



Noise and Physical Sensations Client Concern Questionnaire

CLIENT NAME: _____

TELL US WHAT YOU'RE HEARING...

- Boom**-Sound like a drum roll or distant thunderclap
- Buzz**-Low pitched sounds like a bee or insect
- Chatter**- Rapidly repeating metallic sound like teeth chattering
- Chirp**- High pitched, rapidly repeating sound like a bird
- Click**- A light sound like a ball point pen being clicked
- Clunk**- Heavy sound like a hammer hitting a hard piece of wood or metal
- Grind**- Abrasive sound like grinding stone
- Hiss**-Sounds like air escaping a balloon or like a snake
- Hum**- Like a wire humming in the wind
- Knock**-Like a knock at the door
- Rattle**- Like marbles rolling around in a tin can
- Roar**-Deep prolonged sound like high winds or ocean waves
- Rumble**- Low, heavy continuous sound like thunder
- Squeak**- Sounds like rubbing a clean window
- Squeal**-Sounds like fingernails being dragged on a chalkboard
- Tap**- Sounds like tapping your fingernails on a hard surface
- Whine**- High pitched sound like a dentist drill
- Whistle**- Sharp shrill sound like someone calling their dog
- Backfire**- Like a gunshot
- Other**: _____

TELL US WHAT YOU'RE FEELING:

- Shaking**-Moves me side to side for front to back repeatedly
- Vibration**-like sitting in a massage chair
- Other**: _____

WHEN DO YOU HEAR/FEEL IT?

What speed were you going when you heard/felt it? _____(km/hr)

What was the weather like? (ie. heavy rain) _____

DOES YOUR VEHICLE MAKE THE NOISE WHEN...?

- Turning?- Yes No --- Left Right
- Braking?- Yes No
- Accelerating?- Yes No
- Parked while idling?- Yes No
- Driving?- Forwards Reverse
- With passengers on board?- Yes No
- While towing?- Yes No
- A/C was- On Off

Heat was-On Off

CLIENT SIGNATURE:_____