

Joanne Cannell Designs

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BATH DESIGN PLANNING QUESTIONNAIRE

GENERAL INFORMATION:

NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____

JOBBSITE ADDRESS: _____

PHONE:

HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

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
- ___Dressing
- ___Exercising
- ___Laundry
- ___Reading/Lounging

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 & placed in its 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:

