



Noise and Leaks Client Concern Questionnaire

CLIENT NAME: _____

DEFINE THE PROBLEM:

- Noise Leak

TYPE OF SOUNDS:

- Clicking
 Rattle
 Thump
 Tinging
 Buzz
 Squeak
 Wind Noise
 Other: _____

LOCATION OF SOUND:

- Interior
 Exterior
 Front
 Rear
 Drivers side
 Passenger side

WHEN SOUNDS OCCURS:

- Light to medium acceleration
 Hard acceleration
 Deceleration (foot off accelerator)
 Cruising (constant highway speed)
 Braking
 Turning
 In reverse
 First thing in the morning
 Going over bumps
 Normal road
 Rough road
 Wet road
 With passengers on board

VEHICLE OPERATION:

- Vehicle speed: _____ (km/hr)
Engine speed: _____ (RPM)
Engine temp: Cold Warm Hot

THE PROBLEM OCCURS:

- Always Sometimes Rarely

TYPE OF LEAK:

Colour:

- Black
 Green
 Red
 Pink
 Orange
 Blue
 Yellow
 Clear

LOCATION OF THE LEAK:

- Engine
 Transmission
 Differential--- Front Rear
 Interior
 Other: _____

WHEN LEAK OCCURS:

- When it's raining
 Parked on an incline
 Other: _____

Have you noticed any fluid levels go down?

- Yes No

If yes, what fluid? _____

Have you topped up this fluid?

- Yes No

If yes, how much? (Litres or Jug) _____

Does any action stop/change the noise or leak?

- Yes No

Details: _____

Client Signature: _____

Date: _____

