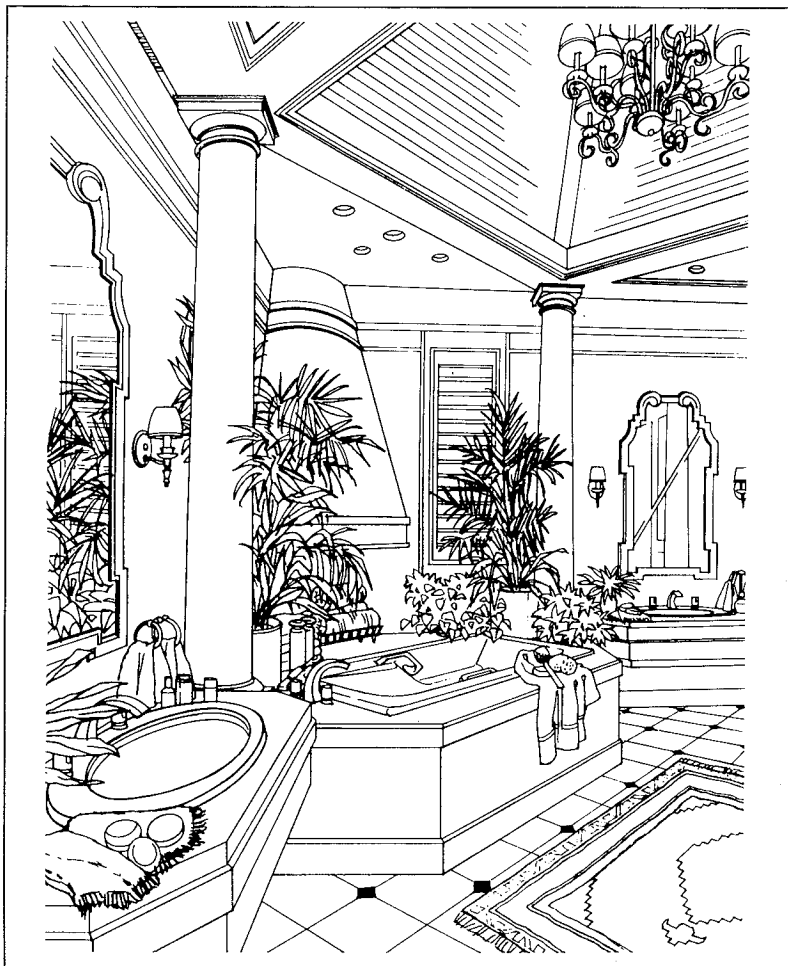


BATH DESIGN SURVEY FORM



Name: _____

Residence Address: _____

Jobsite Address: _____

Phone: _____

Work: _____

Work: _____

Date: _____

Designer: _____

Appointment:

Scheduled: _____

Call When Ready: _____

Times Available: _____

Directions: _____

Allied Professionals:

Name: _____

Firm: _____

Address: _____

Phone: _____

General Client Information

1. How long have you lived at, or how much time do you spend at the jobsite residence? _____
2. When was the house built? _____ How old is the present bathroom? _____
3. How did you learn about our firm? _____
4. When would you like to start the project? _____
5. When would you like the project to be completed? _____

6. Has anyone assisted you in preparing a design for the bathroom? _____

7. Do you plan on retaining an interior designer or architect to assist in the bathroom planning? _____

8. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work? _____

9. What portion of the project, if any, will be your responsibility? _____

10. What budget range have you established for your bathroom project? _____
11. How long do you intend to own the jobsite residence? _____
12. What are your plans regarding this home? _____
 - a. Is it a long or short-term investment? _____
 - b. Is return on investment a primary concern? _____
 - c. Do you plan on renting the jobsite residence in the future? _____
13. What family members will share in the final decision-making process? _____

14. Would you like our firm to assist you in securing project financing? _____ Yes _____ No
15. What do you dislike most about your present bathroom? _____

16. What do you like about your present bathroom? _____

Specific Bathroom Questions

1. Is this a master _____, children _____, or guest _____ bath project?
2. How many bathrooms are in the home? _____
3. Who will use the bathroom? _____
4. What is the primary time of day that the bathroom is used? _____
5. On an average, how long does each user stay in the bathroom? _____
6. How many family members will use the bathroom at one time? _____
7. Have you considered privacy zoning to allow several users to occupy the space at one time? _____
8. Do you prefer separate showering and bathing areas? _____
9. Would you like to consider either a tub or shower that will accommodate more than one person? _____
10. Do you prefer that the water closet and/or bidet be separated from the other fixtures, and placed in its own compartment? _____

11. What activities will take place in the bathroom?

Applying Make-up/ Hair Care _____	Dressing _____ Exercising _____	Reading/Lounging _____ Showering _____	Water Relaxation: 1. Sauna _____
Bathing _____	Laundering _____	Sunning _____	2. Steam _____
			3. Whirlpool _____

12. What appliances do you plan on using in the bathroom? _____

Bar Sink _____	Curling Iron _____	Microwave _____	Towel Warmer:
Blowdryer: Hand-Held _____	Electrical Toothbrush _____	Radio _____	Hydronic _____
Wallmount _____	Hot Plate _____	Refrigerator _____	Electric _____
Coffeemaker _____	Hot Rollers _____	Television _____	
		Other _____	

13. Other: _____

14. Family Member Characteristics:

Name	Age	Handed (left or right)	Height	Physical Limitations

Design Information

1. What type of feeling would you like your new bathroom space to have?
Sleek/Contemporary _____ Welcoming/Country _____ Traditional _____
Strictly Functional _____ An Adult Retreat Feeling _____ Other _____
2. What colors are you considering for your new bathroom? _____
3. What colors do you like _____ and dislike? _____
4. What are color preferences of other family members? _____
5. How important is it to you that the bathroom flow to adjacent spaces, from a design similarity standpoint? _____

6. Can the bathroom make its own individual design statement? _____
7. Have you made a sketch or collected pictures of ideas for your new bathroom? _____
8. Design Notes:

Storage Checklist

- 1. Clothing Closets Yes _____ No _____ Shelf Length: His _____ Hers _____
Double Pole _____ Single Pole _____
- 2. Laundry Facilities Yes _____ No _____ Equipment Size _____
- 3. Plant Area, Sunning Space Yes _____ No _____ Size _____
- 4. Medicine Storage Yes _____ No _____ Shelf Length _____
- 5. Bath Linen Storage Yes _____ No _____ Shelf Length _____
- 6. Bathroom Paper Product Storage Yes _____ No _____ Shelf Length _____
- 7. Shoe Polishing Paraphernalia Storage Yes _____ No _____ Shelf Length _____
- 8. Cleaning Supply Storage Yes _____ No _____ Shelf Length _____
- 9. Hair Grooming Equipment Storage Yes _____ No _____ For Whom _____
What type or equipment _____

- _____ Shelf Length _____
- 10. Hand and Foot Grooming Storage Yes _____ No _____ For Whom _____
What type of equipment _____

- _____ Shelf Length _____

- 11. Personal Hygiene Equipment Storage Yes _____ No _____ For Whom _____
- 12. Make-up and Shaving Equipment Storage Yes _____ No _____ For Whom _____
What type of equipment _____

- 13. Personal Pampering Item Storage Yes _____ No _____ For Whom _____
What type of equipment _____

- _____ Shelf Length _____

14. Other _____

