



Brake System Performance and Symptoms Client Concern Questionnaire

CLIENT NAME: _____

CONCERN IS OCCURRING

- Always Sometimes Rarely

ARE THE BRAKES MAKING NOISE?

- No Noise
 Squeaking
 Squealing
 Grinding
 Rubbing

HOW DOES THE BRAKE PEDAL FEEL?

- Too Soft
 Too Hard
 Goes to the floor
 Shudders under load
 Shudders at high speed ____ km/hr
 Pulsation

ARE THERE DASH WARNING LIGHTS ON?

- Brake Light
 ABS Light

WHEN DOES THE CONCERN OCCUR?

- Slowing to brake
 Hard/Sudden braking
 Releasing the brake
 Turning and braking
 In the morning/first drive of the day

OUTSIDE TEMPERATURE DURING CONCERN

- Cold
 Warm
 Hot
 Wet
 Dry

CONCERN STARTED:

- Exact date: _____
 1-2 weeks ago
 1-2 month ago
 3-4 months ago
 6+ months ago

ADDITIONAL NOTES:

CLIENT SIGNATURE: _____

DATE: _____