

# Symptom List Noise Questionnaire

Customer Name: \_\_\_\_\_ Repair Order Number: \_\_\_\_\_

## 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"/> Doors                 | <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"/> Console | <input type="checkbox"/> Other _____ |                                 |                                     |

## NOISE SOUNDS LIKE

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Knocks  | Heavy, loud, repeating sound like a knock on a door.                           |
| <input type="checkbox"/> Squeaks | High - pitched sound, like rubbing a clean window.                             |
| <input type="checkbox"/> Rattles | A sound suggesting looseness, such as marbles rolling around in a can.         |
| <input type="checkbox"/> Roars   | Deep, long, prolonged sound like an animal, or wind and ocean waves.           |
| <input type="checkbox"/> Whine   | High - pitched sound like an electric motor or drill.                          |
| <input type="checkbox"/> Squeal  | Continuous, high - pitched sound, like running fingers across a chalkboard.    |
| <input type="checkbox"/> Ticking | Like a clock or a watch ticking but possibly slower or faster and louder.      |
| <input type="checkbox"/> Tap     | Light, hammering sound like tapping a pencil on a table.                       |
| <input type="checkbox"/> Click   | Light sound, like a ball point pen being clicked.                              |
| <input type="checkbox"/> Buzz    | Low - pitched sound, something like a bee. Usually associated with vibrations. |
| <input type="checkbox"/> Hiss    | Continuous sound like air escaping from a balloon.                             |
| <input type="checkbox"/> Clunk   | Heavy metal - to - metal sound, like a hammer striking steel.                  |
| <input type="checkbox"/> Other   | _____  |

## HOW OFTEN DOES IT OCCUR?

- Continuous       Often       Intermittent       Just started       Since new

## WHEN DOES IT OCCUR?

- |  |   |  |  |                                       |   |
|--|---|--|--|---------------------------------------|---|
| <input type="checkbox"/> All the time  | <input type="checkbox"/> Speed          | <input type="checkbox"/> RPM             | <input type="checkbox"/> Only moving       | <input type="checkbox"/> On turns     | <input type="checkbox"/> Braking          |
| <input type="checkbox"/> Hard throttle | <input type="checkbox"/> Light throttle | <input type="checkbox"/> Decelerate      | <input type="checkbox"/> Steady speed      | <input type="checkbox"/> Idle in gear | <input type="checkbox"/> Idle out of gear |
| <input type="checkbox"/> Hot days      | <input type="checkbox"/> Cold days      | <input type="checkbox"/> Humid or rainy  | <input type="checkbox"/> Temperature _____ |                                       |   |
| <input type="checkbox"/> Heavy bumps   | <input type="checkbox"/> Light bumps    | <input type="checkbox"/> Smooth pavement |  |                                       |   |

**EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_