



Bathroom Planning Questionnaire

GENERAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

MEASUREMENTS

1. Do you have the rough measurements of your existing bathroom?
2. Do you have the rough measurements of how big you want your bathroom to be, if you're planning to expand it?

FAMILY AND LIFESTYLE

1. This bathroom will be:
 Master Suite Bathroom (Located in Master Suite? Y / N)
 Children's Bathroom (Located in Child's room? Y / N)
 Guest Bathroom (Located in Guest Bedroom? Y / N)
 Hall Bathroom (Located on main bedroom level of home? Y / N)
 Powder Room
 Hall Bathroom (Located on what level of home? _____)
2. How many primary users of this bathroom will there be: 1 2 3 4 more
3. Who are the primary users of this bathroom? Adults Children Guest
4. Is this bathroom for 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? Y / N
7. Outside a linen closet, do you want a lot of storage area for personal items? Y / N
8. Do you want an "appliance garage" for commonly used items such as hairdryers and curling irons? Y / N
9. Do you want his and her facilities? Y / N