

# Cabinetry Design Solutions

Room: Master Bath

## Design Questionnaire

### 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.

### MASTER BATH

What are do you like about your current Master Bath? \_\_\_\_\_  
\_\_\_\_\_

What do you dislike about your current Master Bath? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish with your new Master Bath? \_\_\_\_\_  
\_\_\_\_\_

Who will be using this room? \_\_\_\_\_

Do you want separate his & hers vanities?  Yes  No

How many users are \_\_\_\_\_ left handed, \_\_\_\_\_ right handed?

Do you require a seated make up area?  Yes  No

Do you prefer a separate shower and tub?  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

Do you want to include a bidet?  Yes  No

What requirements do you have for your Master Bath?

Laundry Facility  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 \_\_\_\_\_