

# General Client Information



1. **What type of project is this?** Renovation New Construction
2. **Have you ever purchased a bathroom before?** Yes No
3. **When would you like to start the project?** \_\_\_\_\_ Complete the Project? \_\_\_\_\_
4. **How much time do you / will you spend at the jobsite residence?** \_\_\_\_\_
5. **How did you learn about our firm?** \_\_\_\_\_
6. **Has anyone else assisted you in preparing a design for the bath?** \_\_\_\_\_
7. **Do you plan on retaining an interior designer or architect to assist in the bath planning?**  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
8. **Do you have a specific builder / contractor or other subcontractor / specialist with whom you would like to work?**  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
9. **What portion of the project, if any, will be your responsibility?** \_\_\_\_\_
10. **What budget range have you established for your bath project?**  
\$5,000-\$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000 \$50,000-\$60,000 \$60,000-\$75,000 \$75,000+
11. **How long do you intend to own the jobsite residence?** \_\_\_\_\_  
a. Is return on investment a primary concern? \_\_\_\_\_  
b. Do you plan on renting the jobsite residence? \_\_\_\_\_
12. **What family members will share in the final decision-making process?** \_\_\_\_\_
13. **Would you like our firm to assist you in securing project financing?** Yes No
14. **What do you dislike most about your present bath?** \_\_\_\_\_  
\_\_\_\_\_
15. **What do you like most about your present bath?** \_\_\_\_\_  
\_\_\_\_\_

16. **Sustainable design ideas important to your family:**

<input type="checkbox"/> Use of "Green" Products	General products made from recycled materials: <input type="checkbox"/> Cabinets <input type="checkbox"/> Counters <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Building Materials
	<input type="checkbox"/> Wood products supplied by environmentally responsible manufacturers _____
<input type="checkbox"/> Water usage:	<input type="checkbox"/> Sustainable design details incorporated into the plan
<input type="checkbox"/> Water efficient fixtures: <input type="checkbox"/> Toilet <input type="checkbox"/> Bathtub <input type="checkbox"/> Shower	
<input type="checkbox"/> Energy efficient lighting systems:	

17. **If you are remodeling:** Is there a room addition planned? Yes No  
a. When was the house built? \_\_\_\_\_ How old is the present bath? \_\_\_\_\_  
b. Are you considering relocating windows doors walls in your new plan?
18. **If you are building a new home:**  
a. Are you able to relocate windows doors walls at this stage of construction? Yes No  
b. Are you able to relocate walls at this stages of construction Yes No
19. **Is there a view from the bathroom to be considered:** Yes No  
a. Sun exposure \_\_\_\_\_  
b. From where in the bathroom should the view be visible? Bathtub Vanity Shower Other \_\_\_\_\_  
c. What about privacy? \_\_\_\_\_

# Specific Bath Questions

1. **Is this a** Master Children Other Family Member Guest Special Area: \_\_\_\_\_ **bathroom?**
2. **How many bathrooms are in the home?** \_\_\_\_\_
3. **Who will use the bathroom?** \_\_\_\_\_
4. **Characteristics of family members who use the bathroom:** Are you planning on enlarging your family while living here? Yes No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
1.		<input type="checkbox"/> R <input type="checkbox"/> L		
2.		<input type="checkbox"/> R <input type="checkbox"/> L		
3.		<input type="checkbox"/> R <input type="checkbox"/> L		
4.		<input type="checkbox"/> R <input type="checkbox"/> L		
5.		<input type="checkbox"/> R <input type="checkbox"/> L		

5. **Personal Information about the bathroom:**
  - a. Will more than one person be using the bathroom at the same time? \_\_\_\_\_ How often? \_\_\_\_\_
  - b. What types of bathroom activities can be done in a shared bathroom space? \_\_\_\_\_
  - c. What types of bathroom activities need to be done in private? \_\_\_\_\_
  - d. How important is auditory privacy? \_\_\_\_\_ Are bathroom noises a problem? \_\_\_\_\_
6. **Visitability:**
  - a. Will this bathroom be used by visitors to the home? Yes No How often? \_\_\_\_\_
  - b. Will the visitors be children or adults? \_\_\_\_\_
  - c. Do any regular or frequent visitors have any physical limitation? \_\_\_\_\_
7. **Do you prefer separate showering and bathing areas?** \_\_\_\_\_
8. **Would you like to consider a tub that will accommodate more than one person?** \_\_\_\_\_
9. **Would you like to consider a shower that will accommodate more than one person?** \_\_\_\_\_
10. **Do you prefer the water closet and/or bidet be separate from the other fixtures, and placed in its own compartment?** \_\_\_\_\_
11. **Checklist for Bathroom activities:**

Grooming Activities		Location					Person		
		Vanity / Lavatory	Dressing Table	Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
<b>Body:</b>	Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shave - Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shave - Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Apply Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hair washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teeth:</b>	Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Floss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nails:</b>	Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cosmetics:</b>	Apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Remove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Face:</b>	Skin Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hair:</b>	Blow Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brush / Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cut / Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Aid:</b>	Treating cuts and burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hands:</b>	Apply Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicines / Vitamins:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bathing / Showering Activities		Location			Person		
		Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
<b>Bathing:</b>	With Someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assisting an Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Soaking / Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Showering:</b>	With Someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assisting an Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Steam Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sauna:</b>	Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toileting Activities	Person		
	Person #1	Person #2	Person #3
<b>Assisting an Adult:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Toileting:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Cleansing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diaper Changing:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Bathroom Activities	Location					Person		
	Vanity / Lavatory	Dressing Table	Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
Display Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undressing / Hamper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing: Underwear / Sleep clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing: "Street" Clothes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise w/o equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise using equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grow Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Air Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Hand-wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Machine Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Sort / Fold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Pampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read: Books / Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanning / Sunning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **What appliances do you plan on using in the bathroom:**

<input type="checkbox"/> Blowdryer <input type="checkbox"/> Handheld <input type="checkbox"/> Wall Mounted	<input type="checkbox"/> Electrical Toothbrush <input type="checkbox"/> Electrical Razor <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas	<input type="checkbox"/> Radio/DVD/VCR <input type="checkbox"/> Television <input type="checkbox"/> Towel Warmer <input type="checkbox"/> Hydronic (hot water) <input type="checkbox"/> Electric	<input type="checkbox"/> Valet <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Other:
<input type="checkbox"/> Curling Iron	<input type="checkbox"/> Hot Rollers	<input type="checkbox"/> Scale	<input type="checkbox"/> Other:

# Storage Checklist

Item	User		Type of Equipment	Shelf / Drawer Space Required	
Make-up Storage	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Shaving Storage	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hair Grooming Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hand and Foot Grooming Equip	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Hygiene Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicine / First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bathroom Paper Product Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bath Towel Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household Bedroom Linen		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Pampering Equip	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #4)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Exercise Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	(person #4)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pet Grooming / Bathing Area		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cleaning Supply Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Shoe Polishing Paraphernalia		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	Hanging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	Double Pole: <input type="checkbox"/> Single Pole: <input type="checkbox"/>	
	Shoes	# of Pairs _____	Boxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	
	Folded Clothing	# of Drawers / Pull-outs _____			
	Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types: _____	Wall Space for Racks: _____	
	Hats	Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No	Boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Space: _____	
	Full Length Mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	Hanging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	Double Pole: <input type="checkbox"/> Single Pole: <input type="checkbox"/>	
	Shoes	# of Pairs _____	Boxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	
	Folded Clothing	# of Drawers: _____			
	Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types: _____		
	Hats	Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No	Boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Full Length Mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Storage Checklist (Continued)

Laundry Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Size:
Mini Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Type of Equipment? <input type="checkbox"/> Bar Sink <input type="checkbox"/> Coffeemaker <input type="checkbox"/> Cooktop <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Other:		

## Design Information

1. **What type of feeling would you like your new bathroom space to have? Have you created a scrapbook of notes, photos and ideas of bathrooms that you like?**

- American Country     
 Asian / Warm Contemporary     
 Old World European     
 Sleek Contemporary  
 American Formal     
 Craftsman / Arts and Crafts     
 Personal Design Statement (Eclectic)     
 Traditional

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2. **What colors do you like?** \_\_\_\_\_  
**And dislike?** \_\_\_\_\_  
**What colors are you considering for you new bathroom?** \_\_\_\_\_  
**What are the color preferences of other family members?** \_\_\_\_\_

3. **Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project?** \_\_\_\_\_

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4. **Design Notes:** \_\_\_\_\_

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Special Details: