

Suspension, Handling, Body Noises, Rattles and Squeaks

Diagnostic Worksheet

Date:	Name:	Invoice#	
Year:	Make:	Model:	Engine:
Mileage:	V. I. N.		

Symptom

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Vehicle pulls right – When _____ | <input type="checkbox"/> suspension bottoms out | <input type="checkbox"/> Sits uneven |
| <input type="checkbox"/> Vehicle pulls left – When _____ | <input type="checkbox"/> Leans or sways in corners | <input type="checkbox"/> "Dog" tracks |
| <input type="checkbox"/> Steering wheel vibrates at _____ MPH | <input type="checkbox"/> Brake light on | <input type="checkbox"/> ABS light on |
| <input type="checkbox"/> Excessive play in steering | <input type="checkbox"/> Traction control light on | <input type="checkbox"/> Soft ride |
| <input type="checkbox"/> Erratic steering when braking | <input type="checkbox"/> uneven tire wear | |
| <input type="checkbox"/> Poor steering wheel return after cornering | | |

Hard to steer

- | | | | | |
|--|----------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Effort | <input type="checkbox"/> Wanders | Shimmy/vibration check box below for location | | |
| <input type="checkbox"/> Steering wheel off center | <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Don't know | |
| | <input type="checkbox"/> Seat | <input type="checkbox"/> Floor | <input type="checkbox"/> Other | |

When does it occur?

- | | | | | |
|--|--|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cold days | <input type="checkbox"/> Hot days | <input type="checkbox"/> Wet / rain | <input type="checkbox"/> All the time | <input type="checkbox"/> Intermittent |
| <input type="checkbox"/> Parking maneuvers | <input type="checkbox"/> At road speed | <input type="checkbox"/> Accelerating | <input type="checkbox"/> Decelerating | |

EXPLAIN:

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 | <input type="checkbox"/> Hard metal | <input type="checkbox"/> Light metal | <input type="checkbox"/> Roars | <input type="checkbox"/> Ticking | <input type="checkbox"/> Whine |
| <input type="checkbox"/> Squeak | <input type="checkbox"/> Rattles | <input type="checkbox"/> Scraping | <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"/> Hard throttle | <input type="checkbox"/> Hot days | <input type="checkbox"/> Heavy bumps |
| <input type="checkbox"/> Speed | <input type="checkbox"/> Light throttle | <input type="checkbox"/> Cold days | <input type="checkbox"/> Light bumps |
| <input type="checkbox"/> RPM | <input type="checkbox"/> Decelerate | <input type="checkbox"/> Humid or rainy | <input type="checkbox"/> Smooth pavement |
| <input type="checkbox"/> Only moving | <input type="checkbox"/> Steady speed | <input type="checkbox"/> Temperature | |
| <input type="checkbox"/> On turns | <input type="checkbox"/> Idle in gear | | |
| <input type="checkbox"/> Braking | <input type="checkbox"/> Idle out of gear | | |

EXPLAIN: _____

