

Kitchens of *Diablo*

Bathroom Planning Questionnaire

Instructions: Fill out form using the tab key to move between fields.
Save file and email to your designer, or print and bring to your design appointment.

Family and Lifestyle

1. Which bathroom are you planning on remodeling?

Master Children's Guest Powder Room

2. How long have you lived in this house? _____

3. What year was your house built? _____

4. How many bathrooms are in your home? _____

5. What is the primary time of day that the bathroom is used? _____

6. How many family members may be in the bathroom at the same time? _____

7. Do any of the persons using the bathroom have physical limitations?

Yes No

8. Have you considered privacy zoning to allow several users to occupy the space at one time?

Yes No

9. Do you prefer separate showering and bathing areas?

Yes No

10. Would you consider either a tub or shower that will accommodate more than one person?

Shower: Yes No

Tub: Yes No

11. Do you prefer that the water closet and/or bidet be separated from the other fixtures?

Yes No

12. What activities will be taking place in this bathroom?

<input type="checkbox"/> Bathing	<input type="checkbox"/> Showering	<input type="checkbox"/> Dressing
<input type="checkbox"/> Hair Care	<input type="checkbox"/> Makeup	<input type="checkbox"/> Vanity Sit-Down
<input type="checkbox"/> Laundry	<input type="checkbox"/> Reading	<input type="checkbox"/> Exercise

13. Any special features in your bathroom

<input type="checkbox"/> Whirlpool/Air Tub	<input type="checkbox"/> Sauna	<input type="checkbox"/> Steam Shower
<input type="checkbox"/> Heated Floors	<input type="checkbox"/> Channel Drain	<input type="checkbox"/> Safety Bars

14. What appliances do you plan on keeping/using in this bathroom?

- Hair-Dryer Towel Warmer Lighted Makeup Mirror
 Electric Toothbrush Coffee Maker Refrigerator
 TV

15. Do you need 1 or 2 sinks? _____

16. What existing fixtures will you be keeping? _____

17. Will you be storing any of the following items in the bathroom area?

- Medicine Hair Grooming Personal Hygiene
 Clothing Bath Linens Paper Products
 Jewelry Personal Pampering Cleaning Supplies

18. What type of storage system(s) do you prefer?

- Drawers Shelving Linen Closet

Design and Style

19. Have you created a collection of notes, photos, and ideas that you would like to use in the new bathroom? Yes No

20. If a design could be greatly improved, would you be willing to make structural changes? (ex. moving windows, doors and walls) Absolutely not I would consider it

21. Are there any changes to the lighting you would like to integrate into the new plan? _____

22. What are your color preferences for your new bathroom? _____

23. Are there any colors you would *not* want in your bathroom? _____

24. What do you like about your current bathroom? _____

25. What do you dislike about your current bathroom? _____

26. What is your style preference for your new bathroom?

- Contemporary Formal Country (French)
 Traditional Transitional Eclectic Other

27. List any wood species or finishes you imagine in your bathroom?

Wood Species _____ Finish _____ Door Style _____

28. What countertop material are you considering?

Material _____ Edge Treatment _____ Backsplash Height _____

29. What material are you considering on shower walls? Tile Slab Solid Surface

30. Would you be interested in a focal point in shower or a deco border? _____

31. What flooring material are you interested in using? _____

Time and Budget

32. When would you like to begin your project? _____

33. When would you like your project completed? _____

34. Do you have a budget for this project? Yes No

35. How did you learn about our firm? _____

General Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone (1) _____ Cell Phone (2) _____

Fax _____

E-mail (1) _____ Email (2) _____

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