

## Bathroom Design Survey

Your Home			
Is this bathroom original to the home? If not, how old is it?			
Please describe the type of project are you considering:			
Do you have a particular style in mind for the new space?			
What is your reason for remodeling this bathroom?			
What investment amount do you have in mind for this project?			
Your Family Who mainly uses this bathroom?			
Are there other bathrooms in the home? How many?			
How would you categorize this particular bathroom?  Powder Room			
What level of the home is this bathroom located? Is there finished space below?			
□ Main Level □ Lower Level □ Upper Level			
What will this bathroom primarily be used for?  ☐ Daily Grooming ☐ Family Use ☐ Guest Use ☐ Personal Pampering ☐ Other:			
Does anyone in your household have any physical limitations that should be considered in			
the design?   No  Yes, please explain:			

## **Your New Space**

Will this bathroom be used by r	multiple people at or	nce? If yes, how many?	
Do you require both a bathtub	and a shower (or co	ombo)? 🗆 No 🗆 Yes	
If yes, would you prefer separa	te showering and bo	athing areas? 🗆 No 🗆 Yes	
Would you like to incorporate o	a tub or shower that	will accommodate more than one	
person? 🗆 No 🗆 Yes, describe	<b>:</b> :		
Shower Style (if applicapble)  1-Piece Fiberglass Unit  Walk-In (No Doors)  Bathtub Style (if applicapble)		rs	
<ul><li>☐ Standard</li><li>☐ Soaker</li><li>☐ VibrAcoustic</li><li>☐ Bubble M</li></ul>	☐ Whirlpool ☐ lassage ☐ 6" ☐ 6'-0" ☐	☐ Effervescence	
Would you prefer the toilet in a	separate room/are	a? □ No □ Yes	
Design Features			
What types of specialty cabine	et storage would you	oconsider a priority, if any?	
☐ Pull Out Wastebasket ☐ Ro	oll-Outs 🗆 Built-In Han	mper(s)	
<ul><li>☐ Television/Radio</li><li>☐ Be</li><li>☐ Sink Tip-outs</li></ul>	verage Center (coff	fee maker)	
☐ Other:			
What types of cabinet design f	eatures, if any, are y	ou particularly interested in?	
☐ Glass Doors ☐ Furniture	Style Vanity Cabine	ts 🗆 Countertop Cabinets	
☐ Floating Vanity ☐ Built-In St	yle Seating	☐ Make-Up Seating Area	
☐ Other:			
Have you considered removing	g/adding walls in you	ur new bathroom design?	
□ No □ Yes, explain:			
Have you considered changing sign? $\square$ No $\square$ Yes, explain:	g/relocating any wir	ndows or doors in your new bathroor	n de-

## Do you have any particular wood species or finishes in mind for your bathroom cabinets? \[ \text{No } \text{ Yes, explain:} \] Do you have any particular countertop materials in mind for your new bathroom? \[ \text{No } \text{ Yes, explain:} \] Do you have any particular styles of lighting that you are interested in incorporating in your new bathroom? \[ \text{ No } \text{ Yes, explain:} \] Do you have any particular flooring material in mind for your new bathroom? \[ \text{ No } \text{ Yes, explain:} \] Are you planning on keeping any of your current bathroom fixtures? \[ \text{ No } \text{ Yes, which ones?} \]

Notes:

Materials & Fixtures