookbooks <input type="checkbox"/> Cutlery <input type="checkbox"/> Flatware	<input type="checkbox"/> Oversized Pots/Pans <input type="checkbox"/> Pet Food/Supplies <input type="checkbox"/> Phone Chargers <input type="checkbox"/> Plates/Cups <input type="checkbox"/> Recycling <input type="checkbox"/> School Supplies <input type="checkbox"/> Serving Items	<input type="checkbox"/> Small Appliances (list) _____ _____ <input type="checkbox"/> Spices <input type="checkbox"/> Sponges/Scrubbers <input type="checkbox"/> Stand Mixer <input type="checkbox"/> Stemware	<input type="checkbox"/> Towels <input type="checkbox"/> Waste Basket <input type="checkbox"/> Wine Other: _____ _____ _____
Master Suite "Wish List" Check off the items you would like to have special storage or display space for:			
<b>Bathroom/Vanity:</b> <input type="checkbox"/> Bulk Paper Items <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Cosmetics <input type="checkbox"/> Soiled Laundry <input type="checkbox"/> Towels <input type="checkbox"/> Waste Basket	<b>Closet/Dressing Area:</b> <input type="checkbox"/> Accessories <input type="checkbox"/> Boots <input type="checkbox"/> Formal Wear <input type="checkbox"/> Linens <input type="checkbox"/> Luggage <input type="checkbox"/> Seasonal Items	<b>Appliances:</b> <input type="checkbox"/> Clothes Washer/Dryer <input type="checkbox"/> Coffee Maker <input type="checkbox"/> Ironing Board/Iron <input type="checkbox"/> Microwave <input type="checkbox"/> Mini Fridge <input type="checkbox"/> Steamer	Other: _____ _____ _____ _____
Family Room/Media Room "Wish List" Be sure to note sizes of Media items in the "Appliances" section.			
<input type="checkbox"/> Board Games <input type="checkbox"/> Books/Magazines <input type="checkbox"/> CDs/DVDs <input type="checkbox"/> Collectibles	<input type="checkbox"/> Computer/Printer <input type="checkbox"/> Game Console/Games <input type="checkbox"/> Throw Blankets/Pillows <input type="checkbox"/> Toys	<b>Appliances:</b> <input type="checkbox"/> Coffee Maker <input type="checkbox"/> Microwave <input type="checkbox"/> Mini Fridge/Drawer	Other: _____ _____ _____

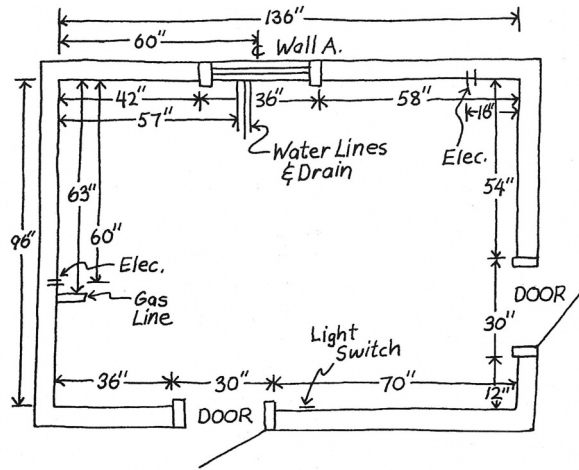


## Room & Appliance Information

Provide complete room and appliance information as shown below:

**Rooms:** All four walls should be measured, and should include window and door dimensions (including trim), ceiling and soffit heights, placement of light switches, electrical outlets, gas service, water lines and drains. Be sure to indicate which direction doors swing. For new construction, remember to include thickness of sheetrock.

**Appliances:** Specifications are required for all appliances and media equipment that will be used, whether existing or new purchases. For sinks, be sure to indicate single, double or farmhouse styles. Also note if doors are hinged on the left or the right.



Make sure you note locations of existing and proposed:

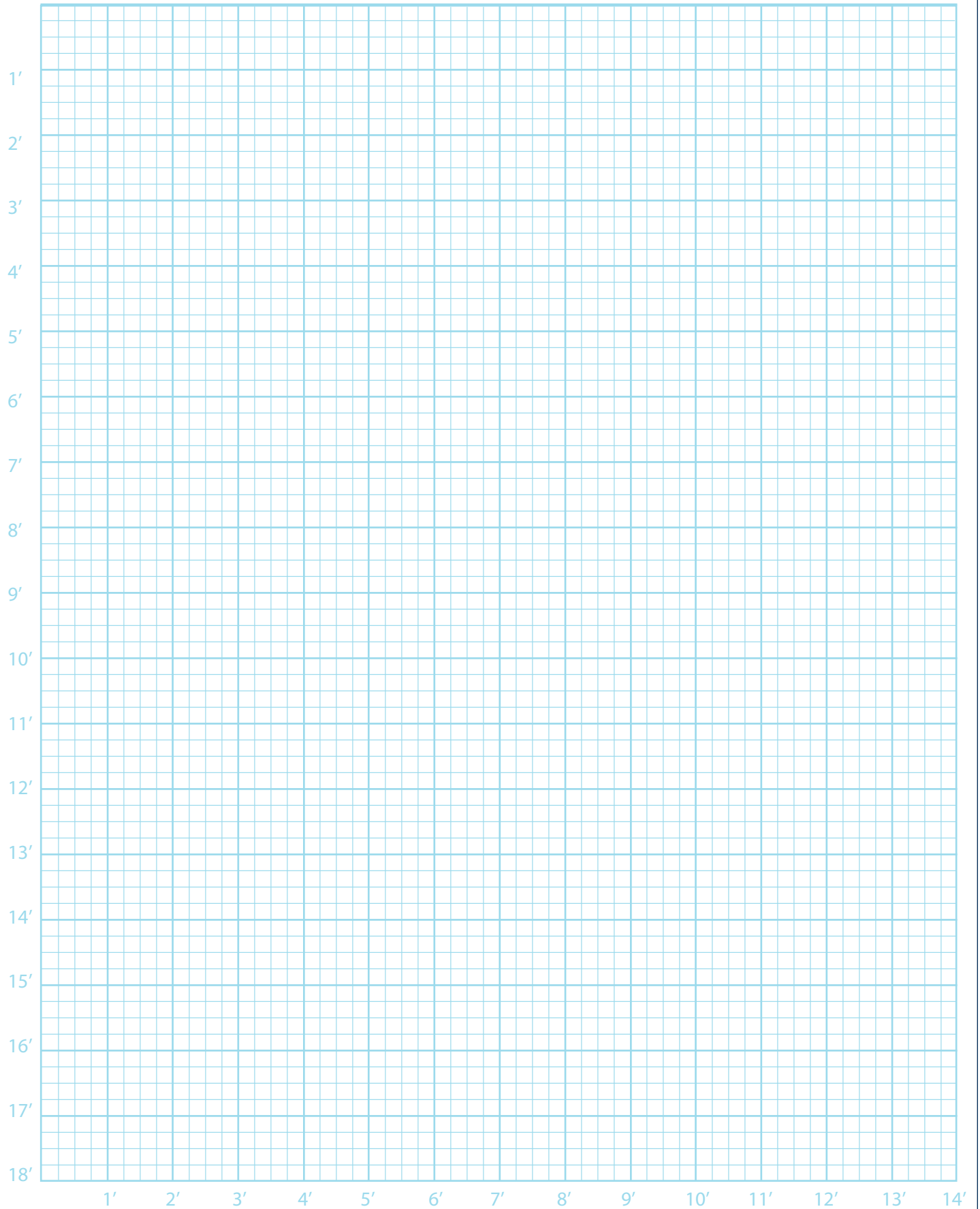
- doors
- windows
- ceiling height
- vents
- gas lines
- water lines
- drains
- switches
- outlets
- light fixtures
- telephone
- cable

## Appliance Specifications

Provide detailed specs for all appliances that will be used in the room:

Appliance	Brand/Model	Width	Height	Depth	Hinge Pos. on L/R	"X" if Existing
Cooktop						
Range						
Exhaust Hood						
Single Wall Oven						
Double Wall Oven						
Warming Drawer						
Microwave						
Refrigerator						
Fridge Drawer						
Mini Fridge						
Wine Cooler						
Built In Coffee Maker						
Espresso Maker						
Dishwasher 1						
Dishwasher 2						
Sink 1						
Sink 2						
Compactor						
Freezer						
Ice Maker						
Washer						
Dryer						
Television						

**Floor Plan Sketch** Draw out the basic layout of your room - include windows, doors, and ceiling heights!



Each large square equals 1 sq. ft. and smaller squares are 3".