



Drivability Worksheet

Customer: _____ Contact phone: _____ Date: _____
 Vehicle YR: ____ Make: _____ Model: _____ Approx. miles: _____

Symptom(s): _____

The condition occurs during:	idle	off idle	acceleration	load/on hills	cruise	deceleration	
Is the condition speed related?	YES	NO	If so, what speed(s)? _____ MPH		Hwy	In-town	Stop & go
At what operating temperature does the condition occur?	Cold	Mid	Warm up	Normal	Hot		
Is the condition weather related?	Cold (<60)	Wet (rain, snow, fog)	Normal	Very Hot			
Has Your "Check Engine Light" come on previously?					YES	NO	
On steady?					YES	NO	
Flashing?							
Has any other warning lights came on					YES	NO	
Has Your Vehicle demonstrated this symptom before? If so how many times _____					YES	NO	
Have previous diagnostic tests or repairs been performed to correct this concern?					YES	NO	
In our facility? (If yes, check history & attach previous W.O.)					YES	NO	
Another facility? (If yes, attach copies of Repair Orders if available)					YES	NO	

Diagnostic tests, repairs performed elsewhere (if no paper copies available): _____

Did you have work performed just prior to this? If yes please explain	YES	NO
---	-----	----

Are you aware of any modifications or adjustments made to the vehicle? (Non-factory add-ons such as performance chips, remote start, alarm systems, suspension modifications, etc.)	YES	NO
--	-----	----

Is your vehicle current on factory recommended preventive maintenance for current mileage?	YES	NO
--	-----	----

Does the symptom occur continuously?	YES	NO
--------------------------------------	------------	----

Brand of gasoline last purchased for the vehicle _____

Can the condition be reproduced easily in the stall or on a short (less than 15 minute) test drive?	YES	NO
---	------------	----

YES to both of these questions:

Does the condition occur intermittently or require extensive road test (1/2 hr) to reproduce?	YES	NO
---	------------	----

YES to this question:

Does the condition occur intermittently at random, no rhyme or reason?	YES	NO
--	------------	----

YES to this question:

X _____
Customer signature

Date