



Vibration Client Concern Questionnaire

CLIENT NAME: _____

CONCERN IS OCCURRING:

- Light to medium acceleration
- Hard acceleration
- Deceleration
- Cruising (constant highway speed)
- Braking
- Turning
- While stopped/Engine running
- While towing
- Other: _____

SPEED OF VEHICLE:

Describe the speed at which the concern occurs:

Vehicle speed: _____ (km/hr)

Engine speed: _____ (RPM)

ROAD CONDITIONS:

- Paved road
- Wet road
- Gravel Road
- Going over bumps
- Other: _____

NOTES:

Please include any other information you think may be helpful:

CONCERN STARTED:

- Suddenly at _____ (odometer)
- Gradually at _____ (odometer)
- Just started _____ (odometer)
- Since the vehicle was new (or new to you)
- After an abnormal occurrence (ie. Pot holes)

CONCERN OCCURS;

- Always Sometimes Rarely
- Have the tires been balanced recently?

Yes No

Were any repairs performed prior to this vibration?

Yes No

Details: _____

VIBRATION DETAILS:

Please check the box(es) that best describes what you "feel".

- Wobble (side to side)
- Shake
- Pumping feeling (usually very slow movement)
- Harshness (stiffness/loss of ride quality)
- Other: _____

Please check the box(es) that best describe where you "feel" the vibration.

- Steering Wheel
- Seat
- Floor
- Other: _____

Client Signature: _____

Date: ____ / ____ /20__