

Brake Concern Worksheet

Name: _____ Phone Number: _____ Email: _____

Year / Make / Model: _____ Mileage: _____

The Noise Occurs ☐ Always
☐ Sometimes
☐ Rarely

At what speed does the concern occur? _____ km/h

Where do you think the issue is located?

☐ Drivers Side Front ☐ Drivers Side Rear ☐ Front
☐ Passengers Side Front ☐ Passengers Side Rear ☐ Rear

Was there a specific instance that caused the concern? Ex. Pot holes, curb impact, etc.
If since a previous service or repair, please describe what was done.

Does your vehicle stop okay? ☐ Yes
☐ No

The brake pedal seems... ☐ To work okay ☐ Spongy
Please check all that apply. ☐ Hard ☐ To pulse or chatter
☐ Soft ☐ To work better when pumped
☐ Too high ☐ To return too slowly
☐ Too low

Does the vehicle... ☐ Stop straight
Please check all that apply. ☐ Pull left when braking
☐ Pull right when braking
☐ None of the above
☐ Other _____

Do the brakes... ☐ Make noise when brakes are applied
Please check all that apply. ☐ Noise goes away when brakes are applied
☐ Grab (the brakes react in a far stronger way than they would normally)
☐ Vibrate / Pulsate
☐ Seem to be dragging (Feels like you are applying light pressure to the brakes)
☐ Other _____

If you selected noise, what does it sound like?
Please check all that apply.

- ☐ Squeal
- ☐ Screech
- ☐ Grind
- ☐ Metallic
- ☐ Other _____

When do the brakes make noise?
Please check all that apply.

- ☐ First starting
- ☐ Backing up
- ☐ Turning
- ☐ Light to medium braking
- ☐ Hard braking
- ☐ In the cold
- ☐ Other _____

If the brakes grab, how often?
Please check all that apply.

- ☐ Intermittent
- ☐ Always
- ☐ First application
- ☐ Wet outside
- ☐ Cold
- ☐ Hot
- ☐ Other _____

If the brakes vibrate or pulsate, please choose a speed?
Please check all that apply.

- ☐ Highway speeds
- ☐ In town speeds
- ☐ All the time
- ☐ Extended driving
- ☐ Down large hills
- ☐ Other _____

The emergency / parking brake

- ☐ Works okay
- ☐ Doesn't work properly
- ☐ Are rarely used

Has brake fluid been added in the last 6 months?

- ☐ Yes
- ☐ No

If you have to add brake fluid, how often?

- ☐ Daily
- ☐ Every few days
- ☐ Weekly
- ☐ Monthly

Have any repairs been done recently? If so, please specify.

Are any of these warning lights on?
Please check all that apply.

- ☐ ABS Yellow
- ☐ Brake Lamp Red
- ☐ Traction Light
- ☐ Stabilitrac Light

If the brake concern occurs in a specific instance and the above questions didn't describe it properly, please tell us how so we can try to recreate it to better identify the issue.
