WESLEY CONSTRUCTION, INC.

**Bathroom Planning Questionnaire**

**General Information**

1.  Name:

2.  Address:

3.  City/ State/ Zip:

4.  Home Phone:

5.  Work Phone:

6.  Cell Phone:

7.  Email Address

8.  New Home Address:

9.  City/ State/ Zip:

*The questions you are about to answer will greatly assist us in creating the bathroom of your dreams!*

1.  Is this bath (check box):

Master  Children  Guest  Powder Room

2.  How many existing baths are in the home?   \_\_\_\_\_\_\_\_\_\_\_\_

3.  Who will use this bathroom(s)?   \_\_\_\_\_\_\_\_\_\_\_\_

4.  How many family members will use this bathroom at one time?  \_\_\_\_\_\_\_\_\_\_\_\_

5.  Do you want privacy zones so that more than one person can use the bathroom at the same time?     
   Yes  or No

6.  Do you want separate showering and bathing area?  
   Yes  or No

7.  Do want a tub or shower that can accommodate more than one person at one time?  
   Yes  or No

8.  Do you want the water closet and/or bidet to be separated from the other fixtures and  
   Yes  or No

9.  What activities will take place in the bathroom?

Make up/hair care

Reading/Lounging

Bathing

Laundering

Showering

Water relaxation: sauna, steam, whirlpool

10. What appliances do you plan on using in the bathroom? 

Electric toothbrush

Curling Iron

Blow-dryer: hand-held or wall mounted

Hot rollers

Tower warmer

Radio

Refrigerator

Television

Bar sink

Other

Other requirements:

NAME                                AGE         HANDED         PHYSICAL LIMITATIONS

(L/R)

*Example:*

*Susan                                    8                R               Need step stool for several years*

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**Design and Style**

1.  What type of feeling would you like your new bathroom to have?

     Sleek/Contemporary

Welcoming/Tradition

Traditional

Strictly Functional

Spa/Retreat

Other (please describe):

2.  What colors are you considering for your new bathroom?

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3.  What colors do you like or dislike?

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4.  What are the color preferences of the other family members?

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| --- |
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5.  How important is it that the bathroom flows to adjacent spaces, from a design similarity standpoint?

Important       Not important  
  
6.  Do you want the bathroom to make its own individual design statement?

Yes  or No

7.  Will you be keeping your existing:

Sink:                                        Existing   New

Sink Fixtures:                         Existing   New

Tub:                                         Existing   New

Tub Fixtures:                          Existing   New

Shower:                                   Existing   New

Shower Fixtures:                    Existing   New

Vanity:                                     Existing   New

Countertop:                             Existing   New

Mirror/Medicine Cabinets:     Existing   New

Cabinets:                                 Existing   New

Light Fixtures:                         Existing   New

Other:

9.  Additional design information:  Describe anything features or desires not included above. 

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**Time and Budget**

1.  When would you like to begin your project?

2.  When would you like your project completed?

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