

Designer: Paula Kennedy, CKD, CBD

Bath Design Survey Form

Date:
Name:
Residence:
Jobsite Address:

Client 1:
Home Phone:
Work Phone:
Cell Phone:
Email:

Client 2:
Home Phone:
Work Phone:
Cell Phone:
Email:

Appointment
Schedule:
Call When Ready:
Times Available:
Directions:

Allied Professional
Name: Paula Kennedy, CKD, CBD
Firm: Timeless Kitchen Design
Address: 17712 NE 96th Way #4, Redmond, WA
Cell Phone: 425-466-4483
Fax: 866-735-4572
Email: paulakennedyckd@hotmail.com

Notes: _____

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	Bath tub	Shower	Other Room	Person #1	Person #2	Person #3
Body:	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"/>
Teeth:	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"/>
Nails:	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"/>
Cosmetics:	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"/>
Face:	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"/>
Hair:	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"/>
First Aid:	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"/>
Hands:	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"/>
Medicines / Vitamins:		<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
Bathing:	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"/>
Showering:	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"/>
Sauna:	Relaxing	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toileting Activities	Person		
	Person #1	Person #2	Person #3
Assisting an Adult:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Cleansing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaper Changing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading:	<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"/> Radio/DVD/VCR	<input type="checkbox"/> Valet
	<input type="checkbox"/> Electrical Razor	<input type="checkbox"/> Television	<input type="checkbox"/> Washer & Dryer
	<input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas	<input type="checkbox"/> Towel Warmer <input type="checkbox"/> Hydronic (hot water) <input type="checkbox"/> Electric	<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

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?* _____

4. *Design Notes:* _____

Special Details: