

BATHROOM DESIGN SURVEY



NAME _____

ADDRESS _____

PHONE _____

DESIGNER _____

DATE _____



512 NORTH MAIN STREET, GLEN ELLYN, IL 60137 P.630.469.4980 F.630.469.2590



BATHROOM DESIGN SURVEY



REMODELING

- 1 Are you working with an architect, designer and/or builder? ☐ Yes ☐ No
If "yes" please list them: _____
- 2 Time or event working toward for completion? _____
- 3 Have you collected pictures of bathroom designs? ☐ Yes ☐ No
- 4 Have you or anyone else made a sketch of your ideas for the bathroom? ☐ Yes ☐ No

GENERAL INFORMATION

- 1 How many people will be using the bathroom? _____
Age and gender of people using the bath: _____
- 2 Will the persons using the bathroom be using it simultaneously or at different times? _____
- 3 How tall are you? _____ Wife _____ Husband _____
- 4 Would you like backsaver height cabinets? ☐ Yes ☐ No
- 5 What feeling would you like your new bathroom to have? ☐ Traditional ☐ Modern ☐ Transitional
☐ Period Style ☐ Other: _____
- 6 What color scheme are you considering? _____
- 7 Would you like the bathroom to flow into adjacent spaces? ☐ Yes ☐ No
If "yes" would you like the bathroom to: Open to closet area? ☐ Yes ☐ No
Open to the bedroom area? ☐ Yes ☐ No
Open to the dressing area? ☐ Yes ☐ No
- 8 Would you like a skylight incorporated into the space? ☐ Yes ☐ No
- 9 Would you like to change or add windows? ☐ Yes ☐ No
- 10 Would you like a fireplace incorporated into the design? ☐ Yes ☐ No
- 11 Would you like an entertainment system in or adjacent to the bathroom? ☐ Yes ☐ No
If "yes" would you like ☐ Speakers ☐ Stereo Music / Radio
☐ Wireless Remote ☐ TV ☐ Lighting controls
- 12 Would you like the TV visible or concealed? ☐ Visible ☐ Hidden
- 13 Would you like a TV integrated into the mirror? ☐ Yes ☐ No
- 14 Do you need laundry facilities? ☐ Yes ☐ No
If "yes" would you like: ☐ Stacked washer and dryer ☐ Side by side washer and dryer
☐ Laundry chute ☐ Folding area ☐ Ironing board

15	Would you like a makeup area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes" what is the height of makeup area?		
	Makeup drawers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Tip up makeup mirror/drawer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Dividers for cosmetics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Built-in makeup mirror w/wall mount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Built-in makeup mirror w/plug-in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hair curler storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Curling iron?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hair dryer storage w/wall mount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hair dryer pull out w/plug in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Do you need storage for shaving equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes" would you like:	<input type="checkbox"/> Built-in outlet	<input type="checkbox"/> Built-in shaving mirror
			<input type="checkbox"/> Steam free
17	Do you need outlets in cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Would you like any open shelves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Would you like any glass doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Would you like wall cabinets in the bathroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes":	Trimmed in wood	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Triple view mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Recessed on end walls	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Single recess medicine cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mullion doors	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes":	<input type="checkbox"/> Mirror	<input type="checkbox"/> Clear glass <input type="checkbox"/> Fabric
21	What type of mirrors would you like?	<input type="checkbox"/> Wood framed	<input type="checkbox"/> Bevel edge <input type="checkbox"/> Polished edge
22	Do you need a linen closet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes" what size?		
	Towel storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sheet and pillow storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Paper product storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Would you like a beverage center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes":	Built in refrigerator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Coffee maker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Would you like water closet area enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes"	Do you need storage in water closet	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Wall mount cabinet over toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No



Kitchen & Bath Studio

Base cabinet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Magazine rack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bidet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soap Dish	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Towel Rack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25 Would you like a closet designed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes" Please See Closet Questionnaire		

ACCESSORIES

Please check features that you would prefer in your new bathroom.

- | | |
|--|--|
| <input type="checkbox"/> Makeup dividers | <input type="checkbox"/> Tilt out sink front |
| <input type="checkbox"/> Lingerie dividers | <input type="checkbox"/> Pull out make up storage |
| <input type="checkbox"/> Clothing dividers | <input type="checkbox"/> Pull out waste basket |
| <input type="checkbox"/> Sock dividers | <input type="checkbox"/> Pull out hairdryer/ brush accessory |
| <input type="checkbox"/> Laundry hamper | <input type="checkbox"/> Pull out towel bar |
| <input type="checkbox"/> Dry cleaning hamper | <input type="checkbox"/> Towel bar on door |
| <input type="checkbox"/> Appl. Garage w/Tambour | <input type="checkbox"/> Towel bars |
| <input type="checkbox"/> Appliance garage with doors | <input type="checkbox"/> Robe hooks |
| <input type="checkbox"/> Paper Towel Holder | <input type="checkbox"/> Towel rings |
| <input type="checkbox"/> Jewelry storage | <input type="checkbox"/> Towel warmers |
| <input type="checkbox"/> Roll out Shelves | <input type="checkbox"/> Towel warming drawer |

MATERIAL SELECTION

Please mark your preferences below.

CABINETRY

Style:

Finish:

COUNTERTOPS

☐ Wood

☐ Marble

☐ Quartz

☐ Granite

☐ Quartzite

☐ Tile

☐ Solid surface

☐ Backsplash

FLOORING

☐ Natural stone tile

☐ Ceramic tile

☐ Carpet

☐ Wood

☐ Heated floor

TUB DECK

☐ Natural stone tiles

☐ Ceramic tiles

☐ Solid surface

☐ Wainscot front panels

☐ Steps to tub

SHOWER SURROUND

☐ Natural stone tiles

☐ Porcelain or Ceramic tiles

☐ Solid surface

☐ Shower caddy built in

☐ Built in bench

☐ Glass block

PLUMBING FIXTURE SELECTION

Please mark your preferences below.

<input type="checkbox"/> What finish would you prefer for fixtures?		
<input type="checkbox"/> What finish would you prefer for faucets?		
<input type="checkbox"/> Water closet		
<input type="checkbox"/> Bidet		
<input type="checkbox"/> Tub		
<input type="checkbox"/> Whirlpool	<input type="checkbox"/> Inline heater	<input type="checkbox"/> Access panel
<input type="checkbox"/> Shower doors	<input type="checkbox"/> Framed	<input type="checkbox"/> Frameless
<input type="checkbox"/> Type of shower glass:		
<input type="checkbox"/> Shower base		
<input type="checkbox"/> Sinks	<input type="checkbox"/> Undermount	<input type="checkbox"/> Surface Mount
	<input type="checkbox"/> Integral	<input type="checkbox"/> Pedestal
<input type="checkbox"/> Faucets/lavatories		
<input type="checkbox"/> Faucets/tub	<input type="checkbox"/> Tub handheld spray	
<input type="checkbox"/> Faucet shower	<input type="checkbox"/> Handheld	<input type="checkbox"/> Body sprays
<input type="checkbox"/> Overhead		
<input type="checkbox"/> Steam generator		
Location of access panel:		
Location of generator:		
<input type="checkbox"/> Sauna		

ELECTRICAL AND LIGHT FIXTURE SELECTION

Please mark your preferences below.

<input type="checkbox"/> Fan
<input type="checkbox"/> Fan light
<input type="checkbox"/> Heat lamp
<input type="checkbox"/> Decorative fixtures
<input type="checkbox"/> Sconces
<input type="checkbox"/> Indirect lights
<input type="checkbox"/> Ceiling lights
<input type="checkbox"/> Light bridge fixtures
<input type="checkbox"/> Vapor proof fixtures
<input type="checkbox"/> Water closet light fixtures