



Brake System Performance and Symptoms Client Concern Questionnaire

Customer Name:		Date:	
Repair Order #:		License #:	
Service Advisor:		VIN #:	

CONCERN IS OCCURRING

- Always Sometimes Rarely

ARE THE BRAKES MAKING NOISE?

- Squeaking
 Squealing
 Grinding
 Rubbing
 No noise

HOW DOES THE BRAKE PEDAL FEEL?

- Too soft
 Too hard
 Goes to the floor
 Shudders under load
 Shudders at high speed _____ kmh
 Pulsation

Other:

Client Signature: _____

ARE THE DASH WARNING LIGHTS ON?

- Brake light
 ABS light

WHEN THE CONCERN OCCURS

- Slowing to brake
 Hard/sudden braking
 Releasing the brake
 Turning & braking
 In the morning/first drive of the day

OUTSIDE TEMPERATURE

- Cold Warm Hot
 Wet Dry

THE CONCERN STARTED

- _____(date/ODO)