



### BATHROOM PLANNING GUIDE

1. Which Bathroom are you planning on remodeling?  
Master \_\_\_ Childrens \_\_\_ Guest \_\_\_ Powder Room \_\_\_
2. How many Bathrooms are in your home? \_\_\_\_\_
3. On average how long does each person stay in the bathroom?  
\_\_\_\_\_
4. What is the primary time of day that the bathroom is used? \_\_\_\_\_
5. How many family members may be in the bathroom at the same time? \_\_\_\_\_
6. Have you considered privacy zoning to allow several users to occupy the space at one time? Yes \_\_\_ No \_\_\_
7. Do you prefer separate showering and bathing areas? Yes \_\_\_ No \_\_\_
8. Would you consider either a tub or shower that will accommodate more than one person? Shower: Yes \_\_\_ No \_\_\_ Tub: Yes \_\_\_ No \_\_\_
9. Do you prefer that the water closet and/or bidet be separated from the other fixtures? Yes \_\_\_ No \_\_\_
10. What activities will be taking place in this bathroom?  
Make-up \_\_\_ Dressing \_\_\_ Haircare \_\_\_ Bathing \_\_\_  
Showering \_\_\_ Vanity Sit-Down \_\_\_  
Water Relaxation: Whirlpool \_\_\_ Sauna \_\_\_ Steam \_\_\_  
Laundry \_\_\_ Reading \_\_\_ Exercise \_\_\_
11. What appliances do you plan on keeping/using in this bathroom?  
Hair-Dryer \_\_\_ Hot Rollers \_\_\_ Hair Iron \_\_\_ Radio \_\_\_  
Towel Warmer \_\_\_ Refrigerator \_\_\_ Coffee Maker \_\_\_ TV \_\_\_  
Electric Toothbrush \_\_\_
12. Do you need 1 or 2 sinks? \_\_\_\_\_
13. What existing fixtures will you be keeping?
14. Will you be storing any of the following items in the bathroom area?  
Medicine \_\_\_ Hair grooming \_\_\_ Personal Hygiene \_\_\_  
Clothing \_\_\_ Bath Linens \_\_\_ Paper Products \_\_\_  
Jewelry \_\_\_ Personal Pampering \_\_\_\_\_  
Cleaning Supplies \_\_\_ Other \_\_\_\_\_
15. What type of storage system(s) do you prefer?  
Drawers \_\_\_ Shelving \_\_\_ Linen Closet \_\_\_