

Drivability Symptom Survey

CUSTOMER NAME	MODEL & YEAR	MILEAGE
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Check Engine Light Continuously Illuminated Not Illuminated Flashing
 Was on but is now off When was it last on? _____

Have you noticed any of the following symptoms regarding your vehicle? (Check all that apply)

Starting No crank, no start Cranks but will not start
 Cranks normally but hard to start Slow to crank but usually starts
 Other _____

Idling Normal Rough Too fast Too slow
 Other _____

Driving Stumbles Surges Knocking/Pinging Lack of power Poor fuel economy
 Other _____

Stalling At time of start-up Just after stopping While decelerating
 While idling During acceleration
 Other _____

When does it happen? (Check all that apply)

In the morning During the day At night Just after refueling Certain speed _____ MPH
 Other _____

Frequency Continuous Intermittent Under certain conditions (Be specific) _____

What are the weather conditions when the concern occurs? Dry Only when humid or rainy Snow
 Only on hot days (outside temp) _____ °F Only on cold days (outside temp) _____ °F
 Other _____

What is the engine temperature when the concern occurs? Cold Warm-up Normal All the time
 Other _____

When did the concern begin? Ever since the vehicle was new Problem just started
 Other _____

When was the last time the concern occurred? _____

How often does it occur? _____ times per day / week (circle one)

Any other conditions when the problem gets worse? Please be specific. _____

What repairs were completed recently? _____
