Hide

Driveability Worksheet

To provide a quick, complete and accurate diagnosis of your vehicle our technicians need a thorough description of the problem. Please take a few minute to complete this worksheet to the best of your ability. The information you provide will be a tremendous aid to the technician.

Vehicle Information

	Date: Name:		Invoice No:					
	Year:	Make:	Model:	Engine:				
			VIN:					
	Driveability Symptoms							
Please check all symptoms that apply to your vehicle								
My vehicle's "CHECK ENGINE" light								
,								
	\square Glows steadily \square Glows in		intermittently	☐ Never comes of	n			
While operating the starter, my vehicle								
				Cranks normall	.,			
	☐ Will not crar		Slowly	☐ Cranks normall	У			
Whe	en starting, my v	ehicle						
	☐ Will not star	rt □ St	arts normally					
	☐ Starts and o	dies □ Is	difficult to start:	☐ Hot	□ Cold			
Whi	le Idling, my veh	nicle						
	☐ Will not idle	☐ Idles to	o low	☐ Idles too high				
	\square Idles rough							
	☐ Surges (up and down)							
	☐ Backfires							
	☐ Idles norma	ally						
While driving, my vehicle								
	□ Backfires							
	☐ Pings (Spar	k knock, detonatior	1)					

	☐ Smokes excessively ☐ Runs too hot		ot	☐ Runs too cold			
	□ Black		☐ Blue		☐ White		
	☐ Has a fuel or gas odd	or					
	☐ Hesitates		☐ Stumbles		☐ Stalls	☐ Surges	
	☐ Lacks power (sluggis	h)	☐ Misses		☐ Cuts ou	t	
	☐ Stalls when slowing or stopping		9				
	☐ Vibrates excessively						
Other	symptoms						
	☐ Transmission shifts		☐ Too soon	□ То	o late	☐ Normally	
	☐ Poor fuel mileage						
	☐ Emissions test failure or "rotten egg" odor						
	□ Other (Please explain)						
		Cond	ditions of Occ	currenc	е		
Time	ne: Speed:		Distance:				
	☐ Morning ☐ Idle				\square Less than 2 miles		
	☐ Midday	☐ Low sp	peed		☐ From 2 to 10 miles		
	☐ Evening	☐ Stop a	nd Go		More than	10 miles	
	□ Night □ Highway		ay (Cruise)				
	☐ High s		peed	Conditi	ons:		
	☐ Accele		ration	☐ Uphill			
		□ Decele	eration		Downhill		
Frequ	ency of Conditions						
	☐ Always	☐ Since N	lew				
	\square Intermittently	☐ After	miles				
Envir	onmental conditions						
	□ Cold Weather	□ Wet/Ra	aining		Fog		
	☐ Hot Weather	☐ Snow			Dirt/Dust		
Engir	ne Conditions						

	☐ Engine Cold		□ Wh	ile Turnin	ıg		
	☐ Engine Hot☐ All Temperatures			☐ While Braking			
				☐ With Headlights ON			
	☐ When Shifting			☐ With A/C ON			
Drivii	ng Habits						
	☐ Start cold engine and drive immediately						
	☐ Start cold engine and allow to warm up						
	☐ Mostly highway driving						
	☐ Mostly city driving						
	☐ Park in garage Average miles driven per day	′					
Fuel Quality							
	Type of fuel used						
	Octane rating	7 🗆 8	39	□ 91	\square Greater than 91		
	Brand of fuel						
	Last fill-up date	Miles					