



# Vibration Client Concern Questionnaire

Customer Name:		Date:	
Repair Order #:		License #:	
Service Advisor:		VIN #:	

**THE CONCERN OCCURS...**

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Deceleration (coast out of gear)
- Cruising (constant highway speed)
- Braking
- Turning
- While Stopped/Engine Running

**SPEED OF VEHICLE**

- Describe the speed at which the concern occurs:
- Vehicle speed \_\_\_\_\_ km / h
- Engine Speed
  - Idle       Medium       High

**ROAD CONDITIONS**

Describe the road conditions on which the concern occurs:

- Paved road (rough)     Wet road
- Paved road (smooth)    Going over bumps
- Other \_\_\_\_\_

**THE CONCERN STARTED**

- Suddenly at            (odometer)
- Gradually at            (odometer)
- Just started            (odometer)
- Since the vehicle was new
- After abnormal occurrence (i.e. pot holes, curb impact)

**THE CONCERN OCCURS**

- Rarely       Sometimes     Always
- Have the tires been balanced?  Yes  No
- Where any repairs performed prior to the Condition occurring?     Yes  No

**VIBRATION**

Please check the box that best describes the vibration you "feel."

- Wobble (side to side)
- Shake (usually caused visual movement)
- Pumping feeling (usually very slow movement)
- Harshness (stiffness, loss of ride quality)
- All of the above

Please check the box that best describes where you "feel" the vibration.

- Steering wheel
- Seat
- Floor
- All of the above

If none the above, please describe where the vibration seems to be coming from.

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**Client Signature:** \_\_\_\_\_