

## DRIVEABILITY WORKSHEET

( To Be Filled Out By Vehicle Owner )

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Engine:** \_\_\_\_\_ **Mileage:** \_\_\_\_\_

### FAULT CHARACTERISTICS - SYMPTOMS - DESCRIPTION OF PROBLEM ( Please Check All That Apply in All Categories )

<b>Starting Problems</b>	<input type="checkbox"/> Will Not Crank <input type="checkbox"/> Cranks, But Won't Start <input type="checkbox"/> Starts, But Takes A Long Time
<b>Engine Quits/ Running Problems</b>	<b>Quits:</b> <input type="checkbox"/> Right After Starting <input type="checkbox"/> When Put Into Gear <input type="checkbox"/> Right After Vehicle Comes To A Stop <input type="checkbox"/> During Steady Speed Driving <input type="checkbox"/> While Idling <input type="checkbox"/> During Acceleration <input type="checkbox"/> When Parking
<b>Poor Idling Conditions</b>	<b>Idle Speed:</b> <input type="checkbox"/> Is Too Slow At All Times <input type="checkbox"/> Is Too Slow With A/C On <input type="checkbox"/> Is Too Fast <input type="checkbox"/> Is Rough Or Uneven <input type="checkbox"/> Fluctuates Up and Down
<b>Poor Running Conditions</b>	<input type="checkbox"/> Runs Rough <input type="checkbox"/> Lacks Power <input type="checkbox"/> Hesitates Or Stumbles On Acceleration <input type="checkbox"/> Bucks and Jerks <input type="checkbox"/> Engine Knocks, Pings, Rattles <input type="checkbox"/> Backfires <input type="checkbox"/> Poor Fuel Economy <input type="checkbox"/> Misfires or Cuts Out <input type="checkbox"/> Surges and/or Chuggles <input type="checkbox"/> Dieseling or Run-On <input type="checkbox"/> Engine Light Always On <input type="checkbox"/> Engine Light On Sometimes <input type="checkbox"/> Fuel, Gas, or Sulfur Smell
<b>Auto. Transmission Problems</b>	<input type="checkbox"/> Improper Shifting ( early/late ) <input type="checkbox"/> Changes Gear Randomly On Its Own <input type="checkbox"/> Vehicle Does Not Move When In Gear
<b>Poor Handling</b>	<input type="checkbox"/> Pulls To One Side <input type="checkbox"/> Hard Steering <input type="checkbox"/> Vehicle Shakes and/or Vibrates While Moving
<b>Noise Problems</b>	<b>Explain:</b> _____
<b>Odor Problems</b>	<b>Explain:</b> _____
<b>Problem Frequency</b>	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Occasionally
<b>Usually Occurs</b>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime
<b>Engine Temp.</b>	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot
<b>Vehicle Speed</b>	<input type="checkbox"/> Low <input type="checkbox"/> Cruising <input type="checkbox"/> High
<b>Driving Conditions During Occurrence</b>	<input type="checkbox"/> Short - Less Than 2 Miles <input type="checkbox"/> 2-10 Miles <input type="checkbox"/> Long - More Than 10 Miles <input type="checkbox"/> Stop & Go <input type="checkbox"/> While Turning <input type="checkbox"/> While Braking <input type="checkbox"/> At Gear Engagement <input type="checkbox"/> With A/C Operating <input type="checkbox"/> With Headlights On <input type="checkbox"/> During Acceleration <input type="checkbox"/> During Deceleration <input type="checkbox"/> Mostly Downhill <input type="checkbox"/> Mostly Uphill <input type="checkbox"/> Mostly Level <input type="checkbox"/> Mostly Curvy <input type="checkbox"/> Rough Road
<b>Driving Habits</b>	<input type="checkbox"/> Drive Hard Before Engine Is Warmed <input type="checkbox"/> Allow Engine To Warm <input type="checkbox"/> Mostly City Driving <input type="checkbox"/> Highway <input type="checkbox"/> Park Vehicle Inside <input type="checkbox"/> Outside <b>Drive Per Day:</b> <input type="checkbox"/> Less Than 10 Miles <input type="checkbox"/> 10-50 <input type="checkbox"/> More Than 50 <b>Fuel Octane:</b> <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 91 <input type="checkbox"/> More Than 91 <b>Brand:</b> _____ <input type="checkbox"/> Gasohol <input type="checkbox"/> Propane Conversion
<b>Outside Weather</b>	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Wet/Rainy <input type="checkbox"/> Fog <input type="checkbox"/> Snow/Hail <input type="checkbox"/> Dust/Dirt <input type="checkbox"/> Dry <input type="checkbox"/> Humid