



Bathroom Questionnaire

Thank you for taking time to fill out this questionnaire. Your answers will help us to better understand your objectives and assist us in creating the bathroom of your dreams! Please read through and answer all applicable questions pertaining to your remodel. Even if particular questions do not apply to your particular project, perhaps they will help generate new ideas and inspire creativity. Leave blank any unknowns or insert a '?' for questions you are still deciding on.

Client name(s): _____
 Date: _____

If your project involves multiple bathrooms, please be sure to fill out separate bathroom questionnaires for each individual bathroom.

Family and Lifestyle

1. This bathroom will be: *(check one)*
 MASTER BATH (located in Master Suite)
 CHILDREN'S BATH (how many children will be using the bathroom?)
 GUEST BATH (located in or near Guest Bedroom)
 POWDER ROOM (1/2 bath or less)

2. Who are the primary users of this bathroom?

3. How long do you plan on living in the home?

4. What items will you need to plug in to operate and/or charge? *(note the amount of each)*

	Hair Dryer		Curling/Flat Iron		Electric Shaver
	Electric Toothbrush		Clothing Iron		Other:

5. Do you intend to keep house plants in your bathroom? YES NO



Design and Style

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

2. If a design could be greatly improved, would you be willing to make structural changes?
(ie. Moving windows, doors and walls)

3. What do you like and dislike about your current bath?

4. Do you want your bathroom to match the architectural theme of your home? YES NO
5. What is your style preference for your new bath? *(circle one)*
CONTEMPORARY COTTAGE FORMAL TRADITIONAL
CRAFTSMAN/MISSION COUNTRY OTHER: _____
6. Would you like a separate commode chamber with a door if possible? YES NO
7. Are you interested in looking into Green Design and Green Products? YES NO
8. Do you have any items you wish to put on display in your new bathroom? YES NO
If yes, please describe:



Plumbing

1. To your best knowledge, have you in the past or do you currently have any water leaks, damage and/or mold in your existing bathroom?

2. What kind of heating system do you have for water in your home? *(check one)*

- ___ Standard Water Heater
- ___ High Efficiency Water Heater
- ___ Tankless Water Heater
- ___ Other: _____

3. Does your current water heating system provide adequate hot water? YES NO

4. Approximately how long does it take to get hot water in your bathroom first thing in the morning? _____

5. Would you like the shower area and tub separate? YES NO

6. If you would like a separate tub, what options would you like: *(circle those that apply)*

- DEEP, SOAKING TUB JETTED TUB OTHER _____
- DROP INTO DECK UNDERMOUNT IN DECK FREE-STANDING CLAW-FOOT

7. How many sinks do you need for this bathroom? _____

8. How many of the following would you like for your shower?

<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Rain Shower (in center)	<input type="checkbox"/>	Thermostatic Control
<input type="checkbox"/>	Body Spray (set of 2)	<input type="checkbox"/>	Hand Held Shower	<input type="checkbox"/>	Volume Controls
<input type="checkbox"/>	Body Spray (set of 3)	<input type="checkbox"/>	Basic Tub/Shower Set	<input type="checkbox"/>	Diverter

9. Are you interested in a steam shower system? YES NO

10. What installation method would you prefer for your sink(s)? *(circle those that apply)*

- UNDERMOUNT DROP-IN INTEGRATED WITH COUNTERTOP



VESSEL SINK

PEDISTAL SINK

WALL-MOUNTED SINK

- 11.** Do you want a bidet or toilet/bidet combo added in your bathroom, or an existing bidet removed from the design? YES NO

Cabinetry/Storage

- 1.** What type of vanity or vanities do you want for your bathroom? *(circle those that apply)*

VANITY WITH ONE SINK

VANITY WITH TWO SINKS

PEDISTAL SINK

TWO SEPARATE VANITIES

WALL MOUNTED SINK

OTHER: _____

- 2.** What items will you be storing in your bathroom? *(circle those that apply)*

TOILETRIES

TOWELS

JEWELRY

KID'S BATHTIME TOYS

COSMETICS

OTHER: _____

- 3.** What other areas of storage do you need in your bathroom? *(circle those that apply)*

VANITY/MAKEUP AREA

MEDICINE CABINET

LINEN CABINET

HAMPER

IRONING BOARD

FOLDING AREA

OTHER: _____

Countertops

- 1.** Do you want a smooth or textured feel?

- 2.** Do you want the ease of cleaning an integral sink? YES NO

- 3.** Do you like a consistent color or one that's broken up by granules or veins or that's patterned? _____

- 4.** What countertop material(s) are you interested in? *(circle those that apply)*

TILE

GRANITE/STONE

ENGINEERED STONE

SOAPSTONE

SOLID SURFACE (Corian)

CONCRETE



Shower Design

1. Would you like your new shower to be a different size than the existing? YES NO
2. What materials would you like for your shower walls and floor? *(circle those that apply)*
 - Tile: WALLS FLOOR CEILING (if applicable)
 - Solid Surface: WALLS FLOOR CEILING (if applicable)
 - Concrete: FLOOR
 - Other _____
3. Are there any decorative tiles / listellos that you are interested in for your shower? _____

4. Would you like to include a bench or niche(s) in your new shower? YES NO
5. What type of shower enclosure are you interested in? *(circle those that apply)*
FRAMELESS GLASS ENCLOSURE FRAMED GLASS ENCLOSURE GLASS BLOCK
NO SHOWER DOOR CURTAIN OTHER: _____

Wall Finishes

1. What kind of wall finish(es) are you interested in? *(circle those that apply)*
PAINT FAUX PAINT TILE WAINSCOTING WALLPAPER
2. Would you like a decorative pattern/layout on the walls? YES NO

Flooring

1. What type of flooring would you like in your bathroom floor? *(circle those that apply)*
CERAMIC/PORCELAIN TILE NATURAL STONE TILE WOOD VINYL
OTHER: _____
2. Would you like a decorative pattern or straight tile layout? _____
Is there a specific pattern you prefer? _____



3. Are you interested in heated floors? YES NO

Lighting & Electrical

1. Are you happy with the current lighting in your existing bathroom? YES NO
2. What kind of lighting are you interested in for your bathroom? *(circle those that apply)*
- RECESSED CANS WALL SCONCE(S) LARGER AND/OR MORE WINDOW(S)
- SKYLIGHT TRACK LIGHTING PENDANT(S) OTHER: _____

Time and Budget

1. When would you like to break ground on your project? _____
2. When would you like your project completed? _____
3. Do you have a budget range for this project? If so, what is the range? _____

Did we miss anything?

Please let us know any other design needs or ideas that you may have in mind. If you have any, feel free to submit magazine clippings to help communicate what you are looking for.