

DIAGNOSTIC FORM FOR:

DRIVEABILITY



Customer Name: _____

Date: _____ RO#: _____

Please check all applicable boxes and fully describe the condition that applies to your vehicle.

1. THIS IS THE PROBLEM

- Hard starting
- Engine cranks
- No crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates or stumbles
- Engine misfires or skips
- Poor MPG
- _____ MPG before _____ MPG now
- Other, please describe _____

CHECK ENGINE LIGHT IS ON

- Check engine light is on
- Check engine light was on during the past month
- Check engine light goes on and off

What was the last service performed on the car?

Has the check engine light been on before?

- Yes No

If so, when? (date) _____

2. IT OCCURS AS FOLLOWS

The problem occurs:

- Always
- Sometimes (once or twice a week)
- Rarely (once or twice a month)
- Just started
- Has happened since the car was new

Engine temperature:

- Cold
- While warming up
- Normal operating temperature
- Hot
- All of the above

Outside temperature was:

- Cold
- Warm
- Hot
- Humid or raining
- Other, please describe _____

Driving conditions:

- Accelerating
 - Hard Medium Light
- Decelerating
- Cruising
- Cornering

Additional Information