

### BATH DESIGN SURVEY FORM

|          |      |             |
|----------|------|-------------|
| Name:    |      | Date:       |
| Address: |      | Home Phone: |
| City:    |      | Work Phone: |
| State:   | Zip: | Cell Phone: |
| Comment: |      | Email:      |

### GENERAL CLIENT INFORMATION

1. What type of project is this?  Renovation  New Construction
2. Have you ever renovated a bathroom before?  Yes  No
3. When would you like to start the project? \_\_\_\_\_ Complete the Project? \_\_\_\_\_
4. Will you be living in the residence during construction?  Yes  No
5. How did you learn about our firm? \_\_\_\_\_
6. Do you have a specific builder / contractor or other subcontractor with whom you would like to work?  Yes  No  
 If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_
7. What portion of the project, if any, will be your responsibility? \_\_\_\_\_
8. What budget range have you established for your bath project?  
 \$5,000 – \$10,000  \$10,000 – \$20,000  \$20,000 – \$30,000  \$30,000 – \$50,000  
 \$50,000 – \$60,000  \$60,000 – \$75,000  \$75,000 +
9. How long do you intend to own the residence? \_\_\_\_\_
10. What family members will share in the final decision-making process? \_\_\_\_\_
11. Are sustainable design ideas important to your family:  Yes  No
  - a.  Use of "Green" Products Materials
  - b.  General products made from recycled materials:  
 Cabinets  Counters  Floors  Walls  Building Materials
  - c.  Wood products supplied by environmentally responsible manufacturers
  - d.  Water usage
  - e.  Sustainable design details incorporated into the plan
  - f.  Water efficient fixtures:  Toilet  Bathtub  Shower
  - g.  Energy efficient lighting systems

## SPECIFIC BATH QUESTIONS

1. Is this a  Master  Children  Main  Guest bathroom or  Powder room?
2. How many bathrooms are currently in the home?  One  Two  Three  Four  More
3. If you are remodeling: Is there a room addition planned?  Yes  No
4. When was the house built? \_\_\_\_\_ How old is the present bath? \_\_\_\_\_
5. Are you considering relocating  windows  doors  walls in your new plan?
6. If you are building a new home:  
Are you able to relocate  windows  doors  walls at this stage of construction?  Yes  No
7. Is there a view from the bathroom to be considered:  Yes  No
  - a. From where in the bathroom should the view be visible?  
 Bathtub  Vanity  Shower  Other \_\_\_\_\_
  - b. Sun exposure \_\_\_\_\_
  - c. What privacy concerns do you have, if any? \_\_\_\_\_

Characteristics of family members who will be using the new bathroom:

| Names | Age | Handed  | Height | Physical Limitations / Mobility Aids |
|-------|-----|---|--------|--------------------------------------|
| 1     |     | <input type="checkbox"/> R <input type="checkbox"/> L |        |                                      |
| 2     |     | <input type="checkbox"/> R <input type="checkbox"/> L |        |                                      |
| 3     |     | <input type="checkbox"/> R <input type="checkbox"/> L |        |                                      |
| 4     |     | <input type="checkbox"/> R <input type="checkbox"/> L |        |                                      |
| 5     |     | <input type="checkbox"/> R <input type="checkbox"/> L |        |                                      |

Personal Information about the bathroom:

8. Will more than one person be using the bathroom at the same time?  Yes  No.
9. How important is auditory privacy? \_\_\_\_\_ Are bathroom noises a problem?  Yes  No
10. What do you *dislike* about your present bath? \_\_\_\_\_
11. What do you *like* about your present bath? \_\_\_\_\_

Visit ability:

12. Will this bathroom be used by visitors to the home?  Yes  No. How often? \_\_\_\_\_
13. Do any regular or frequent visitors have any physical limitation?  Yes  No
14. Do you prefer separate showering and bathing areas?  Yes  No
15. Would you like a tub that will accommodate more than one person?  Yes  No
16. Would you like a shower that will accommodate more than one person?  Yes  No
17. Do you prefer the water closet and / or bidet to be separate from the other fixtures and placed in its own compartment?  Yes  No



## STORAGE INFORMATION

What appliances do you plan on using in the bathroom?:

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Electrical Toothbrush | <input type="checkbox"/> Electrical Razor | <input type="checkbox"/> Curling Iron         | <input type="checkbox"/> Hot Rollers    |
| <input type="checkbox"/> Scale                 | <input type="checkbox"/> Radio            | <input type="checkbox"/> Television / DVD     | <input type="checkbox"/> Computer       |
| <input type="checkbox"/> Blow-dryer            | <input type="checkbox"/> Fireplace        | <input type="checkbox"/> Towel Warmer         | <input type="checkbox"/> Washer & Dryer |
| <input type="checkbox"/> Handheld              | <input type="checkbox"/> Wood Burning     | <input type="checkbox"/> Hydronic (Hot Water) | <input type="checkbox"/> Warming Drawer |
| <input type="checkbox"/> Wall Mounted          | <input type="checkbox"/> Gas              | <input type="checkbox"/> Electric             | <input type="checkbox"/> Other          |

Where would you like to store the following Items

| Items                           | Location                 |                          |                          |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                 | Vanity Drawer            | Vanity Shelf             | Linen Cabinet            | Other                    |
| Make-up Storage                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hair Grooming Equipment         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shaving Storage                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Hygiene Equipment      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine / First Aid            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom Paper Products Storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bath Towel Storage              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Bedroom Linen         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleaning Supply Storage         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## DESIGN INFORMATION

1. What type of feeling would you like your new bathroom space to have? Have you created a scrapbook of notes, photos and ideas of bathrooms that you like?
 

American Country  
  Asian / Warm Contemporary  
  Old World European  
  Sleek Contemporary  
 American Formal  
  Craftsman / Arts & Crafts  
  Personal Design Statement (Electric)  
  Traditional
  
2. What colors do you like? \_\_\_\_\_
  - a. And dislike \_\_\_\_\_
  - b. What colors are you considering for you new bathroom? \_\_\_\_\_
  - c. What are the color preferences of other family members? \_\_\_\_\_
  
3. Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project? \_\_\_\_\_
  
4. Design Notes: \_\_\_\_\_