

VIBRATION  
Customer Diagnostic Survey Form

Customer Name \_\_\_\_\_ Date \_\_\_\_\_  
Repair Order # \_\_\_\_\_ License # \_\_\_\_\_  
Service Advisor \_\_\_\_\_ VIN \_\_\_\_\_

IT HAPPENS WHEN...

VEHICLE OPERATION

- Light to medium acceleration
- Hard acceleration
- Deceleration (coast in gear)
- Cruising (constant highway speed)
- Braking
- Turning

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed \_\_\_\_\_ (Km/h)

Engine Speed

- Idle  Medium  High

ROAD CONDITIONS

Describe the road conditions on which the problem occurs:

Paved road (rough)  Paved road (smooth)

Wet road  Going over bumps

Other \_\_\_\_\_

THE PROBLEM STARTED

Suddenly at \_\_\_\_\_ (odometer)

Gradually at \_\_\_\_\_ (odometer)

Just started \_\_\_\_\_ (odometer)

Since the vehicle was new

After abnormal occurrence (i.e. pot hole)

THE PROBLEM OCCURS...

Rarely  Sometimes  Always

Have the tires ever been balanced?  Yes  No

Where any repairs performed prior  Yes  No  
To the condition occurring?

DEFINE THE PROBLEM...

VIBRATION

Please check the box that best describes the vibration you "feel."

- Wobble (side to side)
- Shake (usually causes visual movement)
- Pumping feeling (usually very slow movement)
- Harshness (stiffness, loss of ride quality)
- All of the above

Please check the box that best describes where you "feel" the vibration.

- Steering wheel
- Seat
- Floor
- All of the above

If none of the above, please describe where the vibration seems to be coming from.

\_\_\_\_\_  
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Customer Signature \_\_\_\_\_