

BATHROOM QUESTIONNAIRE



Distinctive
KITCHENS
& BATHS

BATHROOM QUESTIONNAIRE

FAMILY AND LIFESTYLE

1. Number of Family Members: ___
2. Are you ___ left handed or ___ right handed?
3. How many bathrooms are in your home? ___
4. Which bathroom are you planning to remodel?

DESIGN AND STYLE

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

2. Are there colors that you don't want in your new bathroom?

3. Have you created a scrapbook of notes, photos and ideas that you would like to use in your new bathroom? ___ Yes ___ No
4. If a design could be greatly improved, would you be willing to make structural changes (i.e. moving walls, 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?

7. What type of wood species do you prefer?

___ Alder ___ Birch ___ Cherry ___ Heartwood Maple
___ Hickory ___ Maple ___ Pine ___ Oak

8. Or, would you prefer a non-wood species? ___ MDF ___ Laminate ___ Green Core

9. What style of cabinet door do you prefer?

___ Flat Panel ___ Raised Panel ___ Recessed Panel ___ Shaker ___ Bead Board ___ Arched

10. What kind of countertop would you like?
 Natural Stone Quartz Solid Surface Tile
11. What is your hardware preference? Knobs Pulls
12. What shower wall and/or tub deck materials do you prefer?
 Tile Cultured Marble Hard Surface
 Other _____
13. If tile do you prefer it be installed: Straight Diamond Other pattern
14. Do you desire decorative or border tile in conjunction with the main tile? _____
15. What floor materials do you prefer?
 Sheet vinyl Tile Hardwood
 Other _____
16. If tile do you prefer it be installed: Straight Diamond Other pattern
17. Do you desire decorative or border tile in conjunction with the main tile? _____
18. What type of feeling would you like your new bathroom to have?
 Formal Traditional Retreat Strictly functional
 Open and airy Sleek/contemporary Country Personal design statement

FIXTURES

1. Is the showerhead at a comfortable height for all users? Yes No
2. What types of fixtures are important in your new shower?
 grab bars bench seat temperature controlled faucet
 body sprays personal handheld faucet
3. Do you want a new tub? Yes No
 If *yes*, Do you want a jetted tub? Yes No
4. What finish do you want for your fixtures?
 chrome brushed nickel oil-rubbed bronze
 antique copper polished brass
5. What type of shower enclosure would you like?
 clear glass frosted glass obscured glass
 etched glass
6. What types of fixtures are important in your new tub?
 grab bars personal handheld faucet pillow
 VitAroma heater

7. Is the sink at a comfortable height to wash your face? ___ Yes ___ No

8. What type of sink would you like?

___ integral ___ undermount ___ vessel bowl

9. Do you want to add an additional shower or tub to the bathroom? ___ Yes ___ No

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 your bathroom in the contract? ___ Yes ___ No

4. Do you have a budget for this project?

___ Yes \$ _____ ___ No

GENERAL

1. Name: _____

2. Address: _____

3. City: _____ State: ___ Zip: _____

4. Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. Fax : _____ Email: _____

6. New Home Address: _____

7. City: _____ State: ___ Zip: _____

8. Builder Name: (if applicable) _____

9. Contact Name: _____

10. Phone: _____ Fax: _____

11. Architect Name: (if applicable) _____

12. Contact Name: _____

13. Phone: _____ Fax: _____



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