

# DIAGNOSTIC WORKSHEET

Our goal is to fix your problem correctly and get you back on the road as soon as possible in the unlikely event that you experience a problem with your vehicle. Help us identify the exact nature of the concern by taking a few moments to complete the appropriate section of this diagnostic worksheet. Thank you

## DRIVEABILITY - ENGINE - AUTOMATIC TRANSMISSION

### SYMPTOM (CHECK ALL THAT APPLY)

#### ENGINE

- "Service Engine Soon"/"Malfunction Indicator Light" on
- Hard start / no start (cranks OK)
- Won't crank
- Engine stalls
- Engine miss
- Miss while driving
- Hesitates, stumbles or sags
- Rough idle
- Idle is too high       Idle is too low
- Poor power/performance
- Surge or chugge, buck - jerk - skip
- Poor gas mileage       Highway       City
- Pings, detonates
- Sulphur / rotten egg odor
- Backfires (popping noise) - underhood / tailpipe
- Exhaust smoke       Increased oil consumption
- Runs on after key is turned off
- Speed fluctuates without moving accelerator
- Engine noise (explain) \_\_\_\_\_

(whine, rattle, groan, clunk, etc.)

Other: \_\_\_\_\_

#### TRANSMISSION

- Does not shift properly       Hard shift
- Will not shift       Up       Down
- Will not shift into overdrive
- Engine starts in other than "P" or "N"
- Noise (describe) \_\_\_\_\_
- (whine, rattle, groan, clunk, buzz, etc.)
- Shifts into next gear too early
- Overdrive doesn't work with speed control, but is otherwise O.K.
- Highway speed - shudder, surge, etc.
- Other: \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

### OPERATING CONDITIONS (CHECK ALL THAT APPLY)

#### HOW OFTEN DOES IT OCCUR? (Engine and/or Transmission)

- |                                                     |                                         |                                            |
|-----------------------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Always                     | <input type="checkbox"/> Few seconds    | <input type="checkbox"/> Few minutes       |
| <input type="checkbox"/> Few hours                  | <input type="checkbox"/> Few days       | <input type="checkbox"/> Few weeks         |
| <input type="checkbox"/> Few months                 | <input type="checkbox"/> Variable       | <input type="checkbox"/> Only during event |
| <input type="checkbox"/> Every _____ to _____ miles | <input type="checkbox"/> Unknown        |                                            |
| <input type="checkbox"/> Other (explain) _____      |                                         |                                            |
| <input type="checkbox"/> Just started               | <input type="checkbox"/> Getting better | <input type="checkbox"/> Getting worse     |
| <input type="checkbox"/> Since new                  |                                         |                                            |

#### WHEN DOES IT OCCUR? (Engine and/or Transmission)

##### When Engine Temperature is:

- |                                       |                                             |                              |
|---------------------------------------|---------------------------------------------|------------------------------|
| <input type="checkbox"/> Cold         | <input type="checkbox"/> Warm               | <input type="checkbox"/> Hot |
| <input type="checkbox"/> All the time | <input type="checkbox"/> Only during warmup |                              |

##### Weather Conditions:

- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Very cold - below 0 deg. F | <input type="checkbox"/> Cold - 0 to 32 deg. F  |
| <input type="checkbox"/> Cool - 32 to 60 deg. F     | <input type="checkbox"/> Warm - 60 to 80 deg. F |
| <input type="checkbox"/> Hot - above 80 deg. F      | <input type="checkbox"/> Any environment        |
| <input type="checkbox"/> Raining                    | <input type="checkbox"/> Dry                    |
| <input type="checkbox"/> Snow / ice                 | <input type="checkbox"/> Wet roads              |
|                                                     | <input type="checkbox"/> Humid                  |
|                                                     | <input type="checkbox"/> Other (explain below)  |

##### Driving Conditions:

- |                                                          |                                        |                                        |
|----------------------------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Light throttle                  | <input type="checkbox"/> Med. throttle | <input type="checkbox"/> Hard throttle |
| <input type="checkbox"/> Starting                        | <input type="checkbox"/> At idle       | <input type="checkbox"/> Decelerating  |
| <input type="checkbox"/> Over bumps                      | <input type="checkbox"/> When shifting | <input type="checkbox"/> While turning |
| <input type="checkbox"/> Cruising - steady at _____ MPH  | <input type="checkbox"/> While braking |                                        |
| <input type="checkbox"/> Anytime                         | <input type="checkbox"/> Uphill        | <input type="checkbox"/> Downhill      |
| <input type="checkbox"/> Highway                         | <input type="checkbox"/> City / town   | <input type="checkbox"/> Stop and go   |
| <input type="checkbox"/> Between _____ MPH and _____ MPH |                                        |                                        |
| <input type="checkbox"/> Only with A/C or Defrost on     |                                        |                                        |

##### What Type of Fuel?

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Regular UL | <input type="checkbox"/> Mid range UL |
| <input type="checkbox"/> Gasohol    | <input type="checkbox"/> Ethanol      |
| <input type="checkbox"/> Diesel #1  | <input type="checkbox"/> Diesel #2    |

##### What Brand?

- |                                           |
|-------------------------------------------|
| <input type="checkbox"/> Premium Unleaded |
| <input type="checkbox"/> Methanol         |
| <input type="checkbox"/> Various brands   |

##### When Gear Selector is in:

- |                                       |                                  |                                    |
|---------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Park/Neutral | <input type="checkbox"/> Reverse | <input type="checkbox"/> Overdrive |
| <input type="checkbox"/> Drive/3      | <input type="checkbox"/> Drive/2 | <input type="checkbox"/> Drive/1   |

##### Between Gears:

- |                                         |                                          |                                         |
|-----------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Park to R or D | <input type="checkbox"/> Rev / Drive     | <input type="checkbox"/> First / Second |
| <input type="checkbox"/> Second / Third | <input type="checkbox"/> Third / O-Drive |                                         |

# DIAGNOSTIC WORKSHEET

## AIR CONDITIONING - HEATER - VENTILATION

### SYSTEM OR AREA AFFECTED

- |                                          |                                                        |                                      |                                  |                                   |                                     |
|------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Air conditioner | <input type="checkbox"/> Heater                        | <input type="checkbox"/> Defroster   | <input type="checkbox"/> Vent    | <input type="checkbox"/> Bi-Level | <input type="checkbox"/> Fan/blower |
| <input type="checkbox"/> Max A/C         | <input type="checkbox"/> Automatic Temperature Control | <input type="checkbox"/> Mix / blend | <input type="checkbox"/> Economy | <input type="checkbox"/> All      |                                     |

### SYMPTOM

- |                                          |                                                      |                                                    |                                                       |
|------------------------------------------|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Does not work   | <input type="checkbox"/> Blows wrong temperature air | <input type="checkbox"/> No air comes out of vents | <input type="checkbox"/> Rapid Cycling                |
| <input type="checkbox"/> Noisy (explain) | <input type="checkbox"/> Broken                      | <input type="checkbox"/> Odor                      | <input type="checkbox"/> Air comes from wrong outlets |
| <input type="checkbox"/> Leaks           | <input type="checkbox"/> Insufficient heat or cool   | <input type="checkbox"/> Other (explain below)     | <input type="checkbox"/> Blows Fuse                   |

### WHEN DOES IT OCCUR?

- |                                                    |                                                |                                                            |                                       |                                              |
|----------------------------------------------------|------------------------------------------------|------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> All the time              | <input type="checkbox"/> Hot                   | <input type="checkbox"/> Cold                              | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Right after startup |
| <input type="checkbox"/> When change controls only | <input type="checkbox"/> Other (explain below) | <input type="checkbox"/> Fan/blower speed High / Med / Low |                                       |                                              |

**EXPLAIN:**

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## ELECTRICAL - RADIO - TAPE/CD PLAYER

### SYMPTOM - MUSIC SYSTEM

- |                                               |                                     |                                                |                                     |                                      |                                         |
|-----------------------------------------------|-------------------------------------|------------------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Does not work        | <input type="checkbox"/> Noisy      | <input type="checkbox"/> Static                | <input type="checkbox"/> Won't load | <input type="checkbox"/> Won't eject | <input type="checkbox"/> Poor reception |
| <input type="checkbox"/> Controls do not work | <input type="checkbox"/> Blows fuse | <input type="checkbox"/> Other (explain below) |                                     |                                      |                                         |

### SYSTEM AFFECTED

- |                                      |                                    |                                                   |                                                 |                                            |
|--------------------------------------|------------------------------------|---------------------------------------------------|-------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Radio only  | <input type="checkbox"/> AM        | <input type="checkbox"/> FM                       | <input type="checkbox"/> FM stereo              | <input type="checkbox"/> Graphic equalizer |
| <input type="checkbox"/> Tape player | <input type="checkbox"/> CD player | <input type="checkbox"/> Whole system             | <input type="checkbox"/> Steering wheel buttons | <input type="checkbox"/> Phone             |
| <input type="checkbox"/> Speakers    | <input type="checkbox"/> Front     | <input type="checkbox"/> Rear                     | <input type="checkbox"/> Left                   | <input type="checkbox"/> Right             |
| <input type="checkbox"/> Antenna     | <input type="checkbox"/> Clock     | <input type="checkbox"/> Radio or player controls | <input type="checkbox"/> Rear seat controls     |                                            |

### ALL OTHER ELECTRICAL ITEMS OR ACCESSORIES

Please list the complaint accessory or item and check any applicable symptom(s) from the list that follows:

- |  |                                                     |                                       |                                                           |                                                                  |
|--|-----------------------------------------------------|---------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
|  | <input type="checkbox"/> Inoperable                 | <input type="checkbox"/> Noisy        | <input type="checkbox"/> No control                       | <input type="checkbox"/> Erratic                                 |
|  | <input type="checkbox"/> Check light on or flashing | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
|  | <input type="checkbox"/> Blows fuse                 | <input type="checkbox"/> Intermittent | <input type="checkbox"/> No control                       | <input type="checkbox"/> Erratic                                 |
|  | <input type="checkbox"/> Inoperable                 | <input type="checkbox"/> Noisy        | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
|  | <input type="checkbox"/> Check light on or flashing | <input type="checkbox"/> Intermittent | <input type="checkbox"/> No control                       | <input type="checkbox"/> Erratic                                 |
|  | <input type="checkbox"/> Blows fuse                 | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
|  | <input type="checkbox"/> Inoperable                 | <input type="checkbox"/> Noisy        | <input type="checkbox"/> No control                       | <input type="checkbox"/> Erratic                                 |
|  | <input type="checkbox"/> Check light on or flashing | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
|  | <input type="checkbox"/> Blows fuse                 | <input type="checkbox"/> Intermittent | <input type="checkbox"/> No control                       | <input type="checkbox"/> Erratic                                 |

### WHEN DOES IT OCCUR?

- |                                                |                                                      |                                                    |                                                                         |
|------------------------------------------------|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> All the time          | <input type="checkbox"/> Hot                         | <input type="checkbox"/> Cold                      | <input type="checkbox"/> Just after starting - malfunctions for a while |
| <input type="checkbox"/> Intermittent          | <input type="checkbox"/> After runs for ____ minutes | <input type="checkbox"/> Rough roads or bumps only |                                                                         |
| <input type="checkbox"/> Other (explain below) |                                                      |                                                    |                                                                         |

**EXPLAIN:**

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# DIAGNOSTIC WORKSHEET

## BRAKES - STEERING - SUSPENSION

### SYMPTOM

- |                                                                     |                                                    |                                       |
|---------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Vehicle pulls right - When _____           | <input type="checkbox"/> Suspension bottoms out    | <input type="checkbox"/> Sits uneven  |
| <input type="checkbox"/> Vehicle pulls left - When _____            | <input type="checkbox"/> Leans or sways in corners | <input type="checkbox"/> "Dog" tracks |
| <input type="checkbox"/> Steering wheel vibrates at _____ MPH       | <input type="checkbox"/> Brake light on            | <input type="checkbox"/> ABS light on |
| <input type="checkbox"/> Excessive play in steering                 | <input type="checkbox"/> Traction control light on | <input type="checkbox"/> Soft ride    |
| <input type="checkbox"/> Erratic steering when braking              | <input type="checkbox"/> Uneven tire wear          |                                       |
| <input type="checkbox"/> Poor steering wheel return after cornering |                                                    |                                       |

### Hard to steer

- Effort       Wanders  
 Steering wheel off center

### Shimmy/vibration (check box below for location)

<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Don't know
<input type="checkbox"/> Seat	<input type="checkbox"/> Floor	<input type="checkbox"/> Other _____

### Brake pedal

- Noise       Pulses       Squeaks       Hard       Mushy       Excessive travel

### WHEN DOES IT OCCUR?

- Cold days       Hot days       Wet / rain       All the time       Intermittent  
 Parking maneuvers       At road speed       Accelerating       Decelerating

### EXPLAIN:

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## SQUEAK - RATTLE - NOISE CONDITIONS

### AREA OF NOISE

- |                                                                          |                                      |                                        |                                    |                                     |
|--------------------------------------------------------------------------|--------------------------------------|----------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Engine compartment                              | <input type="checkbox"/> Left        | <input type="checkbox"/> Right         | <input type="checkbox"/> Center    | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Front suspension                                | <input type="checkbox"/> Left        | <input type="checkbox"/> Right         | <input type="checkbox"/> Center    | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Rear suspension                                 | <input type="checkbox"/> Left        | <input type="checkbox"/> Right         | <input type="checkbox"/> Center    | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Passenger compartment                           | <input type="checkbox"/> Left        | <input type="checkbox"/> Right         | <input type="checkbox"/> Center    | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Instrument Panel                                | <input type="checkbox"/> Left        | <input type="checkbox"/> Right         | <input type="checkbox"/> Center    | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Doors                                           | <input type="checkbox"/> Left front  | <input type="checkbox"/> Right front - | <input type="checkbox"/> Left rear | <input type="checkbox"/> Right rear |
| <input type="checkbox"/> Rear seat area <input type="checkbox"/> Console | <input type="checkbox"/> Other _____ |                                        |                                    |                                     |

### NOISE SOUNDS LIKE

- Knocks       Hard metal       Light metal       Roars       Ticking       Whine  
 Squeaks       Rattles       Scraping       Other \_\_\_\_\_

### HOW OFTEN DOES IT OCCUR?

- Continuous       Often       Intermittent       Just started       Since new

### WHEN DOES IT OCCUR?

- All the time       Speed \_\_\_\_\_       RPM \_\_\_\_\_       Only moving       On turns       Braking  
 Hard throttle       Light throttle       Decelerate       Steady speed       Idle in gear       Idle out of gear  
 Hot days       Cold days       Humid or rainy       Temperature \_\_\_\_\_  
 Heavy bumps       Light bumps       Smooth pavement

### EXPLAIN:

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# DIAGNOSTIC WORKSHEET

## WATER LEAK - WINDNOISE

### WATER LEAK

#### Leak Occurs When?

- Setting level       Any time it rains       While driving in the rain       Car wash only  
 Back lower than front (facing uphill)       Front lower than back (facing downhill)

#### Location of Leak (where water appears):

- LF door       RF door       LR door       RR door       Windshield       Rear window  
 LF window       RF window       LR window       RR window       Side door       Sunroof / T-Top  
 Under instrument panel       Rear door / rear hatch       Carpet       Other

### WINDNOISE

#### Location:

- LF door       RF door       LR door       RR door       Windshield       Rear window  
 LF window       RF window       LR window       RR window       Side door       Sunroof / T-Top  
 Under instrument panel       Rear door / rear hatch       Other

#### EXPLAIN:

## MANUAL TRANSMISSION - CLUTCH

### SYMPTOM - MANUAL GEAR SHIFT

- Hard to shift       Doesn't shift  
 Grinds going into \_\_\_\_\_ gear  
 Noisy when in \_\_\_\_\_ gear or neutral \_\_\_\_\_  
 Slips/pops out of gear  
 Noise (describe) \_\_\_\_\_  
 Upshift light stays on  
 Upshift light doesn't light

### SYMPTOM - CLUTCH

- Hard to push       Fails to release  
 Noise when pressing pedal down (describe) \_\_\_\_\_  
 Slips ~       Chattering (grabbing)  
 Odor present       Pedal stays on the floor  
 Squealing sound

#### WHEN DOES IT OCCUR?

##### When Engine Temperature is:

- All the time       Light load       Heavy load       Cold       Hot  
 Accelerating       Decelerating

#### EXPLAIN:

## COMMENTS:

### FOR DEALER USE ONLY:

VIN #: \_\_\_\_\_ MILES: \_\_\_\_\_ TECHNICIAN #: \_\_\_\_\_ ADVISOR #: \_\_\_\_\_