



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