

# NOISE QUESTIONNAIRE

## Service Advisor Job Aid

**Service Advisors:** Fill out this form completely and attach it to the repair order.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Repair Order: \_\_\_\_\_

Advisor: \_\_\_\_\_

Has the vehicle recently been serviced for this problem/symptom?  Yes  No

(Please explain): \_\_\_\_\_

Any other problem/symptom?  Yes  No

(Please explain): \_\_\_\_\_

Where has the vehicle been serviced? \_\_\_\_\_

### 1. What type of noise?

Squeak  Rattle  Wind noise

Other \_\_\_\_\_

### 2. When is the noise most noticeable?

Cold temperatures  Warm temperatures  All the time  
 Morning  Afternoon  After driving 10 minutes or longer

### 3. Under what conditions?

At idle  Highway speeds (MPH\_\_\_\_\_)  Acceleration  
 In Drive  Slow speeds  Deceleration  
 In Reverse  Cross winds  Braking  
 Large bumps  Smooth roads  Rough roads  
 Turning right/left  Entering/exiting driveways (road conditions allowing body flex)  
 Other \_\_\_\_\_

Can the customer duplicate the noise?  Yes  No