

# Bathroom Renovation Questionnaire



## FAMILY and LIFESTYLE:

1. What year was your house built (or your best guess)? \_\_\_\_\_
2. When was the last time your bathroom was remodeled? \_\_\_\_\_
3. The walls are:       Drywall     Plaster     Other
4. Is the tile mud set?     Yes     No     Not sure
5. How many years do you plan on living in the home after the remodel is complete? \_\_\_\_\_
6. Where is the bathroom that you would like to remodel located?  
\_\_\_\_\_
7. Is the bathroom within a bedroom?     Yes     No
8. Who will be the primary users of the bathroom? \_\_\_\_\_
9. How many people will be using this bathroom on a day-to-day basis?  
\_\_\_\_\_
10. Do you have any pets?     Yes     No  
If so, what types? \_\_\_\_\_

## DESIGN and STYLE:

1. What are your color preferences for your new bathroom?  
\_\_\_\_\_
2. Do you have a scrapbook of notes, photos, or ideas that you would like to use as inspiration for your new bathroom design?     Yes     No
3. Are you considering structural changes (i.e., moving walls)?     Yes     No
4. Are you considering additional plumbing fixtures (i.e., a second sink, laundry facility, separate bath and shower, etc.)?     Yes     No

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5. What do you like about your current bathroom?

\_\_\_\_\_

6. What do you dislike about your current bathroom?

\_\_\_\_\_

7. What type of lighting do you want?  Recessed  Pendants  General Ceiling  Fixtures

8. Do you need any additional electrical outlets?  Yes  No

9. What type of floor do you have now?

\_\_\_\_\_

10. Do you want to keep the same floor?  Yes  No  
If not, what type of floor would you like to install?

\_\_\_\_\_

## TIME and BUDGET:

1. What family members will share in the final decision-making?

\_\_\_\_\_

2. When would you like to begin your project?

\_\_\_\_\_

3. When would you like your project completed?

\_\_\_\_\_

4. Do you have a budget for this project?  Yes  No  
If yes, how much? \_\_\_\_\_

## GENERAL INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_