



KITCHENS BY JULIE, INC.

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Bathroom Planning Questionnaire

Lifestyle and Room Use	
1.	Number of family members: <input type="text"/>
2.	Number and ages of family members: <input type="text"/> Under 5 <input type="text"/> Pre teen <input type="text"/> Teenagers <input type="text"/> Adults
3.	What is the main use of the room? <input type="checkbox"/> Family Bath <input type="checkbox"/> Guest Bath <input type="checkbox"/> Master Bath <input type="checkbox"/> Powder Room <input type="checkbox"/> Jack & Jill <input type="checkbox"/> Other <input type="text"/>
4.	Is this bathroom for a: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Other <input type="text"/>
5.	Who is the user of the bathroom? <input type="text"/>
6.	How tall is the tallest user of the bath? <input type="text"/> The Shortest? <input type="text"/>
7.	Do you need additional storage space? <input type="checkbox"/>
8.	Does any family member have any physical limitations? <input type="checkbox"/>
9.	Do you currently need additional lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are the current electrical outlets protected with ground fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is the bathroom comfortable and warm enough? <input type="checkbox"/> Yes <input type="checkbox"/> No

Style and Design	
1.	What are your color preferences? <input type="text"/>

2.	<p>What type of feeling would you like your new bathroom to have?</p> <input type="checkbox"/> Traditional <input type="checkbox"/> Sleek & Contemporary <input type="checkbox"/> Warm & Cozy <input type="checkbox"/> Country <input type="checkbox"/> Open & Airy <input type="checkbox"/> Mix of Old & New <input type="checkbox"/> Formal <input type="checkbox"/> Strictly Functional <input type="checkbox"/> Personal Design Statement
3.	<p>What are your wood preferences? <input type="text"/></p>
4.	<p>Do you prefer laminates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Do you prefer fiberglass tub/shower units or cast iron? <input type="text"/></p>
6.	<p>Do you prefer ceramic tile wall surrounds, multi-piece fiberglass surrounds or solid surface surround material? <input type="text"/></p>

Fixtures

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

Storage Systems

1.	<p>Should a linen closet be considered in your new bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.	<p>Outside a linen closet, do you want a lot of storage area for personal items? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.	<p>Do you want an "appliance garage" for commonly used items such as hairdryers and curling irons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

4.	What features would help you keep your cabinet storage system well-organized? <input type="text"/>
5.	What spot would be convenient for soaps and shampoos in your shower and/or tub area? <input type="text"/>
6.	How many towel bars would you like? <input type="text"/>
7.	Would you like your towels stored in your bathroom? <input type="checkbox"/> yes <input type="checkbox"/> No

Mechanical Elements

1.	What type of ventilation system are you considering? <input type="text"/>
2.	What type and placement of lighting fixtures would you require for tasks such as shaving, make-up application, reading, etc? <input type="text"/>

Time Management and Budget

1.	When would you like to begin your project? <input type="text"/>
2.	When would you like your project completed? <input type="text"/>
3.	What budget range have you established for your project? <input type="text"/>
4.	If this is new construction is the bathroom in your contract as an allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is that allowance <input type="text"/>
5.	Is this a: <input type="checkbox"/> New Construction <input type="checkbox"/> Basic Replacement <input type="checkbox"/> Recover <input type="checkbox"/> Some remodeling <input type="checkbox"/> Heavy Remodeling <input type="checkbox"/> Other <input type="text"/>
6.	Do you have or are you working with a <input type="checkbox"/> Contractor <input type="checkbox"/> Interior designer <input type="checkbox"/> Architect? If yes, please list their names and numbers <input type="text"/>
7.	How did you hear about us? <input type="checkbox"/> Past customer <input type="checkbox"/> yellow Pages <input type="checkbox"/> Web site <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Referred By <input type="text"/>
8.	What do you like about your current bathroom? <input type="text"/>

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?

Lighting Fixtures	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Heat Lamp	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Toilets	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Bidet	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Sink(s)	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Vanity	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Flooring	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Heated flooring	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Countertop(s)	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Wall covering	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Shower/bath wall coverings	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Heated towel rack(s)	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Whirlpool tub	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Whirlpool tub with tv	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Telephone	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Sitting area/Chair	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Exercise area	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Lighted make-up mirror	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Full-length mirror	<input type="checkbox"/> Need	<input type="checkbox"/> Want
Other:		
<input type="text"/>		