



107 Sherman Ave  
Raritan, NJ 08869

## *Customer Bathroom Survey*

### Customer Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

# General Information

1. How long have you lived at your current residence? \_\_\_\_\_
2. How long do you plan on staying there? \_\_\_\_\_
3. When was the house built? \_\_\_\_\_ How old is the present bathroom? \_\_\_\_\_
4. When would you like to start the project? \_\_\_\_\_
5. When would you like the project to be completed? \_\_\_\_\_
6. Do you have a specific contractor or subcontractor you would like us to work with? If yes, please name & describe specialty \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you plan to do any of the work yourself? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What budget range have you established for your bathroom project? \_\_\_\_\_
9. If design could be improved, would you be willing to make structural changes i.e. moving walls, windows, doors, etc? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Lifestyle

10. Is this a master \_\_\_\_\_, hall \_\_\_\_\_, or powder room \_\_\_\_\_ bath project?
11. Who will use the Bathroom? \_\_\_\_\_
12. What is the primary time of day that the bathroom is used? \_\_\_\_\_
13. Do you prefer separate showering & bathing areas? \_\_\_\_\_
14. Would you like to consider either a tub or shower that will accommodate more than one person? \_\_\_\_\_
15. Other than bathing/showering, what other activities are you considering for your bath?
- \_\_\_ Applying Make-up      \_\_\_ Hair Care      \_\_\_ Exercising
- \_\_\_ Dressing      \_\_\_ Reading/Lounging
16. Are you considering a whirlpool \_\_\_\_\_, steam \_\_\_\_\_, sauna \_\_\_\_\_, or freestanding tub \_\_\_\_\_?
17. Do you have any specialized storage needs for bathroom appliances? \_\_\_\_\_ If yes, please list \_\_\_\_\_

# Design & Style

18. What style would you like your new bathroom to have?
- \_\_\_ Sleek/Contemporary      \_\_\_ French Country
- \_\_\_ Traditional      \_\_\_ English Country
- \_\_\_ Transitional      \_\_\_ Formal
- \_\_\_ Shaker      \_\_\_ Personal Design Statement
19. What colors do you like? \_\_\_\_\_ Dislike? \_\_\_\_\_

20. What colors are you considering for your new bathroom? \_\_\_\_\_

21. Have you created a lookbook on Houzz or Pinterest or a scrapbook with photos or ideas that you would like to use in your new kitchen? \_\_\_\_\_

If yes, please make sure to share your profile link or scrapbook with your designer.

22. What do you dislike about your present bathroom? \_\_\_\_\_

\_\_\_\_\_

23. What do you like about your present bathroom? \_\_\_\_\_

\_\_\_\_\_

## Bathroom Specific

24. How would you like your Bathroom to relate to adjacent rooms? \_\_\_\_\_

25. What color/finish are you considering for your new faucets & hardware? \_\_\_\_\_

26. What color/finish are you considering for your new fixtures and accessories? \_\_\_\_\_

\_\_\_\_\_

27. What type of moldings are you interested in?

\_\_\_ Simplistic

\_\_\_ More Detail

\_\_\_ Built-up

\_\_\_ Less Detail

28. What type of Countertop Material are you considering? \_\_\_\_\_

\_\_\_\_\_

29. What type of Flooring are you considering? \_\_\_\_\_

\_\_\_\_\_

30. What are some basic changes you would like to make to your bathroom? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other details you wish to provide not addressed in this survey \_\_\_\_\_

\_\_\_\_\_