

BATH DESIGN SURVEY FORM

Name:	Date:
Address:	Home Phone:
City:	Work Phone:
State:	Cell Phone:
Zip:	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"/> Handheld <input type="checkbox"/> Wall Mounted	<input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas	<input type="checkbox"/> Towel Warmer <input type="checkbox"/> Hydronic (Hot Water) <input type="checkbox"/> Electric	<input type="checkbox"/> Washer & Dryer
			<input type="checkbox"/> Warming Drawer
			<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: _____
