



Design Build Solutions / Handcrafted Cabinetry
www.BenvenutiAndStein.com

BENVENUTI & STEIN DESIGN

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BATHROOM QUESTIONNAIRE

Name: _____

Date: _____

Address: _____

City : _____

Home Phone: _____

Cell: _____

Email: _____

General Information

1. Which of the following best describes the Bathroom's main use?

_____ Master Bath

_____ Guest Bath

_____ Child's Bath

_____ Other (explain)

2. Briefly describe why you want to remodel the Bathroom.

3. What do you presently like/dislike about the Bathroom?

4. Is there anything in your current Bathroom that you would like to save/re-use?

5. Is the current space large enough?

6. Would you consider incorporating additional existing space?

7. What overall design theme do you prefer?

_____ Contemporary/Transitional

_____ Arts & Crafts/Shaker

_____ Traditional

_____ Other (explain)

Design Information (Indicate which options below interest you)

1. Shower Options:

- | | | |
|---|---|--|
| <input type="checkbox"/> Steam Shower | <input type="checkbox"/> Ceiling Raindome | <input type="checkbox"/> Handheld + Showerhead |
| <input type="checkbox"/> Sauna | <input type="checkbox"/> Body Sprays | <input type="checkbox"/> Built-in Shelves |
| <input type="checkbox"/> Shower w/ seat | <input type="checkbox"/> Toe Niche | <input type="checkbox"/> Other (explain) |

2. Shower Enclosure:

- | |
|---|
| <input type="checkbox"/> Curtain |
| <input type="checkbox"/> Frameless Glass Door |

3. Tub Style:

- | | | |
|---|--|--|
| <input type="checkbox"/> Freestanding Tub | <input type="checkbox"/> Tub for 2 People | <input type="checkbox"/> Air Tub |
| <input type="checkbox"/> Soaking Tub | <input type="checkbox"/> Whirlpool w/ jets | <input type="checkbox"/> Other (explain) |

4. Plumbing / Faucet Finish:

- | | | |
|--|--|--|
| <input type="checkbox"/> Polished Chrome | <input type="checkbox"/> Polished Nickel | <input type="checkbox"/> Oil Rubbed Bronze |
| <input type="checkbox"/> Polished Brass | <input type="checkbox"/> Satin Nickel | <input type="checkbox"/> Other (explain) |

5. Plumbing / Faucet Style:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Traditional |
|---------------------------------------|--------------------------------------|

6. Sink Style:

- | | |
|---|--|
| <input type="checkbox"/> Sink w/ Cabinet Below (Vanity Cabinet) | <input type="checkbox"/> Pedestal Sink |
| <input type="checkbox"/> Sink w/ Open Cabinet | <input type="checkbox"/> Other (explain) |

7. Sink Finish:

- | | |
|---|--|
| <input type="checkbox"/> Porcelain (standard) | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Stainless/or other metal | <input type="checkbox"/> Other (explain) |

8. Cabinetry Material/Finish:

- | | | |
|---|---|--|
| <input type="checkbox"/> Natural/Stained Wood | <input type="checkbox"/> Painted finish | <input type="checkbox"/> Other (explain) |
|---|---|--|

9. Countertop Material:

- | | | |
|--------------------------------|---|--|
| <input type="checkbox"/> Stone | <input type="checkbox"/> Quartz Composite | <input type="checkbox"/> Other (explain) |
|--------------------------------|---|--|

10. Bath Accessories (besides towel bars & toilet tissue holder):

- | | | |
|--|---|--|
| <input type="checkbox"/> Robe Hooks | <input type="checkbox"/> Soap Dish | <input type="checkbox"/> Shaving Mirror (lighted?) |
| <input type="checkbox"/> Toothbrush Holder | <input type="checkbox"/> Tumbler Holder | <input type="checkbox"/> Soap/Lotion Dispenser |

11. Natural Lighting:

- | | | |
|---|---|--|
| <input type="checkbox"/> Add Skylight(s) | <input type="checkbox"/> Enlarge Existing Windows | <input type="checkbox"/> Other (explain) |
| 12. Bathroom Options: | | |
| <input type="checkbox"/> Make-up Area | <input type="checkbox"/> Linen Cabinet | <input type="checkbox"/> Built-in Stereo Sound |
| <input type="checkbox"/> Separate Toilet Rm | <input type="checkbox"/> Laundry Hamper | <input type="checkbox"/> Radiant Floor Heating |
| <input type="checkbox"/> Bidet | <input type="checkbox"/> Medicine Cabinet | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Television | <input type="checkbox"/> Sitting Area | |

Other thoughts or considerations?