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?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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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|  |
|  |
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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