## Bath Design Survey Form

**Date:**

**Name:**

**Residence:**

**Jobsite Address:**

<table>
<thead>
<tr>
<th>Client 1:</th>
<th>Client 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Appointment**

**Allied Professional**

**Schedule:**

**Call When Ready:**

**Times Available:**

**Directions:**

**Office Phone:**

**Cell Phone:**

**Email:**

**Notes:**

---

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General Client Information

1. **What type of project is this?**  
   - [ ] Renovation  
   - [ ] New Construction

2. **Have you ever purchased a bathroom before?**  
   - [ ] Yes  
   - [ ] No

3. **When would you like to start the project?**  
   - Complete the Project?

4. **How much time do you / will you spend at the jobsite residence?**

5. **How did you learn about our firm?**

6. **Has anyone else assisted you in preparing a design for the bath?**

7. **Do you plan on retaining an interior designer or architect to assist in the bath planning?**  
   - If so, Name:  
   - Phone:

8. **Do you have a specific builder / contractor or other subcontractor / specialist with whom you would like to work?**  
   - If so, Name:  
   - Phone:

9. **What portion of the project, if any, will be your responsibility?**

10. **What budget range have you established for your bath project?**  
    - $5,000–$10,000  
    - $10,000–$20,000  
    - $20,000–$30,000  
    - $30,000–$50,000  
    - $50,000–$60,000  
    - $60,000–$75,000  
    - $75,000+

11. **How long do you intend to own the jobsite residence?**
    - Is return on investment a primary concern?  
    - Do you plan on renting the jobsite residence?

12. **What family members will share in the final decision-making process?**

13. **Would you like our firm to assist you in securing project financing?**  
    - [ ] Yes  
    - [ ] No

14. **What do you dislike most about your present bath?**

15. **What do you like most about your present bath?**

16. **Sustainable design ideas important to your family:**
    - [ ] Use of “Green” Products  
    - General products made from recycled materials:  
      - [ ] Cabinets  
      - [ ] Counters  
      - [ ] Floors  
      - [ ] Walls  
      - [ ] Building Materials  
    - [ ] Wood products supplied by environmentally responsible manufacturers
    - [ ] Water usage:
    - [ ] Sustainable design details incorporated into the plan
    - [ ] Water efficient fixtures:  
      - [ ] Toilet  
      - [ ] Bathtub  
      - [ ] Shower
    - [ ] Energy efficient lighting systems:

17. **If you are remodeling:**  
    - Is there a room addition planned?  
    - [ ] Yes  
    - [ ] No
    - When was the house built?  
    - How old is the present bath?
    - Are you considering relocating  
      - [ ] windows  
      - [ ] doors  
      - [ ] walls in your new plan?

18. **If you are building a new home:**
    - [ ] Are you able to relocate  
      - [ ] windows  
      - [ ] doors  
      - [ ] walls at this stage of construction?  
      - [ ] Yes  
      - [ ] No
    - Are you able to relocate walls at this stage of construction?  
      - [ ] Yes  
      - [ ] No

19. **Is there a view from the bathroom to be considered?**  
    - [ ] Yes  
    - [ ] No
    - Sun exposure  
    - From where in the bathroom should the view be visible?  
      - [ ] Bathtub  
      - [ ] Vanity  
      - [ ] Shower  
      - [ ] Other
    - What about privacy?
### 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. **Characteristics of family members who use the bathroom:**

   Are you planning on enlarging your family while living here? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Handed</th>
<th>Height</th>
<th>Physical Limitations/Mobility Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>R</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>5.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **Personal Information about the bathroom:**

   a. Will more than one person be using the bathroom at the same time? __________________________ How often? __________________________

   b. What types of bathroom activities can be done in a shared bathroom space? __________________________

   c. What types of bathroom activities need to be done in private? __________________________

   d. How important is auditory privacy? __________________________ Are bathroom noises a problem? __________________________

6. **Visitability:**

   a. Will this bathroom be used by visitors to the home? [ ] Yes [ ] No How often? __________________________

   b. Will the visitors be children or adults? __________________________

   c. Do any regular or frequent visitors have any physical limitation? __________________________

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

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

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

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

11. **Checklist for Bathroom activities:**

| Grooming Activities | Location |  |  |  |  |
|---------------------|----------|  |  |  |  |
| **Body:**           |          |  |  |  |  |
| Washing             | Vanity   |  | ✔ |  |  |
| Shave - Face        | Dressing |  | ✔ |  |  |
| Shave - Body        | Table    |  | ✔ |  |  |
| Apply Lotion        | Bathtub  |  |  |  | ✔ |
| Hair washing        | Shower   |  |  |  | ✔ |
| **Teeth:**          |          |  |  |  |  |
| Brush               | Other    |  |  |  | ✔ |
| Floss               | Room     |  |  |  | ✔ |
| **Nails:**          |          |  |  |  |  |
| Finger              |          |  |  |  | ✔ |
| Toe                 |          |  |  |  | ✔ |
| **Cosmetics:**      |          |  |  |  |  |
| Apply               |          |  |  |  | ✔ |
| Remove              |          |  |  |  | ✔ |
| **Face:**           |          |  |  |  |  |
| Skin Care           |          |  |  |  | ✔ |
| **Hair:**           |          |  |  |  |  |
| Blow Dry            |          |  |  |  | ✔ |
| Brush / Style       |          |  |  |  | ✔ |
| Color               |          |  |  |  | ✔ |
| Cut / Trim          |          |  |  |  | ✔ |
| **First Aid:**      |          |  |  |  |  |
| Treating cuts and burns |      |  |  |  | ✔ |
| **Hands:**          |          |  |  |  |  |
| Apply Lotion        |          |  |  |  | ✔ |
| Wash                |          |  |  |  | ✔ |
| **Medicines / Vitamins:** | |  |  |  |  |

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### Bathing / Showering Activities

<table>
<thead>
<tr>
<th>Location</th>
<th>Person</th>
<th>Person</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathtub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Bathing:**
  - With Someone
  - Assisting an Adult
  - Bathing Pets
  - Soaking / Relaxing

- **Showering:**
  - With Someone
  - Assisting an Adult
  - Steam Showering

- **Sauna:**
  - Relaxing

- **Other:**
  -

### Toileting Activities

<table>
<thead>
<tr>
<th>Location</th>
<th>Person</th>
<th>Person</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanity / Lavatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathtub</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Assisting an Adult:**
- **Toileting:**
- **Personal Cleansing:**
- **Diaper Changing:**
- **Reading:**

### Other Bathroom Activities

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Person</th>
<th>Person</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanity / Lavatory</td>
<td>Dressing Table</td>
<td>Bathtub</td>
<td>Shower</td>
<td>Other Room</td>
</tr>
<tr>
<td>Person #1</td>
<td>Person #2</td>
<td>Person #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Display Collections**
- **Undressing / Hamper**
- **Dressing:**
  - Underwear / Sleep clothes
  - "Street" Clothes
- **Drink Beverages**
- **Eat Snacks**
- **Exercise w/o equipment**
- **Exercise using equipment**
- **Grow Plants**
- **Laundry: Air Dry**
- **Laundry: Hand-wash**
- **Laundry: Machine Wash**
- **Laundry: Sort / Fold**
- **Listen to Music**
- **Massage**
- **Meditation**
- **Personal Pampering**
- **Exercise Equipment**
- **Polish Shoes**
- **Read: Books / Newspapers**
- **Supervise Children**
- **Talk on Telephone**
- **Talking with People**
- **Tanning / Sunning**
- **Watch Television**
- **Other:**

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

- **Blowdryer**
  - Handheld
  - Wall Mounted

- **Electrical Toothbrush**
- **Radio/DVD/VCR**
- **Valet**

- **Electrical Razor**
- **Television**
- **Washer & Dryer**

- **Fireplace**
  - Wood Burning
  - Gas

- **Towel Warmer**
  - Hydronic (hot water)
  - Electric

- **Curling Iron**
- **Hot Rollers**
- **Scale**
- **Other:**
<table>
<thead>
<tr>
<th>Item</th>
<th>User</th>
<th>Type of Equipment</th>
<th>Shelf / Drawer Space Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make-up Storage</td>
<td>(person #1)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(person #2)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Shaving Storage</td>
<td>(person #1)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(person #2)</td>
<td>No</td>
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</tr>
<tr>
<td>Hair Grooming Equipment</td>
<td>(person #1)</td>
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</tr>
<tr>
<td></td>
<td>(person #2)</td>
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<td>Hand and Foot Grooming Equip</td>
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<td></td>
<td>(person #2)</td>
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<tr>
<td>Personal Hygiene Equipment</td>
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<td></td>
<td>(person #2)</td>
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<td></td>
</tr>
<tr>
<td>Medicine / First Aid</td>
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<tr>
<td>Bathroom Paper Product Storage</td>
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<td>Bath Towel Storage</td>
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<tr>
<td>Household Bedroom Linen</td>
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<tr>
<td>Personal Pampering Equip</td>
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<tr>
<td></td>
<td>(person #2)</td>
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</tr>
<tr>
<td></td>
<td>(person #3)</td>
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<td></td>
<td>(person #4)</td>
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<td>Exercise Equipment</td>
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<td></td>
<td>(person #4)</td>
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<td>Pet Grooming / Bathing Area</td>
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<td>Shoe Polishing Paraphernalia</td>
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<td></td>
<td></td>
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<td>Other</td>
<td>Hanging</td>
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<td>No</td>
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<tr>
<td></td>
<td>shelf Lenth:</td>
<td>Double Pole:</td>
<td>Single Pole:</td>
</tr>
<tr>
<td></td>
<td># of Pairs:</td>
<td></td>
<td></td>
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<td></td>
<td>Boxed: Yes No</td>
<td>Shelf Length:</td>
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<tr>
<td></td>
<td># of Drawers / Pull-outs:</td>
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<td></td>
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<tr>
<td></td>
<td>Accessories</td>
<td>Yes No</td>
<td>Types:</td>
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<td>Hats</td>
<td>Yes No</td>
<td>Rack: Yes No</td>
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<td></td>
<td>Boxes: Yes No</td>
<td>Shelf Space:</td>
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<td></td>
<td>Full Length Mirror</td>
<td>Yes No</td>
<td></td>
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<tr>
<td>Other</td>
<td>Hanging</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>shelf Lenth:</td>
<td>Double Pole:</td>
<td>Single Pole:</td>
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<tr>
<td></td>
<td># of Pairs:</td>
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<tr>
<td></td>
<td>Boxed: Yes No</td>
<td>Shelf Length:</td>
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<tr>
<td></td>
<td># of Drawers:</td>
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<td></td>
<td>Accessories</td>
<td>Yes No</td>
<td>Types:</td>
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<td>Hats</td>
<td>Yes No</td>
<td>Rack: Yes No</td>
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<tr>
<td></td>
<td>Boxes: Yes No</td>
<td>Shelf Space:</td>
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<td>Full Length Mirror</td>
<td>Yes No</td>
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### Storage Checklist (Continued)

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<tr>
<th>Laundry Facilities</th>
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<tr>
<td>Mini Kitchen</td>
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<td>Other:</td>
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<table>
<thead>
<tr>
<th>Equipment Size:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>What Type of Equipment?</th>
<th>Bar Sink</th>
<th>Coffeemaker</th>
<th>Cooktop</th>
<th>Microwave</th>
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<tbody>
<tr>
<td></td>
<td>Refrigerator</td>
<td>Other:</td>
<td></td>
<td>Other:</td>
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</tbody>
</table>

### Design Information

1. **What type of feeling would you like your new bathroom space to have? Have you created a scrapbook of notes, photos and ideas of bathrooms that you like?**
   - [ ] American Country
   - [ ] Asian / Warm Contemporary
   - [ ] Old World European
   - [ ] Sleek Contemporary
   - [ ] American Formal
   - [ ] Craftsman / Arts and Crafts
   - [ ] Personal Design Statement (Eclectic)
   - [ ] Traditional

2. **What colors do you like?**
   And dislike?
   What colors are you considering for your new bathroom?
   What are the color preferences of other family members?

3. **Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project?**

4. **Design Notes:**

   Special Details:
## Cabinetry

**Key:**
- BS = Bath Specialist
- O = Owner
- OA = Owners Agent

### Use Existing

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furnished by</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>Installed by</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

### Construction

- Furniture (Unfitted)
- Built-In (Fitted)

### Door Type

- Framed
- Frameless

### Door Style

- Full Overlay
- Partial Overlay
- Lip
- Inset

### Face Material

- Wood-Species
- Laminate
- Paint
- Acrylic
- Metal
- Other: ____________

### Source

<table>
<thead>
<tr>
<th>Source</th>
<th>Furnished by</th>
<th>Installed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanity</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>Shower Walls</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>Tub Platform</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>Other</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

### Hardware

- Knob
- Pull
- Finger Pull
- Material

## Soffit / Fascia

### Use Existing

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furnished by</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>Installed by</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

### Fascia / Soffit Construction

- Open
- Extended
- Flush
- Recessed
- Remove
- Other: ____________

### Fascia / Soffit Materials

- Wallpaper
- Wood
- Display Rail
- Paint
- Lighted
- Cornice
- Other: ____________

## Surfaces

### Use Existing

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furnished by</td>
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<td>O/OA</td>
</tr>
<tr>
<td>Installed by</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

### Material

- Concrete
- Cultured Marble
- Decorative Laminate
- Engineered Stone (Quartz)
- Granite
- Marble
- Solid Surface
- Tile

### Edge Treatment

- Vanity
- Shower Walls
- Tub Platform
- Other

### Edge Thickness

- Bevel
- Ogee
- Bull Nose Full
- ½ Full
- Square
- Other: ____________

### Shape:

- Other:

### Backsplash

- Size
- Grout
- Wood
- Other Stone:

### Special Notes

- Countertop ext. over Water Closet
- Special Notes
### Bath Fixtures & Fittings - Water Closet

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
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<tr>
<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
</tr>
</tbody>
</table>

- 1 Piece Low Profile
- 2 Piece Standard Height

- Wall Hung
- Elongated Seat

- Round Seat
- Other

- Comfort Height
- Other

- Color:
- Trip Lever Finish:
- Stop & Supply Finish:

### Bath Fixtures & Fittings - Bidet / Bidet Seat

<table>
<thead>
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<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
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<tr>
<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
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</table>

- Vertical Spray Vacuum Breaker
- Color:
- Horizontal Spray
- Faucet Finish:

### Bath Fixtures & Fittings - Bathtub

<table>
<thead>
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<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
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<tbody>
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<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
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<tr>
<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
</tr>
</tbody>
</table>

- Material
  - Cast Iron
  - Fiberglass
  - Ceramic Tile
  - Cult Marble
  - Steel
  - Acrylic

- Configuration
  - Platform
  - Skirted
  - Platform w/ Steps
  - Free Standing

- Placement
  - Left Drain
  - Right Drain

- Fitting #1
  - Type:
  - Finish:
  - Location:

- Fitting #2
  - Type:
  - Finish:
  - Location:

### Bath Fixtures & Fittings - Shower

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<th>Use Existing</th>
<th>Furnished by</th>
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<td>☐ Yes ☐ No</td>
<td>BS ☐</td>
<td>O/OA ☐</td>
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</tbody>
</table>

- Fabricated
  - 1 Piece
  - Multiple Piece

- Custom

- Shower Wall Material:
- Shower Floor/ Pan Material:
- Bench Seat Material:

- Height:

- Shower #1 Valve Type:
  - Head Type:
  - Finish:
- Shower #2 Valve Type:
  - Head Type:
  - Finish:
- Shower #3 Valve Type:
  - Head Type:
  - Finish:
- Shower #4- Body Sprays Finish:
- Shower #5- Hand-Held Finish:
- Diverter Finish:

- Configuration
  - Drain Finish:
  - Bench Size:
  - Grooming Recess:
  - Size:
  - Other
### Bath Fixtures & Fittings - Lavatory

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<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

#### Material
- ☐ Porcelain
- ☐ Glass
- ☐ Cast Iron
- ☐ Stainless Steel
- ☐ Decorative Metal
- ☐ Composition

#### Configuration
- ☐ Pedestal/Trap Cover
- ☐ Rimmed
- ☐ Under-Counter
- ☐ Wall Hung
- ☐ Vessel
- ☐ Self-Rimmed
- ☐ Integral
- ☐ Other: ______

### Ventilation

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<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
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<td>O/OA</td>
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</tbody>
</table>

#### Fittings
- ☐ 4” Centers
- ☐ 8” Centers
- ☐ Single Hole
- ☐ Wall Mounted

#### Finish
- ☐ [ ]
- ☐ [ ]

### Heating

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<th>Furnished by</th>
<th>Installed by</th>
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<td>☐ Yes ☐ No</td>
<td>BS</td>
<td>O/OA</td>
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</tbody>
</table>

#### Auxiliary
- ☐ Switch

#### Switch Placement:
- ☐ [ ]
- ☐ [ ]

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

<table>
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<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

#### Tub
- Finish: ______
- Size: ______
- Type: ______
- Material: ______

#### Shower
- Finish: ______
- Size: ______
- Type: ______
- Material: ______

#### Steam
- Finish: ______
- Size: ______
- Type: ______
- Material: ______

#### Sauna
- Finish: ______
- Size: ______
- Type: ______
- Material: ______

- Curtain Rod Finish: ______
- Size: ______
- Curtains (Color): ______
- Size: ______

### Light Fixtures

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<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

#### General
- ☐ Incandescent
- ☐ Halogen
- ☐ Fluorescent
- ☐ Xenon

#### Decorative
- ☐ Incandescent
- ☐ Halogen
- ☐ Fluorescent
- ☐ Xenon

#### Task Lighting
- ☐ Incandescent
- ☐ Halogen
- ☐ Fluorescent
- ☐ Xenon

#### Ambient
- ☐ Cove
- ☐ Recessed
- ☐ Pendant
- ☐ Surface Mounted

#### Special Details
- ☐ Track
- ☐ Incandescent
- ☐ Halogen
- ☐ Fluorescent
## Accessories

<table>
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<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>Yes □ No</td>
<td></td>
<td></td>
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</tbody>
</table>

**Glass Shelves**
- Qty: 
- Support: 
- Size: 

**Medicine Cabinet**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Size: 

**Mirror**
- Qty: 
- Finish: 
- Surface Mount □ Frame □ 
- Size: 

**Towel Bars**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Size: 

**Towel Rings**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Size: 

**Robe Hooks**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Size: 

**Tub Soap Dish**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Shower Soap Dish**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Bidet Soap Dish**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Lavatory Soap Dish**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Tub Grab Bars**
- Qty: 
- Finish: 
- Placement: 

**Toilet Grab Bars**
- Qty: 
- Finish: 
- Placement: 

**Paper Holder**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Magazine Rack**
- Qty: 
- Finish: 
- Surface Mount □ Recessed □ 
- Placement: 

**Soap/Lotion Dispenser**
- Qty: 
- Finish: 
- Placement: 

**Tumbler Holder**
- Qty: 
- Finish: 
- Placement: 

**Toothbrush Holder**
- Qty: 
- Finish: 
- Placement: 

**TV**
- Qty: 
- Finish: 
- Placement: 

## Sauna

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Capacity:** 

**Timer Location:** 

**Wall Material:** 

**Floor Material:** 

**Other:** 

## Steam Bath

<table>
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<tr>
<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
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</thead>
<tbody>
<tr>
<td>Yes □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Tub □ Shower</td>
<td>Steam Generator Location:</td>
<td>Timer Location:</td>
</tr>
</tbody>
</table>

**Wall Material:** 

**Floor Material:**
## Exercise Equipment

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Size:</th>
<th>Clearance Required:</th>
</tr>
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<tbody>
<tr>
<td>Treadmill</td>
<td></td>
<td>30 sq. ft.</td>
</tr>
<tr>
<td>Free Weights</td>
<td></td>
<td>20-30 sq. ft.</td>
</tr>
<tr>
<td>Bikes, Recumbent &amp; Upright</td>
<td></td>
<td>10 sq. ft.</td>
</tr>
<tr>
<td>Rowing Machines</td>
<td></td>
<td>20 sq. ft.</td>
</tr>
<tr>
<td>Stair Climbers</td>
<td></td>
<td>10 to 20 sq. ft.</td>
</tr>
<tr>
<td>Ski Machines</td>
<td></td>
<td>25 sq. ft.</td>
</tr>
<tr>
<td>Single-Station Gym</td>
<td></td>
<td>35 sq. ft.</td>
</tr>
<tr>
<td>Multi-Station Gym</td>
<td></td>
<td>50 to 200 sq. ft.</td>
</tr>
<tr>
<td>Yoga Matte</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Flooring

### Use Existing

<table>
<thead>
<tr>
<th></th>
<th>Furnished by</th>
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<tbody>
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</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Floor Preparation

- Removal:
- Leveling:
- Shim:
- Subfloor Material:
- Underlayment:
- Baseboard:
- Transition Treatment

### Floor Covering

**Material**

- Bamboo
- Carpet
- Ceramic Tile
- Cork
- Laminate
- Linoleum
- Vinyl-Sheet
- Vinyl-Tile
- Wood
- Wood-Engineered
- Stone
- Other

**Color or Pattern:**

Describe:

## Windows

**Check all that apply.**

- Slider = S
- Casement = C
- Double-Hung = DH
- Skylight = SL
- Bow = BO
- Bay = BA
- Vinyl = V
- Aluminum = A
- Aluminum Clad = AC
- Wood = W
- Glass Block = GB

### Use Existing

<table>
<thead>
<tr>
<th></th>
<th>Furnished by</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>BS</td>
<td>O/OA</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
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</tbody>
</table>

### Interior Wall Patch:

### Exterior Wall Patch:

### Sink Vent Relocation:

**Window #**

<table>
<thead>
<tr>
<th>Configuration</th>
<th>New Windows Sizes</th>
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<tbody>
<tr>
<td></td>
<td>Screen: Yes No</td>
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<tr>
<td></td>
<td>Screen: Yes No</td>
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<td>Screen: Yes No</td>
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<td>Screen: Yes No</td>
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<td>Screen: Yes No</td>
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<tr>
<td></td>
<td>Screen: Yes No</td>
</tr>
</tbody>
</table>
# Doors

<table>
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<tr>
<th></th>
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<th>Installed by</th>
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<tbody>
<tr>
<td></td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

**Check all that apply.**

- Bi-Fold = BF
- Slider = S
- Pocket = P
- French = F
- Swing = SW
- Solid Core = SC
- Steel = ST
- Hollow Core = HC

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Door #</th>
<th>Configuration</th>
<th>Hinge</th>
<th>Size</th>
<th>Screen</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- [ ] Yes
- [ ] No

- Hardware Finish:
  - [ ] Passage
  - [ ] Privacy
  - [ ] Knob
  - [ ] Lever

---

# Decorative Surfaces

<table>
<thead>
<tr>
<th>Use Existing</th>
<th>Furnished by</th>
<th>Installed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BS</td>
<td>O/OA</td>
</tr>
</tbody>
</table>

**Wall Preparation**

- [ ] New Plaster/Drywall
- [ ] Clean
- [ ] Patch Exist
- [ ] Remove Exist. Covering:
  - [ ] Yes
  - [ ] No

**Wall Finish**

- [ ] Paint
- [ ] Wallpaper
- [ ] Tile
- [ ] Other:

- [ ] Yes
- [ ] No

**Ceiling Finish**

- [ ] Paint
- [ ] Wallpaper
- [ ] Suspend
- [ ] Vaulted
- [ ] Other:

- [ ] Yes
- [ ] No

**Ceiling Preparation**

- [ ] New Plaster / Drywall
- [ ] Clean
- [ ] Patch
- [ ] Remove Existing Covering
  - [ ] Yes
  - [ ] No

*Other:* ____________________________

**Window Treatment**

- [ ] Blinds
- [ ] Fabric
- [ ] Shutters
- [ ] Other:

*Other:* ____________________________

---
<table>
<thead>
<tr>
<th>Construction Source Category</th>
<th>Use Existing</th>
<th>Responsibility BS</th>
<th>O / OA</th>
<th>Category</th>
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<tr>
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<td>Air Conditioning System Age:</td>
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<td>Planned Improvements:</td>
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<tr>
<td>Heating System Age:</td>
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<td>Bathroom Exhaust Fan Age:</td>
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<td>New Service Panel:</td>
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<td>Heated Floor: Yes No</td>
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<td>Heated Towel Bar: Yes No</td>
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<td>New Rough-In Requirements:</td>
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<td>New Drainage Requirements:</td>
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<td>Demolition Work</td>
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<td>Reconstruction Work (Except as previously noted.)</td>
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<td>Widows:</td>
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<td>Interior Walls:</td>
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<td>Cabinet Install. / Trim-Out:</td>
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<td>General Carpentry:</td>
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<tr>
<td>Miscellaneous Work:</td>
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<tr>
<td>Jobsite / Room Clean-up:</td>
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<tr>
<td>Building Permits:</td>
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<td>Structural Engineering / Architectural Fees:</td>
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<td>Jobsite Delivery:</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>
## Existing Construction Details

1. **Age of Home**: ___________  **Access Roads to Home**: ________________
   - Delivery Truck Clearances: ____________________  - Elevator Size Limitations: ____________________
   - Access to Bath: □ Through House  □ Exterior Access

2. **Type of Neighborhood**:  
   □ Rural  □ Suburban  □ Urban  □ Historic  □ Mixed Use  □ Multi-Family  □ Gated Community  □ Planned Development

3. **Type of Home**:  
   □ Single Family  □ Duplex  □ Townhouse  □ Condominium  □ Apartment / Flat  □ Other: ____________________

4. **Structure of Home**:  
   □ One Story  □ Two-Story  □ Three-Story  □ Ranch  □ Split-Level  □ Split-Foyer/Raised Ranch  □ Other: ____________________

5. **Approximate Size of Home**: ____________________

6. **Style of Home (Exterior)**: ____________________

7. **Is the home historic?**  □ Yes  □ No  
   - What time period? ____________________
   - Are there historic covenants or restrictions affecting the home? ____________________

8. **Is the home part of a Homeowner's Association?**  □ Yes  □ No  
   - Are there Homeowner’s Association covenants or restrictions affecting the home? □ Yes  □ No  ____________________

9. **Style of Home (Interior)**  
   - Colors: ____________________
   - Materials: ____________________
   - Furniture: ____________________
   - Accessories: ____________________
   - Other: ____________________

10. **Room Below Bathroom**: ____________________  **Room Above Bathroom**: ____________________
### Existing Construction Details - continued

11. **Condition of** –
   - Surface Walls
   - Floors:
   - Ceilings:
   - Soffit/Fascia:
   - Squareness of Corners: Parallel Wall to Within ¾"
   - Is there any hazardous material to be removed?

12. **Construction of Floor**:  
   - Slab  
   - Frame

13. **Direction of Floor Joists**:  
   - Parallel to Longest Bathroom Wall  
   - Perpendicular to Bathroom Longest Wall  
   - Joist Height:

14. **Exterior**:  
   - Brick  
   - Aluminum  
   - Stucco  
   - Wood  
   - Other:

15. **Interior**:  
   - Drywall  
   - Lath & Plaster  
   - Wood  
   - Other:

16. **Windows Can Be Changed**:  
   - Yes  
   - No  
   - Doors Can Be Relocated:  
   - Yes  
   - No  
   - Walls Can Be Relocated:  
   - Yes  
   - No

17. **Windows**:  
   - Sliders  
   - Double-Hung  
   - Skylights  
   - Casement  
   - Greenhouse  
   - Bow/Bay  
   - Other:

18. **Sewage System**:  
   - City Service  
   - Septic System  
   - Other:

19. **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 Plumbing Center Lines

Water Closet
- Width:
- Height:
- Depth:
- Type of W.C.: Wall Hung
- Wall Hung: Width
- Height:
- Distance Tank for Walls:
- Soil Stack Location:
- Water Supply Height: Of Floor:

Bidet

Lavatory
- Water Supply: Floor
- Drain out of: Floor
- Bottom of Trap to Floor:
- Type of Lavatory: Wall Hung
- Wall Hung: Width
- Height:
- Vanity: Width
- Height
- Depth:
- Vent Pipe Location:

Tub
- Width:
- Height:
- Depth:
- Tub/Shower Material: Cast Iron
- Steel
- Fiberglass
- Other
- Tub/Shower Surround: Yes
- No
- Surround Material: Tub
- Shower
- Surround Width: Height:
- Width:
- Shower Stub Out Height:

Shower

Plumbing Access Below: Yes
- No
- Type of Drain: Cast Iron
- Copper
- Plastic
- Type of Trap: Drum
- P
- Bathroom on: First Floor
- Second Floor
- Other
Existing Construction Details

Doors

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<tr>
<th>No.</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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</thead>
</table>

Windows

<table>
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