



BATHROOM DESIGN SURVEY FORM

A questionnaire geared to provide information Elina Katsioulas-Beall can use to design a bathroom ideally suited for you and your family



Name_____

Residence
Address_____

Jobsite
Address_____

Phone_____

Mobile_____

Email_____

Date_____

ALLIED PROFESSIONALS:

Name_____

Firm_____

Address_____

Phone_____

Mobile_____

Email_____



BATHROOM LIFESTYLE

1. How many bathrooms are in the home? _____
2. How many family members will be using this bathroom? _____
3. Family member characteristics: Name, age, height, physical limitations:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
4. What is the primary time of the day that the bathroom is used? _____
5. On an average, how long each person will stay in the bathroom? _____
6. Is privacy zoning desired, to ensure individual self-care for two users at one time? ☐ Yes ☐ No
7. Do you favor separate showering and bathing areas? ☐ Yes ☐ No
8. Are you considering a shower or a bath tub which would be shared by two people? ☐ Yes ☐ No
9. Do you require that the water closet be positioned in its own compartment? ☐ Yes ☐ No
10. What activities will take place in your new bathroom?

_____ Showering	_____ Grooming/makeup	_____ Laundry	_____ Bathing
_____ Hair Care	_____ Reading	_____ Dressing	_____ Watching TV
_____ Exercising			
11. Water relaxation/hydrotherapy requirements :

_____ Steam	_____ Whirlpool	_____ Multiple shower heads	_____ Chroma therapy	_____ Sauna
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12. What other appliances/electronics do you plan to use in your new bathroom?

_____ Heated Floor	_____ Exercise equipment	_____ Electronic Fireplace
_____ Towel Warmer	_____ Music/speakers	_____ Massage table
_____ TV Screen	_____ Coffee Maker	_____ Refrigerator
_____ Microwave	_____ Washer/Dryer	Other _____
13. What are your storage needs in this bathroom?

Bath Linen Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicine storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath Paper Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaning Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment storage	<input type="checkbox"/> Yes <input type="checkbox"/> No



DESIGN AND STYLE

1. What is the type of feeling would you like your new bath to have? Check all that apply!
☐ Sleek/ Contemporary ☐ Relaxing Spa ☐ Transitional/welcoming
☐ Formal/Classic ☐ Luxurious retreat ☐ Period/Ethnic
☐ European Modern ☐ Strictly functional ☐ Other: _____
2. Have you created a digital file or scrapbook of picture ideas for your new bathroom? __Yes __No
3. If your bathroom flow and spaciousness could be greatly improved, would you be willing to make structural changes? (Moving windows, doors, walls and/or plumbing?)
☐ Absolutely not ☐ I would consider it ☐ I am planning on it
4. What colors do you like? _____ and dislike?

5. What do you like most about your current bathroom?

6. What do you dislike most about your current bathroom?

BATHROOM WISH LIST

TIME & INVESTMENT GOALS

1. When would you like to begin designing your bathroom project? _____
2. When would you like to start actual construction on your project? _____
3. When you would like your bathroom completed? _____
4. If you are building or making extensive home renovations, is the bathroom part of your contract?
☐ Yes ☐ No
5. Do you have a specific builder/contractor or other subcontractor/specialist with whom you would like to work with? _____
6. Have you determined you level of comfort with regards to your investment goals?
☐ Yes: \$ _____ ☐ No, would like to discuss