



Your Kitchen & Bathroom Specialists

Bathroom Planning Guide

This guide will help you to start planning your project. The information will be useful to our designer once he or she begins working with you.

Lifestyle and Room Use

1. Number of Family Members: _____

2. Number and ages of family members:

_____ Under 5 _____ Pre teen _____ Teenagers _____ Adults

3. What is the main use of the room?

_____ Family Bath _____ Guest Bath _____ Master Bath
_____ Powder Room _____ Jack & Jill

_____ Other

4. Who is the user of the bathroom? _____

5. How tall is the tallest user of the bath? _____ the shortest? _____

6. Do you need additional storage space? _____

7. Does any family member have any physical limitations? _____

8. Do you currently need additional lighting? _____

9. Are the current electrical outlets protected with ground fault? _____

10. Is the bathroom comfortable and warm enough?

11. Is this the only bathroom in the house? _____yes _____no



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Style & Design

12. What are your color preferences? _____

13. What type of feeling would you like your new bathroom to have?

Traditional Sleek & Contemporary Open & Airy Formal
 Warm & Cozy Country Strictly Functional
 Personal Design Statement Mix of Old & New

14. What are your wood preferences? _____

15. Do you prefer laminates? _____

16. Do you prefer fiberglass tub/shower units or cast iron? _____

17. Do you prefer ceramic tile wall surrounds, multi-piece fiberglass surrounds or solid surface surround material? _____



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Fixtures

18. Which fixtures will you be replacing or adding?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Tub/Shower | <input type="checkbox"/> Shower Only | <input type="checkbox"/> Bath/Shower Doors |
| <input type="checkbox"/> Whirlpool Tub | <input type="checkbox"/> Tub Only | <input type="checkbox"/> Lavatory Double Bowl |
| <input type="checkbox"/> Grab Bars | <input type="checkbox"/> Commode | <input type="checkbox"/> Lavatory Single |
| <input type="checkbox"/> Ventilation | <input type="checkbox"/> Bidet | <input type="checkbox"/> Other |

19. What type of fixtures do you want in your new bathroom?

- | | | |
|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Almond /Bisque | <input type="checkbox"/> Black |
| <input type="checkbox"/> Other Color | <input type="checkbox"/> Vintage | <input type="checkbox"/> Other |

20. What safety features are you interested in? (ie: non-slip floor, grab bars, bench seat in shower, temperature control faucet, safety glass on doors)



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Features

21. What features would you like to see in your new bath?

- | | |
|--|---|
| <input type="checkbox"/> Vanity | <input type="checkbox"/> Mirror |
| <input type="checkbox"/> Pedestal Sink | <input type="checkbox"/> Hamper |
| <input type="checkbox"/> His & Her Vanity | <input type="checkbox"/> Vanity light bar/Sconces |
| <input type="checkbox"/> Tall linen cabinet | <input type="checkbox"/> Wall Cabinet |
| <input type="checkbox"/> Medicine Cabinet (w/mirror) | <input type="checkbox"/> Tall height base cabinet (32 1/2" to 34 1/2") |
| <input type="checkbox"/> Toilet Topper | <input type="checkbox"/> In Wall Diverter |
| <input type="checkbox"/> Shower Unit | <input type="checkbox"/> Linen Closet |
| <input type="checkbox"/> Bath unit only | <input type="checkbox"/> Framed Shower Door |
| <input type="checkbox"/> Shower/Bath Unit | <input type="checkbox"/> Frameless Shower Door |
| <input type="checkbox"/> Whirlpool | <input type="checkbox"/> Comfort Height Toilet |
| <input type="checkbox"/> Soaking Tub | <input type="checkbox"/> Toilet (Standard Height) |
| <input type="checkbox"/> Body Sprays | <input type="checkbox"/> Entry Door Hardware & Hinges |
| <input type="checkbox"/> Hand Showers | <input type="checkbox"/> Accessories (shower bar, toilet paper holder, towel ring etc.) |

22. Are you looking to put tile in/on

- Floor
- Tub/Shower Surround
- Wall
- Pan Area

23. Are you looking to put a half wall in?

- Yes
- No

If you answered yes.....

- | | | |
|--------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Tile | <input type="checkbox"/> Bead board | <input type="checkbox"/> Glass Block |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Wallpaper | |



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Time Management and Budget

24. When would you like to begin your project? _____

25. When would you like your project to be completed? _____

26. What budget range have you established for your project? _____

27. How do you plan to pay for your project?
 check credit card finance other

28. Is this a :
 New Construction Basic Replacement Other
 Some Remodeling Heavy Remodeling

29. Do you have or are working with a
 Contractor Interior Designer Architect

If yes, please list their name and numbers: _____

30. How did you hear about us?
 Past Customer Newspaper Magazine
 Website Internet Refer By _____
 Television Radio



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General Information

Name : _____

Address : _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone number _____ Cell : _____

Work Number : _____ May we contact you here? _____

Fax: _____

Has anyone prepared a bath design for you? _____ Yes _____ No

If yes, What company? _____