



**Rate Your Bathroom**

**Questionnaire**

**bma**  
Bathroom Manufacturers Association

[www.bathroom-association.org.uk](http://www.bathroom-association.org.uk)

## What's it all about?

**B**eing able to maintain our own personal hygiene is essential for us all as it gives us dignity. It not only allows us to have pride in our personal appearance, but it can also have a significant impact on our physical and psychological well being.

During the process of re-designing your bathroom to meet your changing needs, it is important to consider all the options available on the market to make our bathing both easy and a pleasurable experience.

As a retailer it is essential that the individual requirements of each and every customer are taken into account and that solutions are offered that will meet their specific needs now and in the future.

The Bathroom Manufacturers Association has compiled this questionnaire to help you as an individual gain a clear understanding of your own requirements and it can also be used by retailers and plumbers for the basis of discussion to address individual needs.

### **Your Needs**

When you next use your bathroom ask yourself the following questions to begin to understand the design features you may need in your bathroom.



# Your Questionnaire

## Individual Needs

### Mobility



- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Do you have any mobility difficulties?   | <input type="radio"/> | <input type="radio"/> |
| 2. Do you need the assistance of another person to help you bathe?                      | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have problems bending?  | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have problems reaching?   | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have problems twisting?   | <input type="radio"/> | <input type="radio"/> |
| 6. Do you use any disability equipment in the bathroom?                                 | <input type="radio"/> | <input type="radio"/> |
| 7. Do you have a specific medical problem that impact on the way you use your bathroom? | <input type="radio"/> | <input type="radio"/> |



### Muscle Strength & Dexterity

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Do you have limited amount of movement in your arms, hands or both? | <input type="radio"/> | <input type="radio"/> |
| 2. Is your hand grip weak?   | <input type="radio"/> | <input type="radio"/> |
| 3. Do you suffer with any pain upon moving your body?                  | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have any problems with recognising different temperatures?   | <input type="radio"/> | <input type="radio"/> |



### Balance

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Do you have a problem with maintaining your balance?   | <input type="radio"/> | <input type="radio"/> |
| 2. Have you fallen in your bathroom within the last year? | <input type="radio"/> | <input type="radio"/> |
| 3. Is your balance affected when you are tired?           | <input type="radio"/> | <input type="radio"/> |



### Vision

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Do you have impaired vision?                            | <input type="radio"/> | <input type="radio"/> |
| 2. Do you wear glasses?                                    | <input type="radio"/> | <input type="radio"/> |
| 3. Do you need tactile information on products you choose? | <input type="radio"/> | <input type="radio"/> |



### Safety

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Do you need any grab rails around the bathroom? | <input type="radio"/> | <input type="radio"/> |
| 2. Do the bathroom products have weight limits?    | <input type="radio"/> | <input type="radio"/> |

# Your Questionnaire



## Your Families Needs

### Safety

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Is this your only bathroom?                                     | <input type="radio"/> | <input type="radio"/> |
| 2. Do other family members use this bathroom?                      | <input type="radio"/> | <input type="radio"/> |
| 3. Do you need a bath for other family members e.g. grandchildren? | <input type="radio"/> | <input type="radio"/> |



## The Suite

### Bathing

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Can you get in and out of the bath? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you feel confident bathing?      | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever been stuck in a bath? | <input type="radio"/> | <input type="radio"/> |
| 4. Are the taps easy to operate?       | <input type="radio"/> | <input type="radio"/> |
| 5. Do you use a shower over the bath?  | <input type="radio"/> | <input type="radio"/> |



## Showering

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Do you feel confident getting in and out the shower? | <input type="radio"/> | <input type="radio"/> |
| 2. Do you feel confident whilst showering?              | <input type="radio"/> | <input type="radio"/> |
| 3. Is the height of the showerhead adjustable?          | <input type="radio"/> | <input type="radio"/> |
| 4. Is the riser bar for the shower long enough?         | <input type="radio"/> | <input type="radio"/> |



## Toilet & Basin

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Is the washbasin at a comfortable height?   | <input type="radio"/> | <input type="radio"/> |
| 2. Are the taps easy to operate?   | <input type="radio"/> | <input type="radio"/> |
| 3. Is the plug easy to get in and out?   | <input type="radio"/> | <input type="radio"/> |
| 4. If you need to sit and wash is there enough room to fit your knees under the basin? | <input type="radio"/> | <input type="radio"/> |
| 5. Is the flush on the WC easy to operate?   | <input type="radio"/> | <input type="radio"/> |
| 6. Do you need a toilet/bidet that washes and dries you?                               | <input type="radio"/> | <input type="radio"/> |
| 7. Can you adjust the height of your toilet seat?                                      | <input type="radio"/> | <input type="radio"/> |
| 8. Can you reach the toilet roll dispenser?  | <input type="radio"/> | <input type="radio"/> |
| 9. Can you easily replace the toilet roll?   | <input type="radio"/> | <input type="radio"/> |

# Your Questionnaire



## Storage and Accessories

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Is there enough storage for cosmetics, clean towels etc? | <input type="radio"/> | <input type="radio"/> |
| 2. Is the storage easy to access?                           | <input type="radio"/> | <input type="radio"/> |
| 3. Are there convenient soap dishes in the shower or bath?  | <input type="radio"/> | <input type="radio"/> |
| 4. Are the soap dishes at the right height for you to use?  | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have access to a mirror?                          | <input type="radio"/> | <input type="radio"/> |
| 6. Can you reach the toilet brush?                          | <input type="radio"/> | <input type="radio"/> |



## Services

- |  | Y                     | N                     |
|--|-----------------------|-----------------------|
| 1. Does your window provide sufficient natural lighting? | <input type="radio"/> | <input type="radio"/> |
| 2. Is there adequate lighting?                           | <input type="radio"/> | <input type="radio"/> |
| 3. Would you benefit from more task lighting?            | <input type="radio"/> | <input type="radio"/> |
| 4. Do you need low level lighting for night time use?    | <input type="radio"/> | <input type="radio"/> |
| 5. Does your existing bathroom feel warm enough?         | <input type="radio"/> | <input type="radio"/> |
| 6. Is your towel rail in the correct position?           | <input type="radio"/> | <input type="radio"/> |
| 7. Is your radiator thermostatically controlled?         | <input type="radio"/> | <input type="radio"/> |

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 8. Is there good ventilation?                       | <input type="radio"/> | <input type="radio"/> |
| 9. Do you need an extractor?                        | <input type="radio"/> | <input type="radio"/> |
| 10. Are you interested in water efficient products? | <input type="radio"/> | <input type="radio"/> |



## Surfaces

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Are all the services easy to keep clean?                           | <input type="radio"/> | <input type="radio"/> |
| 2. Are the bathroom walls free from mildew?                           | <input type="radio"/> | <input type="radio"/> |
| 3. Are your bathroom walls tiled?                                     | <input type="radio"/> | <input type="radio"/> |
| 4. Have you considered using shower wall cladding?                    | <input type="radio"/> | <input type="radio"/> |
| 5. Is your floor carpeted?  | <input type="radio"/> | <input type="radio"/> |
| 6. Do you have under floor heating?                                   | <input type="radio"/> | <input type="radio"/> |
| 7. Would you prefer different finishes to your bathroom walls & floor | <input type="radio"/> | <input type="radio"/> |



## Environmental

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Are you on a water meter?  | <input type="radio"/> | <input type="radio"/> |
| 2. Would you like to reduce the amount of water used in the bathroom? | <input type="radio"/> | <input type="radio"/> |

## Your Questionnaire



### Water System

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Do you ever run out of hot water before everyone has taken a bath or shower? | <input type="radio"/> | <input type="radio"/> |
| 2. Is your water supply metered?  | <input type="radio"/> | <input type="radio"/> |
| 3. Does an Immersion Heater heat your water?                                    | <input type="radio"/> | <input type="radio"/> |
| 4. What type is your boiler?  |                       |                       |
| • Combi   | <input type="radio"/> | <input type="radio"/> |
| • Vented System   | <input type="radio"/> | <input type="radio"/> |
| • Condensing  | <input type="radio"/> | <input type="radio"/> |
| • Don't Know  | <input type="radio"/> | <input type="radio"/> |



### Water Safety

- |   | Y                     | N                     |
|---|-----------------------|-----------------------|
| 1. Does a thermostatic mixing valve control your current shower valve?                | <input type="radio"/> | <input type="radio"/> |
| 2. Do you have thermostatic mixing valves on your taps?                               | <input type="radio"/> | <input type="radio"/> |
| 3. Does the temperature in your tap alter when another tap is turned on in the house? | <input type="radio"/> | <input type="radio"/> |



## Finally

List three items best liked in your bathroom:

- 1.
- 2.
- 3.

List three items least liked in your bathroom:

- 1.
- 2.
- 3.

For copies of other factsheets please visit our website [www.bathroom-association.org.uk](http://www.bathroom-association.org.uk)

Kate Sheenan, an independent Occupational Therapist with 20 years experience in the NHS and social services has worked closely with the BMA to produce this questionnaire.

#### Contact Details for Plumbing Organisations



Telephone **0131 225 2255** Website [www.sniper.org](http://www.sniper.org)



Telephone **02476 470 626** Website [www.aphc.co.uk](http://www.aphc.co.uk)



Telephone **01708 472791** Website [www.plumbers.org.uk](http://www.plumbers.org.uk)

The Bathroom Manufacturers Association (BMA) is the trade association that represents the major manufacturers of bathroom products, ranging from sanitary ware, baths, taps, showers, enclosures, accessories and furniture.

Members of the BMA offer products with an outstanding combination of quality, style, design, colour and availability.