



**Callahan
&
Peters, Inc.**

Remodelers and General Contractors

1739 Chestnut Avenue, Suite 200
Glenview, Illinois 60026-1760

(847) 724-3777
(847) 724-3227 fax
info@cpiremodel.com

BEDROOM QUESTIONNAIRE

There are two main objectives for filling out this questionnaire. First of all, the process of filling out this form will get you and your family thinking about the questions you need to ask yourselves before starting a construction project.

The second objective of the questionnaire is to help us understand the vision you have for your project and help plan a direction for its realization. Be frank about what you want the end result to look and feel like, but also be prepared to explore new ideas and alternatives.

Every project Callahan & Peters, Inc. undertakes is considered a unique design opportunity, each with its own scale and budget. This questionnaire is a tool to help jumpstart communication between you and Callahan & Peters, Inc. The responses you give here are not final design decisions, but rather initial concepts that will be used as a reference to help develop a program for your project.

PERSONAL INFORMATION

Name _____

Street Address _____

City, State and Zip _____

Day Phone _____

Evening Phone _____

Cell/Car Phone _____

Email Address _____

GENERAL INFORMATION

1. Which of the following best describes the Bedroom's main use?

- | | |
|--|--|
| <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> Guest Bedroom |
| <input type="checkbox"/> Elderly Bedroom | <input type="checkbox"/> Nanny's Bedroom |
| <input type="checkbox"/> Child's Bedroom (Include Age of child below) | <input type="checkbox"/> Other (Explain) |

2. Is your current Bedroom large enough? Yes [] No []

3. Would you consider incorporating additional existing space (combining existing rooms) into one larger space?
Yes [] No []

4. Would you consider adding additional room by building onto your existing house?
Yes [] No []

5. Why do you want to remodel your Bedroom?

6. What are the main features that you LIKE about your current/previous Bedroom?

7. What are the main features that you DISLIKE about your current/previous Bedroom?

8. Does anyone in your family have a physical disability (for example, requires the use of a wheelchair) that may need to be accommodated in the design and/or layout of this Bedroom?

Yes

No

DESIGN INFORMATION

Which of the following do you prefer? You can check more than one if you are unsure at this time or if you would like to explore different options.

9. **Overall style.** (Note that typically it is desirable to stay consistent with the existing style of the house.)

Contemporary/Modern

Arts and Crafts/Shaker

Colonial

Eclectic

Rustic/Farmhouse/Country Cottage

Undecided/Open to Suggestion

Tudor

Other (Specify Below)

10. Cabinet/Millwork Material

Natural wood

Laminate

Stained wood

Combination of two or more finishes

Antique/distressed wood

Undecided/Open to Suggestion

Painted wood

Other (Specify Below)

11. Floor Finish Material

Carpet

Wood – Strip flooring

Granite

Wood – Wide Planks

Marble

Wood - Parquet

Tile

Combination of two or more finishes

Slate or Limestone

Undecided/Open to Suggestion

Cast Porcelain, Granirex or other
manufactured solid surfacing

Other (Specify Below)

12. Wall Finish Material

- | | |
|--|--|
| <input type="checkbox"/> Drywall (for Paint) | <input type="checkbox"/> Wainscot or Chair Rail |
| <input type="checkbox"/> Drywall (for Wallpaper) | <input type="checkbox"/> Wood Panels |
| <input type="checkbox"/> Drywall (Faux Finish) | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Paneling | <input type="checkbox"/> Other (Specify Below) |

13. Ceiling Design

- | | |
|--|---|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Sloped |
| <input type="checkbox"/> Tray | <input type="checkbox"/> Coffered |
| <input type="checkbox"/> Drywall Beams | <input type="checkbox"/> Cathedral |
| <input type="checkbox"/> Wood Beams | <input type="checkbox"/> Combination of two or more |
| <input type="checkbox"/> Exposed Truss | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Skylight | <input type="checkbox"/> Other (Specify Below) |

14. Natural Lighting

- | | |
|--|---|
| <input type="checkbox"/> Keep/match existing windows | <input type="checkbox"/> French doors |
| <input type="checkbox"/> Enlarge existing windows | <input type="checkbox"/> Sliding glass doors |
| <input type="checkbox"/> Skylights | <input type="checkbox"/> Combination of two or more |
| <input type="checkbox"/> Bay or Bow window | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Clerestory windows | <input type="checkbox"/> Other (Specify Below) |

15. General Lighting

- | | |
|--|---|
| <input type="checkbox"/> Incandescent | <input type="checkbox"/> Under cabinet lighting |
| <input type="checkbox"/> Fluorescent | <input type="checkbox"/> Over cabinet lighting |
| <input type="checkbox"/> Halogen | <input type="checkbox"/> Built-in accent lighting |
| <input type="checkbox"/> Recessed cans | <input type="checkbox"/> Pendant lights |
| <input type="checkbox"/> Surface-mounted ceiling fixture | <input type="checkbox"/> Pin spots |
| <input type="checkbox"/> Wall washers | <input type="checkbox"/> Combination of two or more options |
| <input type="checkbox"/> Wall sconces | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Track lighting | <input type="checkbox"/> Other (Specify Below) |

ADDITIONAL CONSIDERATIONS

20. Would you like to add a fireplace? Yes No

21. If you would like a fireplace, which would you prefer?

- Masonry / brick
- Prefabricated
- Wood burning
- Gas log
- See-through
- Other (Explain below)

22. Which of the following need to be planned for/accommodated in the design and layout of the bedroom? (Check all that apply. If there is an existing item you would like to reuse, please list its approximate size.)

- Armoire for hanging Size: _____
- Built-in cabinets Size: _____
- Bed (size) Size: _____
- Nightstand Size: _____
- Dresser Size: _____
- Dressing table / vanity Size: _____
- Makeup table Size: _____
- Desk Size: _____
- Sofa / loveseat Size: _____
- Reading chair Size: _____
- Ottoman Size: _____
- Bookcase Size: _____
- Chest Size: _____
- Other (Explain.) Size: _____

ADDITIONAL COMMENTS

Use the space below to list any additional items, requirements or comments that you may have.
