

Engine Drivability Diagnostic Questionnaire

Customer Name _____ Vehicle Year, Make & Model _____
 To assist us in making a fast and accurate diagnosis of your vehicle's condition, we ask you complete the following:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hard Starting
<input type="checkbox"/> Starts and dies
<input type="checkbox"/> Idles rough
<input type="checkbox"/> Idle speed too high
<input type="checkbox"/> Idle speed too low
<input type="checkbox"/> Dies at idle
<input type="checkbox"/> Poor fuel mileage
<input type="checkbox"/> _____
<input type="checkbox"/> Stalls | <input type="checkbox"/> Hesitation - Stumble
<input type="checkbox"/> Bucking
<input type="checkbox"/> Loss of power during:
_____ Uphill
_____ High Speed
_____ Low Speed
<input type="checkbox"/> Backfire
<input type="checkbox"/> Engine knocks or pings
<input type="checkbox"/> Engine runs on (Dieseling) | <input type="checkbox"/> Quits running, won't restart easily or quickly while:
_____ @ idle
_____ driving
<input type="checkbox"/> Quits running restarts easily or quickly while:
_____ @ idle
_____ driving |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

When Does it Occur

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Engine Temperature
<input type="checkbox"/> Cold
<input type="checkbox"/> During warm up
<input type="checkbox"/> Normal
<input type="checkbox"/> All Temperatures
Occurrence Frequency
<input type="checkbox"/> Always
<input type="checkbox"/> Intermittently
<input type="checkbox"/> Vehicle has had problems since new
<input type="checkbox"/> Problems began after vehicle accumulated _____ miles
<input type="checkbox"/> After previous repair | Other Factors:
<input type="checkbox"/> In the morning
<input type="checkbox"/> Cold weather
<input type="checkbox"/> Hot weather
<input type="checkbox"/> After driven 2 miles or less
<input type="checkbox"/> After driven 10 miles or more
<input type="checkbox"/> Wet weather - rain or snow
<input type="checkbox"/> Damp weather—fog
<input type="checkbox"/> On acceleration:
_____ Hard
_____ Medium
_____ Light
<input type="checkbox"/> On deceleration | <input type="checkbox"/> At constant speeds
<input type="checkbox"/> During braking
<input type="checkbox"/> During highway operation
<input type="checkbox"/> During stop/go operation
<input type="checkbox"/> When specific accessories are on:
<input type="checkbox"/> Under high voltage lines
<input type="checkbox"/> Only at a specific speed _____
<input type="checkbox"/> Only at a specific RMP _____
Fuel tank level during occurrence
<input type="checkbox"/> 1/4 or less
<input type="checkbox"/> 1/2
<input type="checkbox"/> 3/4 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

When Does it Occur

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you:
<input type="checkbox"/> Start cold engine & drive immediately
<input type="checkbox"/> Start cold engine & allow warm up period
<input type="checkbox"/> Use mainly on highway
<input type="checkbox"/> Use mainly within city
Average distance of miles driven daily _____ | Fuel Used:
<input type="checkbox"/> Brand of fuel used: _____
<input type="checkbox"/> No Lead Regular
<input type="checkbox"/> No Lead Premium
<input type="checkbox"/> Regular Leaded
<input type="checkbox"/> Blends of Gasohol or additives put in tank |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Drivability Terminology

- ☞ Bucking - severe surge
- ☞ Die Out - Engine stalls without accelerator pedal movement
- ☞ Engine Knocking or Ping (Detonation) - Engine knock that occurs when accelerating
- ☞ Engine Run On (Dieseling) - Engine continues to run after ignition is shut off
- ☞ Hard Start - Excessive cranking time
- ☞ Hesitation - A lack of response to initial throttle opening, occurring from a stand still or accelerating
- ☞ Rough Idle - Unsteady or erratic idle
- ☞ Surge - Engine speed increase and decrease under constant throttle opening.