

Cabinetry Design Solutions

Design Questionnaire

Room: Bathroom

GENERAL PROJECT INFORMATION

Is your project new construction or a remodel? New Construction Remodel

Do you have a contractor for your project? Yes No

If yes, who is your contractor? _____

What rooms does the project include?

Kitchen Powder Room
 Master Bath Family Room
 Other Baths (list #) Utility/Laundry Room
 Summer Kitchen Home Office

Other _____
 Other _____

If the design can be greatly improved would you be willing to make changes to the structure?

Absolutely Not I would consider it

How many people in the family (please note how many in each age category)

Infants Young children Teens
 20-30 yrs 31-40 yrs 41-50 yrs
 51-60 yrs 61-70 yrs 70+ yrs

Are there pets in the house?(please note how many in each category)

Dogs Breed(s) _____
 Cats _____
 Other _____

How long do you plan on living in the home you are building/remodeling?

1-5 yrs 6-10 yrs 11-20 yrs 20+ yrs

Do any family members have physical limitations? Yes No

If yes, please list: _____

DESIGN & STYLE

What style would you use to describe your tastes? (check all that apply)

Sleek/Contemporary Country
 Traditional French Country
 Transitional Mission
 Shaker Mediterranean
 Other _____

What colors do you like? _____

What colors do you dislike? _____

Do you have notes, photos, and ideas of styles and details you would like to incorporate in your project?

Yes No

TIME & BUDGET

When would you like to begin your project? _____

When would you like your project completed? _____

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What is the budget for your project? _____

If this is a remodel, it should include demolition, electrical, plumbing, HVAC, drywall, painting, flooring, cabinetry, appliances, countertop, and backsplash.

For new construction, this is the cabinetry allowance from your builder.

BATH ROOM

What are do you like about your current Guest Bath? _____

What do you dislike about your current Guest Bath? _____

What do you hope to accomplish with your new Guest Bath? _____

Who will be using this room? _____

Do you want _____ one sink or _____ two sinks?

How many users are _____ left handed, _____ right handed?

Do you require a seated make up area?

Do you prefer a tub and a shower? Yes No

If yes, is the tub separate? Yes No

If yes, is the tub jetted? Yes No

If yes, is the tub _____ free standing or _____ deck mounted

Would you prefer a separate toilet room? Yes No

What requirements do you have for your Guest Bath?

TV Closet Storage Handicap Accessible

Other _____

Other _____

What accessories do you require?

Laundry Hamper How many? _____ Medicine Cabinet How many? _____

Linen Storage Shower Enclosure

TP Holder Towel Ring How many? _____

Towel Bar How many? _____ Drawers How many? _____

Other _____

Other _____

What type of finish do you prefer for the cabinetry?

Stained Wood with Glaze Type of Wood _____

Painted Wood with Glaze

Laminate

Laquer High Gloss Matte

Other _____

What type of countertop do you prefer?

Granite Solid Surface

Wood Laminate

Other _____