

Designer: _____

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:
Firm:
Address:
Office Phone:
Cell Phone:
Email:

Notes:

General Client Information

1. How long do you intend to own the jobsite residence? _____

2. What do you dislike most about your present bath? _____

3. What do you like most about your present bath? _____

4. Sustainable design ideas important to your family:

Use of "Green" Products	General products made from recycled materials:	Cabinets	Counters	Floors	Building Materials
Special water conservation products:	Wood products supplied by environmentally responsible manufacturers				
Energy efficient appliances:	Sustainable design details incorporated into the plan:				
Energy efficient lighting systems:	Areas for recycling waste incorporated into the plan:				

5. When was the house built? _____ How old is the present bath? _____

a. Are you considering relocating _____ windows _____ doors _____ walls in your new plan? _____

6. How many household members live in the home? What are the characteristics of family members who use the bathroom?

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
		R L		
		R L		
		R L		
		R L		
		R L		
		R L		

7. Personal information about the bath:

More than one person use the bath at a time? _____

How often will they use the bath? _____

Type of activities done in shared space? _____

Type of activities done in private space? _____

How important is auditory privacy and is noise _____

an issue in the bathroom space? _____

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. *Do you prefer separate showering and bathing areas?* _____

5. *Would you like to consider a tub that will accommodate more than one person?* _____

6. *Would you like to consider a shower that will accommodate more than one **person**?* _____

7. *Do you prefer the water closet and/or bidet be separate from the other fixtures, and placed in its own compartment?* _____

8. **Other Bathroom Activities:**

9. *What appliances do you plan on using in the bathroom:*

Storage Checklist

Item	User		Type of Equipment	Shelf / Drawer Space Required
Make-up Storage	(person #1)	Yes No		
	(person #2)	Yes No		
Shaving Storage	(person #1)	Yes No		
	(person #2)	Yes No		
Hair Grooming Equipment	(person #1)	Yes No		
	(person #2)	Yes No		
Hand and Foot Grooming Equip	(person #1)	Yes No		
	(person #2)	Yes No		
Personal Hygiene Equipment	(person #1)	Yes No		
	(person #2)	Yes No		
Medicine / First Aid		Yes No		
Bathroom Paper Product Storage		Yes No		
Bath Towel Storage		Yes No		
Household Bedroom Linen		Yes No		
Personal Pampering Equip	(person #1)	Yes No		
	(person #2)	Yes No		
	(person #3)	Yes No		
	(person #4)	Yes No		
Exercise Equipment	(person #1)	Yes No		
	(person #2)	Yes No		

Special Details:

Cabinetry				Source					
Key: BS= Bath Specialist O= Owner OA= Owners Agent				Use Existing Yes No		Furnished by		Installed by	
						BS	O/OA	BS	O/OA
Style	Base	Wall	Tall	Face Material		Base	Wall	Tall	
Furniture (Unfitted)				Wood-Species					
Built-In (Fitted)				Laminate					
Construction				Paint					
Framed				Acrylic					
Frameless				Metal					
Door Type				Other:					
Full Overlay				Door Style					
Partial Overlay									
Lip									
Inset									
Hardware				Color and Finish					
Knob									
Pull									
Finger Pull									

Soffit / Fascia						
Use Existing Yes No		Furnished by BS O/OA			Installed by BS O/OA	
Fascia / Soffit Construction					Fascia / Soffit Materials	
Open	Extended	Flush	Recessed	Remove	Wallpaper	Wood
Other:					Display	Rail
					Paint	Lighted
					Cornice	Other:

Surfaces					Source					
Key: BS= Bath Specialist O= Owner OA= Owners Agent					Use Existing Yes No		Furnished by		Installed by	
							BS	O/OA	BS	O/OA
Material	Vanity	Shower Walls	Tub Platform	Other	Edge Treatment		Vanity	Shower Walls	Tub Platform	Other
Concrete					Thickness					
Cultured Marble					Shape:					
Decorative Laminate					Bevel					
Engineered Stone (Quartz)					Ogee					
Granite					Bull Nose Full					
Marble					½ Full					
Solid Surface					Square					
Tile					Other:					
Size					Backsplash					
Grout					Height					
Wood					End Splash Sides					
Other Stone:					Countertop ext. over Water Closet					
Special Notes					Special Notes					

Bath Fixtures & Fittings - Water Closet

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
1 Piece Low Profile		2 Piece Standard Height		Color:	
Wall Hung		Elongated Seat		Seat:	
Round Seat		Other		Trip Lever Finish:	
Comfort Height		Other		Stop & Supply Finish:	

Bath Fixtures & Fittings - Bidet / Bidet Seat

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Vertical Spray Vacuum Breaker		Color:		Other:	
Horizontal Spray		Faucet Finish:		Other:	

Bath Fixtures & Fittings - Bathtub

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Material				Placement	
Cast Iron	Fiberglass	Ceramic Tile	Cult Marble	Left Drain	Right Drain
Steel	Acrylic			Fitting #1	
Configuration				Type:	Finish:
Platform	Skirted	Platform w/ Steps	Free Standing	Fitting #2	
				Type:	Finish:
				Location:	

Bath Fixtures & Fittings - Shower

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Fabricated				Fittings	
1 Piece		Multiple Piece		Shower #1	Valve Type:
Custom				Shower #2	Valve Type:
Shower Wall Material:		Shower Floor/ Pan Material:	Bench Seat Material:	Shower #3	Valve Type:
Height:				Shower #4- Body Sprays	Finish:
				Shower #5- Hand-Held	Finish:
				Diverter	Finish:
Drain	Finish:	Grooming	Recess:	Size:	
Bench	Size:	Storage:	Shelves:	Size:	

Steam Bath

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Tub	Steam Generator Location:	Timer Location:	Wall Material:	Floor Material:	
Shower					

Bath Fixtures & Fittings - Lavatory

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Material				Fittings	
Porcelain	Glass	Cast Iron		4" Centers	8" Centers
Stainless Steel	Decorative Metal	Composition		Single Hole	Wall Mounted
Configuration				Finish	
Pedestal/Trap Cover	Rimmed	Under-Counter	Wall Hung		
Vessel	Self-Rimmed	Integral	Other:	Add Second Sink:	

Ventilation

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Fan	Fan, Light (Combo)	Fan, Light, Heat (Combo)	Switch	Timer	
CFM Capacity:			Duct Work Space:		

Heating

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Main Type:	Auxiliary:	Placement:			
Switch	Timer:				

Enclosures (Steam Door/s, Shower, Doors, Drapes, Etc.)

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Tub Type:	Finish:	Size:	Type:	Material:	
Shower Type:	Finish:	Size:	Type:	Material:	

Light Fixtures

Task Lighting							
LED		Halogen		Fluorescent		Xenon	
Other:							
Use Existing		Furnished by		Installed by			
Yes	No	BS	O/OA	BS	O/OA		
General				Ambient			
LED	Halogen	Fluorescent	Xenon	Cove	Recessed	Pendant	Surface Mounted
Decorative				Track	LED	Halogen	Fluorescent
LED	Halogen	Fluorescent	Xenon	Special Details			

Accessories

Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Glass Shelves	Qty:			Support:	Size:
	Finish:			Edge Treatment:	
Medicine Cabinet	Qty:	Surface Mount	Recessed	Size:	
	Finish:	Mirror Size:			
Mirror	Qty:	Surface Mount	Frame		
Towel Bars	Qty:	Finish:	Size:	No:	
Towel Rings	Qty:	Finish:	Size:	No:	
Robe Hooks	Qty:	Finish:	Size:	No:	
Tub Soap Dish	Qty:	Surface Mount	Recessed	Finish:	Placement:
Shower Soap Dish	Qty:	Surface Mount	Recessed	Finish:	Placement:
Bidet Soap Dish	Qty:	Surface Mount	Recessed	Finish:	Placement:
Lavatory Soap Dish	Qty:	Surface Mount	Recessed	Finish:	Placement:
Tub Grab Bars	Qty:	Finish:		Placement:	
Toilet Grab Bars	Qty:	Finish:		Placement:	
Paper Holder	Qty:	Surface Mount	Recessed	Finish:	Placement:
Shower Grab Bars	Qty:	Surface Mount	Recessed	Finish:	Placement:
Soap/Lotion Dispenser	Qty:	Finish:		Placement:	
Tumbler Holder	Qty:	Finish:		Placement:	
Toothbrush Holder	Qty:	Finish:		Placement:	
Towel Warmer	Qty:	Finish:		Placement:	

Other Details

Notes:

Specialty Items		
Treadmill	Size:	Clearance Required: 30 sq. ft.
Free Weights	Size:	Clearance Required: 20-30 sq. ft.
Bikes, Recumbent/Upright	Size:	Clearance Required: 10 sq. ft.
Notes:		

Flooring					
Use Existing		Furnished by		Installed by	
Yes	No	BS	O/OA	BS	O/OA
Floor Preparation		Floor Covering			
Removal:		Material			
Leveling:		Bamboo	Carpet	Ceramic Tile	Cork
Shim:		Laminate	Linoleum	Vinyl-Sheet	Vinyl-Tile
Subfloor Material:		Wood	Wood-Engineered	Stone	Other
Underlayment:		Color or Pattern:			
Baseboard:		Describe:			
Transition Treatment:					

Windows		Check all that apply.					
		Slider = S Vinyl = V	Casement = C Aluminum = A	Double-Hung = DH Aluminum Clad = AC	Skylight = SL Wood = W	Bow = BO Glass Block = GB	Bay = BA
Use Existing		Furnished by		Installed by			
Yes	No	KS	O/OA	KS	O/OA		
Can the window(s) be relocated?							
Window #	Configuration	New Windows Sizes					
						Screen:	Yes No
						Screen:	Yes No
						Screen:	Yes No
Notes:							

Doors		Check all that apply.									
		Bi-Fold = BF Slider = S Pocket = P French = F Swing = SW Solid Core = SC Steel = ST Hollow Core = HC									
		Furnished by					Installed by				
Yes	No	KS			O/OA		KS			O/OA	
Door #	Configuration	Hinge		Size				Screen			
		Yes	No					Screen: Yes No			
		Yes	No					Screen: Yes No			
		Yes	No					Screen: Yes No			
Can door be relocated?		Yes	No					Screen: Yes No			
Notes:											
Hardware Finish:				Passage		Privacy		Knob		Lever	

Decorative Surfaces									
Use Existing		Furnished by				Installed by			
Yes	No	BS		O/OA		BS		O/OA	
Wall Preparation		New Plaster/Drywall		Clean	Patch Exist	Remove Exist. Covering:			
Wall Finish		New Plaster/Drywall		Clean	Patch Exist	Remove Exist. Covering:			
Ceiling Finish		Paint		Wallpaper		Suspended	Vaulted		Other:
Ceiling Preparation		New Plaster / Drywall		Clean		Patch Exist	Remove Existing Covering		
		Other:				Repairs:			
Window Treatment		Blinds	Fabric	Shutters		Other:			
Notes:									

Construction	Source			Category
	Use Existing	Responsibility		
		BS	O / OA	
HVAC Details:				Air Conditioning System Age: Planned Improvements: <hr/> Heating System Age: Planned Improvements: <hr/> Bathroom Exhaust Fan Age: Planned Improvements:
Electrical Work:				New Service Panel: Code Updates: Modifications to Exist. Service: Heated Floor: Yes No Heated Towel Bar: Yes No
Plumbing:				New Rough-In Requirements: New Drainage Requirements: New Vent Stack Requirements: Modifications to Exist. Lines:
General Carpentry:				Demolition Work Exist. Fixture and Equip. Removal: Trash Removal: Reconstruction Work (Except as previously noted.) Widows: Doors: Interior Walls: Exterior Walls: Insulated: Cabinet Install. / Trim-Out:
Miscellaneous Work:				Jobsite / Room Clean-up: Building Permits: Structural Engineering / Architectural Fees: Inspection Fees: Jobsite Delivery: Other:

Existing Construction Details

1. *Approximate Size of Home:*

2. *Style of Home (Exterior):*

3. *Is the home historic?* Yes No What time period? _____

Are there historic covenants or restrictions affecting the home?

Are there Homeowner's Association covenants or restrictions affecting the home? Yes No

4. *Is the home part of a Homeowner's Association?* Yes No

5. *Style of Home (Interior)*

Colors: _____

Materials: _____

Furniture: _____

Accessories: _____

Other: _____

6. *Room Below Bathroom*

7. *Room Above Bathroom*

Existing Construction Details- continued

8. Condition of –

Surface Walls _____

Floors: _____

Ceilings: _____

Soffit/Fascia: _____

Squareness of Corners: _____ Parallel Wall to Within $\frac{3}{4}$ _____

Is there any hazardous material to be removed? _____

9. Construction of Floor: Slab Frame

10. Direction of Floor Joists: Parallel to Longest Bathroom Wall Perpendicular to Bathroom Longest Wall Joist Height:

11. Exterior: Brick Aluminum Stucco Wood Other: _____

12. Interior: Drywall Lath & Plaster Wood Other: _____

13. Windows Can Be Changed: Yes No Doors Can Be Relocated: Yes No Walls Can Be Relocated: Yes No

14. Windows: Sliders Double-Hung Skylights Casement Greenhouse Bow/Bay Other: _____

15. Sewage System: City Service Septic System Other: _____

16. Type of Roof Material: _____ Age of Roof _____

Access:

Can Equipment Fit Into The Room? _____

Basement: _____ Attic: _____ Crawl Space: _____

Material Storage: _____ Trash Collection Area: _____

HVAC:

Describe Existing System: Heating: _____ Ventilation: _____ Air Conditioning: _____

Plumbing:

Location of Existing Vent Stack: _____ Type of Trap: _____

Add Additional Line: _____

Electrical

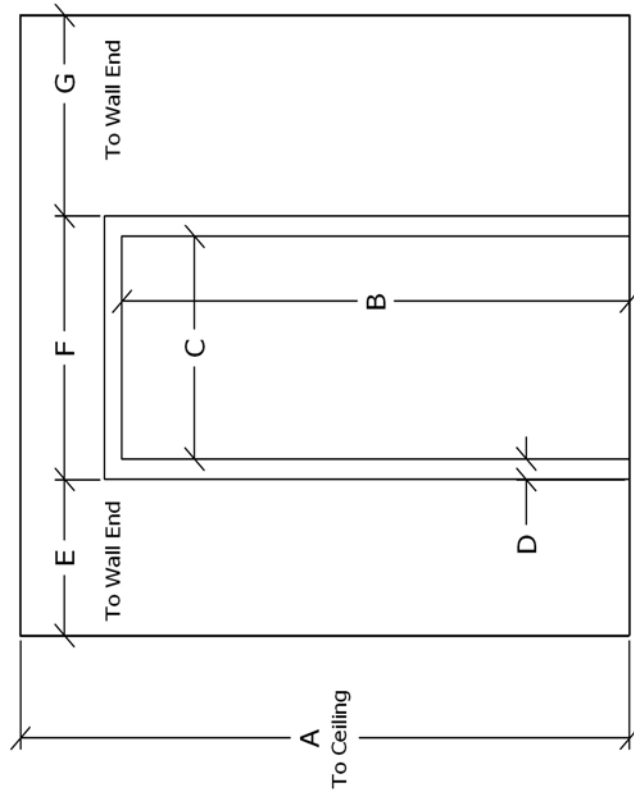
GFCI Existing: Yes No

New Wiring Access: Hard Average Easy Number of Open Circuits for Expansion: _____

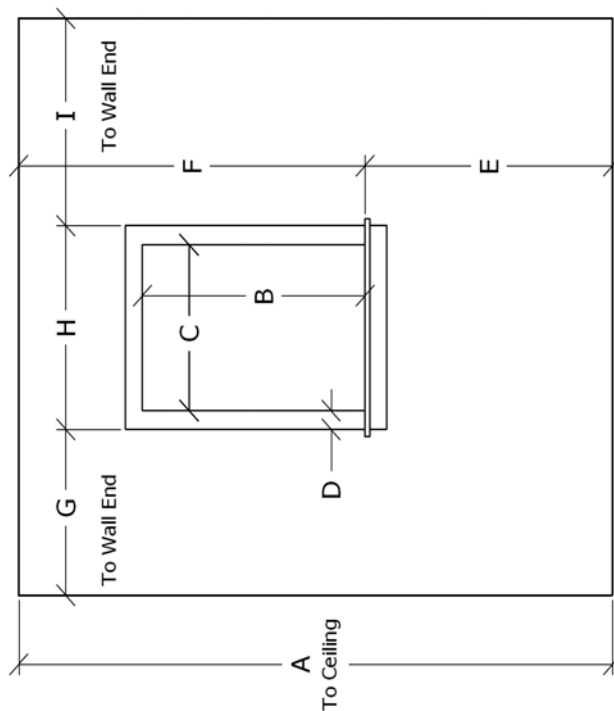
Existing Electrical Service Capacity: _____ Number of 120V Circuits: _____ Number of 240V Circuits: _____

Existing Construction Details

Doors							
No.	A	B	C	D	E	F	G



Windows									
No.	A	B	C	D	E	F	G	H	I



Register or Fan							
No.	A	B	C	D	E	F	G

