

# Client Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Desired/Proposed Start Date: \_\_\_\_\_

## **Design:**

What is being replaced/updated/newly installed:

\_\_\_\_\_ Vanity \_\_\_\_\_ Shower Tile \_\_\_\_\_ Shower Fixtures \_\_\_\_\_ Shower Door \_\_\_\_\_ Toilet

\_\_\_\_\_ Sink Basin \_\_\_\_\_ Tub \_\_\_\_\_ Jacuzzi \_\_\_\_\_ Steam room \_\_\_\_\_ Flooring \_\_\_\_\_ Wall Tile/Painting

\_\_\_\_\_ Lighting \_\_\_\_\_ Medicine Chest/Mirror

## **Notes:**

What level of design help does client need or want? Help with:

\_\_\_\_\_ Tile/Grout \_\_\_\_\_ Flooring \_\_\_\_\_ Cabinetry \_\_\_\_\_ Fixtures \_\_\_\_\_ All \_\_\_\_\_ None

## **Notes:**

(Set-up Design Consultation Meeting) Date: \_\_\_\_\_ Time: \_\_\_\_\_