

# **Joanne Cannell Designs**

**Joanne Cannell CKD, CBD**

**Kitchen & Bath Design**

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## **BATH DESIGN PLANNING QUESTIONNAIRE**

### **GENERAL INFORMATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

JOBSITE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE:

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

1) Do you have a specific architect or other specialist with whom you would like to work?

If yes, please list:

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
FIRM: _____	FIRM: _____
ADDR: _____	ADDR: _____
_____	_____

2) Do you plan to retain an interior designer or architect for your current remodeling project?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

3) How did you learn about my services?

REFERRAL: \_\_\_\_\_ NKBA: \_\_\_\_\_

OTHER: \_\_\_\_\_

4) How long have you lived at your present address? \_\_\_\_\_ Years.

5) When was the house built? \_\_\_\_\_

6) How long do you intend to live in this house? \_\_\_\_\_

7) Do you plan to rent the jobsite residence in the future? \_\_\_\_\_

8) When would you like to start the project? \_\_\_\_\_

9) When would you like the project completed? \_\_\_\_\_

10) What family members will share in the final decision making process?

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

11) Are you planning to enlarge your family while living here? YES: \_\_\_\_\_ NO: \_\_\_\_\_

12) How many bathrooms are in the house? \_\_\_\_\_

13) What is your budget for your bath remodel? \$ \_\_\_\_\_

**BATH INFORMATION:**

1) Is this a master \_\_\_\_, children's \_\_\_\_, or guest\_\_ bath?

2) Who will use the bath?

NAME	AGE	RIGHT OR LEFT HAND	HEIGHT	PHYSICAL LIMITATIONS

3) How many family members will use the bathroom at one time?

4) What don't you like about your present bathroom?

\_\_\_ Inadequate counter space

\_\_\_ Aging or failed plumbing

\_\_\_ Insufficient storage

\_\_\_ Wasted floor space

\_\_\_ Too many doors or windows

\_\_\_ Too few outlets

\_\_\_ Not enough light

\_\_\_ Other \_\_\_\_\_

5) What do you like about your present bathroom?  
\_\_\_\_\_

6) What activities take place in the bath?

\_\_\_Applying make-up/ hair care

\_\_\_Laundry

\_\_\_Dressing

\_\_\_Reading/Lounging

\_\_\_Exercising

7) Which of the following do you plan to use in the bathroom?

	<u>Necessity</u>	<u>Optional</u>		
Television	___	___		
Telephone	___	___		
Radio	___	___		
Coffeemaker	___	___		
Towel Warmer	___	___	___Hydronic	___Electric
Sauna	___	___		

Steam \_\_\_\_\_  
Whirlpool \_\_\_\_\_

Other \_\_\_\_\_

- 8) Do you prefer separate showering & bathing areas? \_\_\_\_\_
- 9) Would you like to consider either a tub or shower that will accommodate more than one person? \_\_\_\_\_
- 10) Do you prefer that the water closet be separated from the other fixtures & places in it's own compartment?

**DESIGN INFORMATION**

- 1) What general feeling or style would you like to achieve?  
 Arts & Crafts                       Victorian                       Traditional  
 Cozy                                       Strictly Functional                       Contemporary  
 Sleek                                       Adult Retreat                       Other \_\_\_\_\_

2) What colors are you considering for your new bathroom? \_\_\_\_\_

3) What colors do you like? \_\_\_\_\_

4) How important is it to you that the bathroom flows to adjacent spaces from a design similarity standpoint? \_\_\_\_\_

5) Have you made a sketch or collected pictures of ideas for you new bathroom?

6) Have you selected any materials for you new bathroom?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Design Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_