

# MORSE KITCHEN CABINETS

& DESIGN

WM. B. MORSE LUMBER CO., SINCE 1853

This survey was created to help the design staff at Morse Sash and Door bring your dream kitchen to life.

## ***Family and Lifestyle***

1. Number of family members: \_\_\_\_
2. Approximate ages of family members in your home (please check all that apply):  
 Infants  young children  teens  20 to 30 years  31 to 40 years  
 41 to 50 years  51 to 60 years  61 to 70 years  70+ years
3. How many family members will be actively utilizing the kitchen space? \_\_\_\_  
The range of ages utilizing the space? \_\_\_\_
4. How long do you plan on living in the home you are remodeling/ building?  
 1 to 5 years,  6 to 10 years,  11 to 20 years,  20+ years
5. Where does your family eat its meals?  
 Kitchen  Dining Room  Other: \_\_\_\_\_
6. Where will your family eat after you remodel/ build?  
 Kitchen  Dining Room  Other: \_\_\_\_\_
7. Do you require a kitchen table or would you be willing to explore other options if a design could be improved?  
 A kitchen table is required  
 A kitchen table is preferred but open to other options  
 A kitchen table is not necessary
8. What other activities will take place in your new kitchen?  
 Laundry,  Homework,  Watching TV,  Paying Bills,  Computer/ Office
9. After your remodel/ build will you entertain frequently?  Yes  No  
If Yes...  
What is your entertaining style?  Formal  Informal  
Do you have large or small gatherings? \_\_\_\_\_  
Do your guests help you in the kitchen when you entertain?  Yes  No
10. How do you shop?  
 For the week,  Buy in bulk,  For each meal  
If you buy in bulk do require  Freezer space,  Refrigerator space,  Pantry space

## ***Cooking Style***

1. Who is the primary cook? \_\_\_\_\_
2. Is the primary cook left \_\_\_ handed or right \_\_\_ handed?
3. How tall is the primary cook? \_\_\_\_\_
4. What is the preferred cooking method in your home?  
\_\_\_ Family meals \_\_\_ Quick and Simple meals \_\_\_ Gourmet meals \_\_\_ Take out \_\_\_ Baking \_\_\_ Asian \_\_\_ Kosher
5. Which situation will best describe meal preparation in your new kitchen?  
\_\_\_ No one else in the kitchen while preparing meals.  
\_\_\_ A helper in the kitchen while preparing meals.  
\_\_\_ Family or friends visiting during meal preparation.
6. Does the primary cook have any physical limitations?  
\_\_\_ Yes \_\_\_ No
7. Who is the secondary cook? \_\_\_\_\_
8. Do both cooks prepare meals together?  
\_\_\_ Yes \_\_\_ No
9. Is the secondary cook left \_\_\_ handed or right \_\_\_ handed?
10. How tall is the secondary cook? \_\_\_\_\_
11. What are the secondary cook's responsibilities?  
\_\_\_ Preparing side dishes \_\_\_ Clean up \_\_\_ Assist in preparing main course \_\_\_ Other \_\_\_\_\_
12. Does the secondary cook have any physical limitations?  
\_\_\_ Yes \_\_\_ No
13. How many sinks and basins per sink do you require? \_\_\_\_\_

## ***Design and Style***

- 1.a. What wood species and colors would you like to incorporate in your new space?  
\_\_\_\_\_
- 1.b. Do you have material preferences for your counter surface?  
\_\_\_\_\_
- 2.a. Are there wood species or colors you would not like to incorporate?  
\_\_\_\_\_
- 2.b. Is there a surface or surfaces that you would like to avoid?

3. Have you created a scrap book of notes, photos, and ideas that you would like to use in your new kitchen?  
 Yes  No

4. What is your style preference?

Contemporary(Modern, Asian/Pacific Rim)  Traditional  Formal  Country(American, French, Italian)  
 Eclectic  Arts and Crafts/Craftsman  Shaker/Mission  Victorian  Colonial  Not Sure   
Other \_\_\_\_\_

5. If a design could be greatly improved, would you be willing to make structural changes (i.e. moving windows, doors, and walls)?  Yes  No

6. What do you like about your current kitchen?

- \_\_\_\_\_  
- \_\_\_\_\_

7. What do you dislike about your current kitchen?

- \_\_\_\_\_  
- \_\_\_\_\_

8. Do you require a recycling center in your kitchen?  Yes  No

If Yes...

If possible, how many items do you need to sort? \_\_\_\_\_

9. Will you be keeping your existing appliances?

MODEL #

Dishwasher;  Keep  New  N/A

\_\_\_\_\_

Refrigerator;  Keep  New

\_\_\_\_\_

Range;  Keep  New  N/A

\_\_\_\_\_

Cook Top;  Keep  New  N/A

\_\_\_\_\_

Wall Oven;  Keep  New  N/A

\_\_\_\_\_

Microwave;  Keep  New  N/A

\_\_\_\_\_

Range Hood;  Keep  New  N/A

\_\_\_\_\_

### ***Time and Budget***

1. Have you chosen a contractor/builder yet?  Yes  No

Business Name? \_\_\_\_\_

2. When would you like to begin your project? \_\_\_\_\_

3. Do have a time frame for completion? \_\_\_\_\_

4. If you are building is the kitchen part of your contract?  Yes  No

5. Do you have a budget for this project?

Yes \$ \_\_\_\_\_

What does this budget include?  Cabinetry  Counter Tops  Flooring  Labor

Appliances  Hardware  Lighting  Misc. Plumbing (sink, faucet, strainer baskets)

