

NOISE SYMPTOM SHEET

Check All That Apply

AREA OF NOISE

- | | | | | |
|--|-------------------------------|--------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Engine Compartment | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Front Suspension | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Rear Suspension | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Passenger Compartment | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Instrument Panel | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Front Doors | <input type="checkbox"/> Left | <input type="checkbox"/> Right | | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Rear Doors | <input type="checkbox"/> Left | <input type="checkbox"/> Right | | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Front Seat Area | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Rear Seat Area | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Trunk | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Center Console | | | | |
| <input type="checkbox"/> Other: _____ | | | | |

NOISE SOUNDS LIKE:

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Knocking Ticking | <input type="checkbox"/> Scraping | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Squeaking Rattling | <input type="checkbox"/> Grinding | <input type="checkbox"/> Thumping |
| <input type="checkbox"/> Other: _____ | | |

HOW OFTEN DOES IT OCCUR?

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Continual Often | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Just Started |
|--|---------------------------------------|---------------------------------------|

WHEN DOES IT OCCUR?

- | | | |
|---|--|--|
| <input type="checkbox"/> All the time High speeds | <input type="checkbox"/> Low speeds | <input type="checkbox"/> On turns |
| <input type="checkbox"/> Hard throttle Light throttle | <input type="checkbox"/> Decelerating | <input type="checkbox"/> Idling |
| <input type="checkbox"/> Hot days Cold days | <input type="checkbox"/> Raining | <input type="checkbox"/> Braking |
| <input type="checkbox"/> Big bumps Little bumps | <input type="checkbox"/> Smooth roads | <input type="checkbox"/> When starting |
| <input type="checkbox"/> Coasting In reverse | <input type="checkbox"/> Steady speeds | |
| <input type="checkbox"/> Other: _____ | | |

EXPLAIN IN MORE DETAIL (if needed): _____

