



## Bath Planning Guide

### I. FAMILY AND LIFESTYLE:

#### 1. This bathroom will be:

Master Suite Bathroom - Located in Master Suite?  Yes  No

Children's Bathroom - Located in Child's room?  Yes  No

Guest Bathroom - Located in Guest Bedroom?  Yes  No

Hall Bathroom - Located on main bedroom level of home?  Yes  No

Powder Room

Hall Bathroom - Located on what level of home? \_\_\_\_

#### 2. How many primary users of this bathroom? 1 2 3 4 more

3. Who are the primary users of this bathroom?  Adults  Children  Guest

4. Is this bathroom in a:  House  Condo  Other \_\_\_\_\_

5. Would you like the shower area and tub  separate  or combined?

6. Should a linen closet be considered in your new bathroom?  Yes  No

7. Do you need a lot of storage area for personal items?  Yes  No

8. Do you want to hide common used items such as hairdryers, curling irons?  Yes  No

9. Do you want separate his and her facilities?  Yes  No

III. DESIGN AND STYLE:

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

2. Are there colors you would not want in your new bathroom? \_\_\_\_\_

3. Have you created a scrapbook of notes, photos, and ideas that you would like to use?  
\_\_\_\_ Yes \_\_\_\_ No

4. If a design could be greatly improved, would you be willing to make structural changes? (i.e. moving windows, doors, and walls)? \_\_ Absolutely not \_\_ I would consider it

5. What do you like about your current bathroom?

\_\_\_\_\_  
\_\_\_\_\_

6. What do you dislike about your current bathroom?

\_\_\_\_\_  
\_\_\_\_\_

8. Will you be keeping your existing fixtures?

Tub: \_\_\_\_ existing \_\_\_\_ new  
Shower: \_\_\_\_ existing \_\_\_\_ new  
Toilet: \_\_\_\_ existing \_\_\_\_ new

9. What is your style preference for your new bathroom?

\_\_\_\_ contemporary \_\_\_\_ formal \_\_\_\_ country \_\_\_\_ traditional

IV: TIME AND BUDGET:

1. When would you like to begin your project? \_\_\_\_\_

2. When would you like your project completed? \_\_\_\_\_

3. If you are building, is the kitchen in your contract? \_\_ Yes \_\_ No

4. Do you have a budget for this project? \_\_ Yes: \$ \_\_\_\_\_ \_\_ No

V. GENERAL:

**1. Contact info / names:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phones: \_\_\_\_\_

Fax: \_\_\_\_\_

**2. Jobsite Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Contractor (if applicable):** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**4. Architect Firm (if applicable):** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**5. Interior Design Firm (if applicable):** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_