**BATHROOM QUESTIONNAIRE**

Print and complete this form, then scan and email to fawn@interiorsbyfawn.com

or mail to Interiors by Fawn, 449 Upshire Circle, Gaithersburg, MD 20878

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bathroom(s) to Remodel** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Top 3 Reasons You Want to Remodel**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY AND LIFESTYLE

1. **Number and age range of family members who use this bathroom:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Physical conditions family members have that impact their experience in the bathroom:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Number of bathrooms in your home: \_\_\_\_ If one, how will you manage while it is unusable?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4**. How long do you plan to live in your house?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What other activities occur in this bathroom? (i.e., dressing, laundry, medical care, etc.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# DESIGN AND STYLE

1. **What are your color preferences for your new bathroom?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What colors do you not want in your new bathroom?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If a design could be greatly improved, would you be willing to make structural changes (i.e. moving walls, doors and walls)?**

\_\_\_\_\_ Absolutely not \_\_\_\_\_ I would consider it \_\_\_\_\_ Yes

1. **What do you like about your current bathroom?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What do you dislike about your current bathroom?**

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1. **What type of cabinet do you prefer?**

\_\_\_ Light Colored Wood \_\_\_ Medium Colored Wood

\_\_\_ Dark Colored Wood \_\_\_ Painted Wood

\_\_\_ Laminate \_\_\_ MDF

\_\_\_ No Preference \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What finish do you prefer for your fixtures?**

\_\_\_ Chrome/Silver \_\_\_ Nickel \_\_\_\_ Oil-Rubbed Bronze

\_\_\_ Gold \_\_\_ Brass \_\_\_\_ Glass/Crystal \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Brushed / Satin \_\_\_\_ Polished/ Shiny

1. **What style of cabinet door do you prefer?**

\_\_\_ Flat Panel \_\_\_ Raised Panel \_\_\_ Recessed Panel \_\_\_ Shaker \_\_\_ Arched

\_\_\_ Bead Board \_\_\_ No Preference/ Unsure/ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What kind of countertop would you like?**

\_\_\_ Granite \_\_\_ Quartz \_\_\_ Solid Surface \_\_\_ Tile \_\_\_ Marble \_\_\_ Laminate

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your hardware preference?** \_\_\_ Knobs \_\_\_ Pulls \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What shower wall and/or tub deck materials do you prefer**?

\_\_\_ Tile \_\_\_ Marble \_\_\_ Quartz \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What tile pattern or type do you prefer in the shower (for example, Straight, Diamond, Herringbone; Plain, Decorative, Multiple Types; None)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What floor materials do you prefer?**

\_\_\_ Vinyl \_\_\_ Tile \_\_\_ Hardwood \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of feeling would you like your new bathroom to have?**

\_\_\_ Formal \_\_\_ Traditional \_\_\_ Relaxing \_\_\_ Industrial \_\_\_\_ Fun

\_\_\_ Open \_\_\_ Sleek/contemporary \_\_\_ Country \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FIXTURES

1. **Is the showerhead at a comfortable height for all users?** \_\_\_ Yes \_\_\_ No
2. **What types of fixtures are important in your new shower?**

\_\_\_ grab bars \_\_\_ bench seat \_\_\_ body sprays \_\_\_ handheld faucet \_\_\_ niches

1. **Do you want a new tub?** \_\_\_ Yes \_\_\_ No

**If *yes,* Do you want a jetted or air tub?** \_\_\_ Yes \_\_\_ No

1. **What type of shower enclosure would you like?**

\_\_\_ clear glass \_\_\_ frosted or etched glass \_\_\_ curtain \_\_\_ open/ no enclosure

1. **What types of fixtures/features are important in your new tub?**

\_\_\_ grab bars \_\_\_ personal handheld faucet \_\_\_ VitAroma \_\_\_ heater \_\_\_ lights

1. **Is the sink at a comfortable height to wash your face?** \_\_\_ Yes \_\_\_ No

1. **What type of sink would you like?**

\_\_\_ integral \_\_\_ undermount \_\_\_ vessel bowl \_\_\_ drop-in

1. **What additional components would you like to add to the bathroom?**

\_\_\_ refrigerator \_\_\_ heated towel bar \_\_\_ heated floors \_\_\_ audio-visual

**\_\_\_** heated drawer \_\_\_ remote controls \_\_\_ bidet \_\_\_ steam shower

\_\_\_ grab bars \_\_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TIME AND BUDGET

1. **When would you like to begin your project?**

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1. **When would you like your project completed?**

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1. **Budget for this project?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the space below to provide any other information that might be helpful in creating your perfect bathroom. Thank you!**