

TEKNIKA DESIGN GROUP  
Kitchen Planning Guide

**Family & Lifestyle**

1. Number of family members: \_\_\_\_

2. Number and approximate ages of family members:

\_\_ infants    \_\_ young children    \_\_ teens  
\_\_ 20 to 30 yrs    \_\_ 31 to 40 yrs    \_\_ 41 to 50 yrs  
\_\_ 51 to 60 yrs    \_\_ 61 to 70 yrs    \_\_ 70+

3. If your family has young children, will they be using the kitchen frequently?    \_\_ Yes    \_\_ No

4. How long do you plan on living in the home you are remodeling/building?

\_\_ 1 to 5 yrs    \_\_ 6 to 10 yrs    \_\_ 11 to 20 yrs    \_\_ 20+

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    \_\_ Sewing    \_\_ Computer Center  
\_\_ Other: \_\_\_\_\_    \_\_ Other: \_\_\_\_\_

9. After your remodel/build will you entertain frequently?    \_\_ Yes    \_\_ No

If Yes...

What is your entertainment 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 and freeze  
 For each meal     Buy non-perishable items in bulk

If you buy in bulk, do you require storage in the kitchen for all or most of these items?

- Yes     No

### **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 primary cook's cooking style?

- Gourmet Meals         Family Meals  
 Quick & Simple Meals  
 Bringing Meals Home     Baking

5. What does the primary cook prefer?

- No one else in the kitchen while preparing meals.  
 A helper in the kitchen when 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 the secondary and primary cook 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

12. Does the secondary cook have any physical limitations?

\_\_\_\_\_

## Design & Style

1. What are your color preferences for your new kitchen?

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2. Are there colors you would not want in your new kitchen?

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3. Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen?

Yes  No

4. If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)?

Absolutely not  I would consider it

5. What do you like about your current kitchen?

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6. What do you dislike about your current kitchen?

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7. Do you require a recycling center in your kitchen?

Yes  No

If Yes... How many items do you need to sort? \_\_\_\_

8. Will you be keeping your existing appliances?

Dishwasher:  existing  new

Refrigerator:  existing  new

Oven/Range:  existing  new

9. What is your style preference for your new kitchen?

contemporary  formal

country  traditional

**Time & Budget**

1. When would you like to begin your project?

\_\_\_\_\_

2. When would you like your project completed?

\_\_\_\_\_

3. If you are building, is the kitchen in your contract?

Yes  No

4. Do you have a budget for this project?

Yes: \$ \_\_\_\_\_  No

**General**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_

5. Work Phone: \_\_\_\_\_

6. Fax: \_\_\_\_\_

7. New Home Address: \_\_\_\_\_

9. City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

9. Builder Name (if applicable): \_\_\_\_\_

10. Contact Name: \_\_\_\_\_

11. Phone: \_\_\_\_\_

12. Fax: \_\_\_\_\_

13. Architect Name (if applicable): \_\_\_\_\_

14. Contact Name: \_\_\_\_\_

15. Phone: \_\_\_\_\_

16. Fax: \_\_\_\_\_

17. Interior Designer Name (if applicable): \_\_\_\_\_

18. Contact Name: \_\_\_\_\_

19. Phone: \_\_\_\_\_

20. Fax: \_\_\_\_\_