

ENGINE DRIBABILITY
Customer Diagnostic Survey Form

Customer Name _____ Date _____ R/O# _____
Year _____ Make _____ Model _____ LIC# _____

THE CONCERN OCCURS

(check all items that apply)

___ Always ___ Sometimes ___ Rarely

Check Engine Light ___ On ___ Off

DRIVING PERFORMANCE

- ___ Engine idles rough/unsteady
- ___ Engine idles too fast
- ___ Hesitates
- ___ Stalls
- ___ Lacks power
- ___ Misfires
- ___ "Pings" or "knocks"
- ___ Runs on after key is turned off
- ___ Backfires (popping noise)
- ___ Speed changes without touching accelerator
- ___ Fuel mileage changed _____
- ___ Other _____

WHEN THE CONCERN OCCURS

- ___ Light to medium acceleration
- ___ Hard acceleration
- ___ Deceleration (foot off accelerator)
- ___ Cruising (constant or highway speed)
- ___ Braking slowly
- ___ Braking suddenly
- ___ Turning
- ___ Other _____

Air Conditioning ___ On ___ Off

Engine Temperature

___ Cold ___ Warm ___ Hot

Outside Temperature

___ Cold ___ Moderate ___ Hot

___ Wet ___ Dry

CONCERN STARTED

(check all items that apply)

___ _____ (date/ODO)

___ Since the vehicle was new

___ Since the vehicle was serviced last

___ Immediately after fueling

TYPE OF FUEL USED

___ Regular ___ Mid Grade ___ Premium

Brand of fuel _____

Date filled up _____

DIVING HABITS

Are you the principal driver? ___ Yes ___ No

___ Drive hard before the engine is warm

___ Allow the engine to warm _____ Mins.

Vehicle Parked ___ Inside ___ Outside

Driving ___ City ___ Highway

___ Drive less than 15 km or 15 mins/day

___ Drive 15-18 km or 15-60 mins/day

___ Drive more than 80km or 1 hr/day

ADDITIONAL COMMENTS

Customer Signature _____