



BATHROOM / MASTER BATH 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 Bathroom's main use?

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

2. Is your current bathroom 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 bathroom? (Check all that apply.)

- To update the look and function of the current bathroom
- To add an additional bathroom
- To obtain more useable space in an existing bathroom
- To update old fixtures
- To increase the value of your home.

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

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

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 your bathroom? 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.)

- | | |
|---|---|
| <input type="checkbox"/> Contemporary/Modern | <input type="checkbox"/> Arts and Crafts/Shaker |
| <input type="checkbox"/> Colonial | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Rustic/Farmhouse/Country Cottage | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Tudor | <input type="checkbox"/> Other (Specify Below) |

10. Cabinet/Millwork Material

- | | |
|--|--|
| <input type="checkbox"/> Natural wood | <input type="checkbox"/> Laminate |
| <input type="checkbox"/> Stained wood | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Antique/distressed wood | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Painted wood | <input type="checkbox"/> Other (Specify Below) |

11. Countertop Material

- | | |
|---|--|
| <input type="checkbox"/> Corian | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood or Butcher Block |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Cast Porcelain, Granirex or other manufactured solid surfacing | <input type="checkbox"/> Other (Specify Below) |

12. Backsplash Material

- | | |
|---|--|
| <input type="checkbox"/> Corian | <input type="checkbox"/> Stainless Steel |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood or Butcher Block |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Cast Porcelain, Granirex or other manufactured solid surfacing | <input type="checkbox"/> Other (Specify Below) |

13. Floor Finish Material

- | | |
|--|--|
| <input type="checkbox"/> Vinyl | <input type="checkbox"/> Wood – Strip flooring |
| <input type="checkbox"/> Granite | <input type="checkbox"/> Wood – Wide Planks |
| <input type="checkbox"/> Marble | <input type="checkbox"/> Wood - Parquet |
| <input type="checkbox"/> Tile | <input type="checkbox"/> Combination of two or more finishes |
| <input type="checkbox"/> Slate or Limestone | <input type="checkbox"/> Undecided/Open to Suggestion |
| <input type="checkbox"/> Cast Porcelain, Granirex or other
manufactured solid surfacing | <input type="checkbox"/> Other (Specify Below) |

14. 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) |

15. 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) |

16. 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) |

17. General Lighting

- | | |
|--|---|
| <input type="checkbox"/> Incandescent | <input type="checkbox"/> Fluorescent |
| <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) |

FIXTURE and ACCESSORY 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.

18. Sink style

- | | |
|---|---|
| <input type="checkbox"/> Sink in vanity cabinet | <input type="checkbox"/> Sink with open cabinet below |
| <input type="checkbox"/> Pedestal Lavatory | <input type="checkbox"/> Other (Explain) |

19. How many sinks do you require?

- 1 sink
- 2 sinks, one continuous vanity cabinet and counter
- 2 sinks, 2 separate vanity cabinets and counters
- Other (Explain)

20. Sink finish

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Corian | <input type="checkbox"/> Stainless Steel or Metal |
| <input type="checkbox"/> Porcelain | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Other (Explain) |

21. Toilet Style

- | | |
|--|--|
| <input type="checkbox"/> Round bowl and seat | <input type="checkbox"/> Tall tank |
| <input type="checkbox"/> Elongated bowl and seat | <input type="checkbox"/> Low tank |
| <input type="checkbox"/> Separate urinal | <input type="checkbox"/> Wall-mounted toilet |
| <input type="checkbox"/> Bidet | <input type="checkbox"/> Other (Explain) |

22. Tub Style

- | | |
|--|--|
| <input type="checkbox"/> Standard 32" x 60" x 18" deep | <input type="checkbox"/> Whirlpool with jets |
| <input type="checkbox"/> Long 36" x 72" | <input type="checkbox"/> Freestanding tub |
| <input type="checkbox"/> Large 42" x 72" | <input type="checkbox"/> Built into tub deck |
| <input type="checkbox"/> Extra deep 20" or 22" | <input type="checkbox"/> Other (Explain) |

23. Tub finish

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Cast iron | <input type="checkbox"/> Acrylic |
| <input type="checkbox"/> Other (Explain) | |

24. Bath accessories

- | | |
|--|--|
| <input type="checkbox"/> Shaving mirror | <input type="checkbox"/> Towel rings |
| <input type="checkbox"/> TP holder | <input type="checkbox"/> Soap/lotion dispenser |
| <input type="checkbox"/> Toothbrush holder | <input type="checkbox"/> Robe hooks |
| <input type="checkbox"/> Soap dish | <input type="checkbox"/> Tumbler holder |
| <input type="checkbox"/> Towel bars | <input type="checkbox"/> Other (Explain) |

25. Shower enclosure

- | | |
|--|---|
| <input type="checkbox"/> Shower within tub | <input type="checkbox"/> Folding glass door |
| <input type="checkbox"/> Separate shower | <input type="checkbox"/> Frameless glass door |
| <input type="checkbox"/> Curtain | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Framed glass door | |

26. Shower wall finish

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Tile | <input type="checkbox"/> Acrylic |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Other (Explain) |

27. Shower options

- | | |
|---|---|
| <input type="checkbox"/> Body sprays | <input type="checkbox"/> Built-in shelves |
| <input type="checkbox"/> Hand-held shower | <input type="checkbox"/> Toe niche |
| <input type="checkbox"/> Steam shower | <input type="checkbox"/> Seat /bench |
| <input type="checkbox"/> Raindome | <input type="checkbox"/> Other (Explain) |

28. Miscellaneous and Storage

- | | |
|---|--|
| <input type="checkbox"/> Separate toilet room | <input type="checkbox"/> Television |
| <input type="checkbox"/> Linen cabinet | <input type="checkbox"/> Cosmetics drawer |
| <input type="checkbox"/> Laundry hamper | <input type="checkbox"/> Separate Make-up area |
| <input type="checkbox"/> Medicine cabinet | <input type="checkbox"/> Other (Explain) |

ADDITIONAL COMMENTS

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