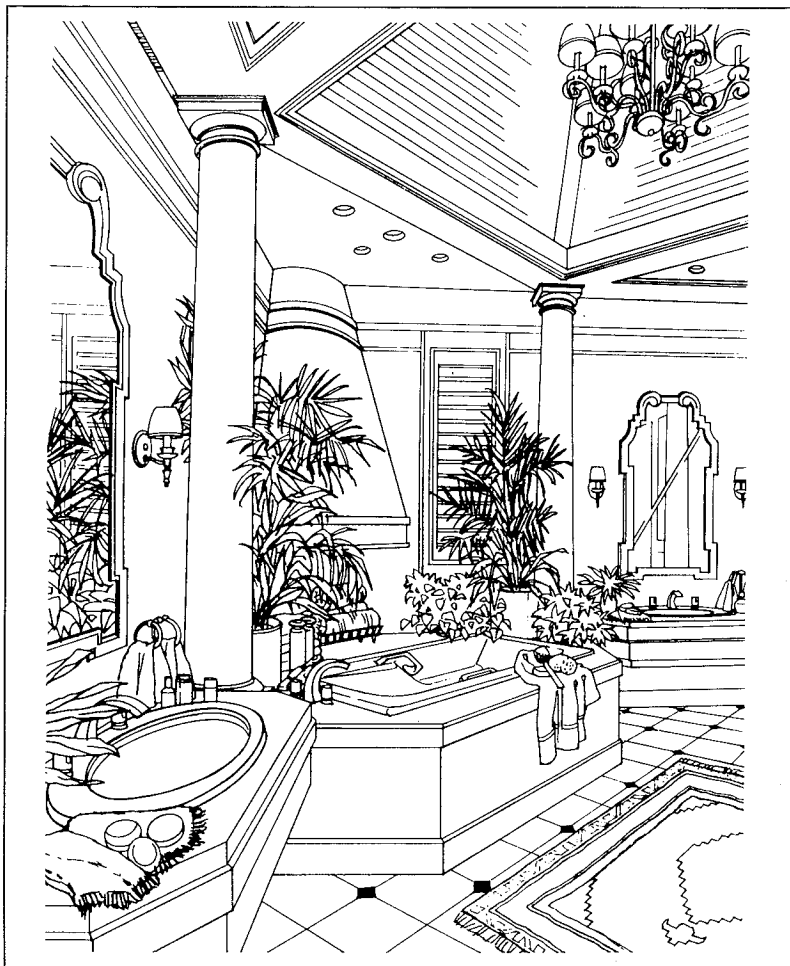


# BATH DESIGN SURVEY FORM



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: Hydronic _____
Blowdryer: Hand-Held _____	Electrical Toothbrush _____	Radio _____	Electric _____
Wallmount _____	Hot Plate _____	Refrigerator _____	
Coffeemaker _____	Hot Rollers _____	Television _____	
		Other _____	

13. Other: \_\_\_\_\_

14. Family Member Characteristics:

Name	Age	Handed (left or right)	Height	Physical Limitations



# 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_