# CrystalKitchenBath_Logo_H.jpg

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# **Bathroom Design Questionnaire Form**

# **General Information**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ State/ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry Partners (Contractor/ Architect/ Designer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of our services are you interested in CKC providing: ☐carpentry

☐sheetrock ☐electrical ☐plumbing ☐HVAC ☐cabinetry

☐counter tops ☐appliances ☐lighting ☐flooring ☐other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of Crystal Kitchen Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start or Completion date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Style of home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long do you plan on living in this home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Family and Lifestyle**

Type of bathroom: ☐ Master ☐Powder ☐Main ☐Kids ☐Other\_\_\_\_\_\_\_\_\_\_\_

☐¾ Bath ☐Full Bath ☐Half

Who will use the bath? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you dislike about your current bathroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you like about your current bathroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary activities: ☐Laundry ☐Computer/Study Desk ☐TV ☐Closet

☐Exercise space (see below for more details)

Are there any physical limitations? ☐Yes ☐No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(see section at bottom)

## **Features Desired**

☐In-Floor heat

☐Solar Tube ☐Skylight

☐Fireplace ☐gas ☐wood

☐Morning Bar: ☐beverage center with refrigerator ☐coffee maker

☐Phone

Storage:

☐Waste basket ☐Tilt out sink front

☐Linen storage ☐Drawer dividers

☐Roll out shelves ☐Magazine Rack

☐Glass doors ☐Hamper

☐Open shelves ☐Scale

☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fixtures

Number of sinks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Lav-under counter ☐Lav-integral ☐Vessel ☐Pedestal

☐Faucet: ☐single handle ☐two handles

☐Toilet: ☐comfort height ☐elongated ☐round

☐Bidet

☐Urinal

☐Bathtub: ☐standard ☐whirlpool ☐soaking ☐air bubbles

Tub size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Tub faucet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Shower Enclosure: ☐Door ☐Shower rod/curtain ☐Walk-in

☐Tub/shower walls ☐Tile ☐Solid Surface ☐Other

☐Shower head: ☐Single ☐Multi-head ☐Hand held ☐Adjustable bar

☐Steam shower

☐Sauna

☐Mirror preference ☐Non-framed ☐Framed

☐Medicine Cabinet ☐In-wall ☐Counter cabinet

☐Towel Bars, quantity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Hooks, quantity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Shampoo shelves ☐niches

☐Grab Bars, quantity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Paper Holder

☐Soap Dispenser

☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Design and Style**

Style of new bathroom: ☐Contemporary ☐Traditional ☐Transitional ☐Rustic ☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color Preferences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you collected of photos or notes of ideas? ☐Yes ☐No If so, please share.

List of priorities

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the design could be improved, would you be willing to make structural changes?

(walls, windows, doorways) ☐Yes ☐No

Cabinets or special storage preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counter Top Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backsplash Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flooring Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lighting Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decorative Surfaces (walls, ceiling) Preference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle 3 words to describe your new bathroom?

Some of our descriptive words…

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Airy | Bold | Bright | Calming | Cheery | Classic | Clean | Comfortable |
| Colorful | Cool | Country | Cozy | Casual | Cluttered | Crisp | Contemporary |
| Dynamic | Dark | Different | Dramatic | Ethnic | Exotic | Energetic | Distinguished |
| Eclectic | Easy | Elegant | Exciting | Feminine | Formal | Fresh | Friendly |
| Grand | Fun | Gracious | Happy | Informal | Inviting | Light | Humorous |
| Lived-in | Open | Masculine | Modern | Natural | Personal | Pretty | Mysterious |
| Powerful | Quiet | Refreshing | Relaxing | Romantic | Rustic | Rich | Pampering |
| Sensual | Soft | Serene | Simple | Sparse | Stable | Stylish | Sophisticated |
| Striking | Warm | Tailored | Timeless | Tropical | Tranquil | Unique | Traditional |
| Vibrant | Wow | Whimsical | Youthful | Zen |  |  |  |

**Closet/Dressing Area**

☐Hanging rod ☐double ☐single How many feet? \_\_\_\_\_\_\_\_\_\_\_\_

☐Shelves, How many feet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Drawers, How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Shoe Racks, How many pairs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Belt ☐Tie ☐Scarf rack

☐Safe size? \_\_\_\_\_\_\_\_\_\_\_\_

☐Ironing Board ☐steamer ☐iron

☐Jewelry

☐Hamper

**Home Audit for Independence**

☐Health Care Professional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Wheel Chair ☐Walker

☐Grab Bars, which rooms?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Curb-less shower

☐Fold-up shower door

☐Walk-in bath tub ☐bath lift

☐Tub with cut-away step

☐Comfort height toilet

☐Adjustable hand held shower bar

☐Shower seat

☐Hand Rail

☐Threshold

☐Ramps

☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_