FAMILY AND LIFESTYLE
1. Number of family members: ________
2. Number and approximate ages of family members:
   Infants: ________ Young Children: ________ Teens: ________ 20 to 30 yrs: ________ 31 to 40 yrs: ________
   41 to 50 yrs: ________ 51 to 60 yrs: ________ 61 to 70 yrs: ________ 70+: ________ 51 to 60 yrs: ________
3. What is the main use of the room? Family Bath:____ Guest Bath:____ Master Bath:____
   Powder Room:____ Jack & Jill:____ Other:____
4. Is this bathroom for a: House:____ Condo:____ Other:____
5. Who is the user of the bathroom? ______________________________________
6. How tall is the tallest user of the bath? _______________ The Shortest? _______________
7. Do you need additional storage space? ________________________________
8. Does any family member have any physical limitations? ______________________________
9. Do you currently need additional lighting? Yes:____ No:____
10. Are the current electrical outlets protected with ground fault? Yes:____ No:____
11. Is the bathroom comfortable and warm enough? Yes:____ No:____

STYLE AND DESIGN
1. What are your color preferences? _________________________________________________________________
2. What type of feeling would you like your new bathroom to have?
   Traditional:____ Sleek & Contemporary:____ Warm & Cozy:____ Country:____ Open & Airy:____
   Mix of Old & New:____ Formal:____ Strictly Functional:____ Personal Design Statement:____
3. What are your wood preferences? _________________________________________________________________
4. Do you prefer laminates? Yes:____ No:____
5. Do you prefer fiberglass tub/shower units or cast iron? _______________________________________________
6. Do you prefer ceramic tile wall surrounds, multi-piece fiberglass surrounds or solid surface
   surround material? _______________________________________________________________________________

FIXTURES
1. Which fixtures will you be replacing or adding? Tub/Shower:____ Shower Only:____
   Bath/Shower Doors:____ Whirlpool Tub:____ Tub Only:____ Lavatory Double Bowl:____ Grab Bars:____
   Commode:____ Lavatory Single:____ Ventilation:____ Bidet:____ Other:____
2. Would you like the shower area and tub: Separate:____ Combined:____
3. Do you have a preference for the size of your new bath tub? Yes:____ No:____
4. What type of fixtures do you want in your new bathroom? White:____ Almond/Bisque:____ Black:____
   Other Color:____ Vintage:____ Other:____
5. What safety features are you interested in? (ie non-slip floor, grab bars, bench seat in shower, temperature
   controlled faucet, safety glass on doors)? _______________________________________________________________________________________
6. Do you want his/hers facilities? Yes:____ No:____
7. Do you have a preference for the height of your countertops? Standard:____ Counter Height:____

STORAGE SYSTEMS
1. Should a linen closet be considered in your new bathroom? Yes:____ No:____
2. Outside a linen closet, do you want a lot of storage area for personal items? Yes:____ No:____
3. Do you want an “appliance garage” for commonly used items such as hairdryers and curling irons?
   Yes:____ No:____
4. What features would help you keep your cabinet storage system well-organized? __________________________
   __________________________________________________________________________________________
5. What spot would be convenient for soaps and shampoos in your shower and/or tub area? ______________
6. How many towel bars would you like? ______________
7. Would you like your towels stored in your bathroom? Yes:____ No:____

MECHANICAL ELEMENTS
1. What type of ventilation system are you considering? ________________________________________________
   __________________________________________________________________________________________
2. What type and placement of lighting fixtures would you require for tasks such as shaving, make-up application, reading, etc? _________________________________________________________________________
   __________________________________________________________________________________________

Time Management and Budget
1. When would you like to begin your project? ______________________
2. When would you like your project completed? ______________________
3. What budget range have you established for your project? ________________
4. If this is new construction is the bathroom in your contract as an allowance? Yes:____ No:____
   If yes, what is that allowance:____
5. Is this a: New Construction:____ Basic Replacement:____ Recover:____ Some Remodeling Lightened Remodeling:____ Other:____
6. Do you have or are you working with a: Contractor:____ Interior Designer:____ Architect:____
   If yes, please list their names and numbers _________________________________________________________
7. How did you hear about us? Past Customer:____ Yellow Pages:____ Web Site:____
   Television:____ Radio:____ Referred By:__________________________________________
8. What do you like about your current bathroom? ___________________________________________________
   _________________________________________________________________________________________
9. What do you dislike about your current bathroom? ________________________________________________
   _________________________________________________________________________________________
10. Before we remodel your bathroom, decide if the following items are necessary items or items you would like?

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<th>Want</th>
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