

# Planning Worksheet

Now that you have a vision for your new bath, consider its physical properties. Go through the checklist on these pages and think about the things you want to change.

## STORAGE & SPACE

BY ITEM	YES	NO
Makeup	<input type="checkbox"/>	<input type="checkbox"/>
Shaving	<input type="checkbox"/>	<input type="checkbox"/>
Hair grooming	<input type="checkbox"/>	<input type="checkbox"/>
Hand/foot grooming	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene items	<input type="checkbox"/>	<input type="checkbox"/>
Medicine/first aid	<input type="checkbox"/>	<input type="checkbox"/>
Paper products	<input type="checkbox"/>	<input type="checkbox"/>
Towels/washcloths	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom linens	<input type="checkbox"/>	<input type="checkbox"/>
Medicines/vitamins	<input type="checkbox"/>	<input type="checkbox"/>
Household bedroom linens	<input type="checkbox"/>	<input type="checkbox"/>
Exercise equipment	<input type="checkbox"/>	<input type="checkbox"/>
Pet grooming/bath supplies	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies	<input type="checkbox"/>	<input type="checkbox"/>
Shoe polishing supplies	<input type="checkbox"/>	<input type="checkbox"/>

AMENITIES	YES	NO
Blow dryer	<input type="checkbox"/>	<input type="checkbox"/>
Curling iron	<input type="checkbox"/>	<input type="checkbox"/>
Electric toothbrush	<input type="checkbox"/>	<input type="checkbox"/>
Electric razor	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>
Radio/music player	<input type="checkbox"/>	<input type="checkbox"/>
Scale	<input type="checkbox"/>	<input type="checkbox"/>
Television/DVD player	<input type="checkbox"/>	<input type="checkbox"/>
Towel warmer	<input type="checkbox"/>	<input type="checkbox"/>
Coffee machine	<input type="checkbox"/>	<input type="checkbox"/>
Mini fridge	<input type="checkbox"/>	<input type="checkbox"/>
Washer/dryer	<input type="checkbox"/>	<input type="checkbox"/>

## DIMENSIONS

ROOM SIZE	Existing	New
North wall	_____	_____
East-North wall	_____	_____
South wall	_____	_____
Total square feet	_____	_____
Ceiling height	_____	_____

## BATHTUB

- Cast iron
- Fiberglass
- Marble
- Steel
- Acrylic
- Copper
- Stone
- Other \_\_\_\_\_

### Configuration

- Platform
- Skirted
- Platform/Steps
- Free-standing
- Other \_\_\_\_\_

### Fixtures

- Deck-mount
- Wall-mount
- Floor-mount
- Finish: \_\_\_\_\_

- |                   |                          |                          |
|-------------------|--------------------------|--------------------------|
| Hand-held sprayer | <input type="checkbox"/> | <input type="checkbox"/> |
| Finish: _____     |                          |                          |

### Special Features

- |             |                          |                          |
|-------------|--------------------------|--------------------------|
| Jetted      | <input type="checkbox"/> | <input type="checkbox"/> |
| Soaking tub | <input type="checkbox"/> | <input type="checkbox"/> |

## TOILET

- 1-piece low profile
- 2-piece low profile
- High efficiency
- Wall hung
- Bidet
- Round seat
- Elongated seat
- Comfort height
- Other \_\_\_\_\_

## VANITY

### Style

- Contemporary
- Transitional
- Traditional

Period look (specify): \_\_\_\_\_

### Door Surface

Wood \_\_\_\_\_ Species \_\_\_\_\_ Finish \_\_\_\_\_

Laminate or vinyl overlay \_\_\_\_\_

	YES	NO
Multiple surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet hardware	<input type="checkbox"/>	<input type="checkbox"/>
Medicine cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Defogging mirror	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

## SHOWER

Wall material \_\_\_\_\_

Floor/pan material \_\_\_\_\_

Shower door material \_\_\_\_\_

Bench Seat \_\_\_ Yes \_\_\_ No Material \_\_\_\_\_

Shower head \_\_\_\_\_ Type \_\_\_\_\_ Finish \_\_\_\_\_

Handheld \_\_\_ Yes \_\_\_ No Finish \_\_\_\_\_

	YES	NO
Steam	<input type="checkbox"/>	<input type="checkbox"/>
Sauna	<input type="checkbox"/>	<input type="checkbox"/>
Accessible/no curb	<input type="checkbox"/>	<input type="checkbox"/>



## PHYSICAL PROPERTIES

### LAVATORY/SINK

#### Materials

- Porcelain
- Glass
- Cast iron
- Stainless steel
- Decorative metal
- Composite
- Stone

#### Configuration

- Pedestal
- Top-mount
- Under-mount
- Wall-hung
- Vessel
- Integral/seamless

Other \_\_\_\_\_

#### Fixtures

##### Deck mount

- 4-inch center Finish \_\_\_\_\_
- 8-inch center Finish \_\_\_\_\_
- Single-hole Finish \_\_\_\_\_

##### Wall-mount

Finish \_\_\_\_\_  
Other \_\_\_\_\_

## ACCESSORIES

Glass shelves	Qty _____	Finish _____
Medicine Cabinet	Qty _____	Finish _____
Mirror	Qty _____	Finish _____
Towel bars	Qty _____	Finish _____
Towel rings	Qty _____	Finish _____
Robe hooks	Qty _____	Finish _____
Shower grab bars	Qty _____	Finish _____
Tub grab bars	Qty _____	Finish _____
Toilet grab bars	Qty _____	Finish _____
Toilet paper holder	Qty _____	Finish _____
Television	Qty _____	Finish _____

## VENTILATION & LIGHTING

	YES	NO
Fan	<input type="checkbox"/>	<input type="checkbox"/>
Fan/light combo	<input type="checkbox"/>	<input type="checkbox"/>
Fan/light/heat combo	<input type="checkbox"/>	<input type="checkbox"/>
Ambient (general) lighting	<input type="checkbox"/>	<input type="checkbox"/>
Skylight	<input type="checkbox"/>	<input type="checkbox"/>
Task lighting (vanity/dressing table)	<input type="checkbox"/>	<input type="checkbox"/>
Accent (decorative) lighting	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

## MONEY MANAGEMENT

### BUDGET PLANNING

	YES	NO
I plan to hire a contractor for all the work.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do some of the work myself.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do the decor, paint, etc. myself.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do all the work at once.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do the work and replace items in stages.	<input type="checkbox"/>	<input type="checkbox"/>

This is the realistic total I hope to spend: \$ \_\_\_\_\_

This is the absolute most I can spend: \$ \_\_\_\_\_

#### Financing Method:

All cash/savings

Home-equity loan/line of credit

Pay cash \_\_\_\_\_ % Finance \_\_\_\_\_ %

## NOTES: