

Name: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Mileage: \_\_\_\_\_

# Diagnostic Worksheet

## Driveability Symptom

- Service Engine Light
- Hard Start / No Start (Crank)
- Won't Crank
- Engine Dies
- Engine misses or shakes
- Engine hesitates or stumbles
- Idle high
- Idle low
- Engine bucks or jerks
- Engine runs after key is off
- Sluggish, loss of power
- Other \_\_\_\_\_

## Squeaks, Rattles, Noise Symptom

Please indicate on the drawing where the noise is coming from.

### Sounds Like:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Knock       | <input type="checkbox"/> Scraping |
| <input type="checkbox"/> Squeak      | <input type="checkbox"/> Roar     |
| <input type="checkbox"/> Hard Metal  | <input type="checkbox"/> Ticking  |
| <input type="checkbox"/> Tinny       |                                   |
| <input type="checkbox"/> Other _____ |                                   |

### Suspension, Brakes, Steering

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Pull Rt. | <input type="checkbox"/> Bottoms out   |
| <input type="checkbox"/> Pull Lt. | <input type="checkbox"/> Hard to steer |
| <input type="checkbox"/> Wanders  | <input type="checkbox"/> Vibration     |

### How Often does the Symptom occur?

- Always
  - Every Hour
  - Every few minutes
  - Once or twice a month
  - Only during? \_\_\_\_\_
- 
- Getting Better
  - Getting worse
  - Since \_\_\_\_\_

### Happens when engine is?

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Warm   |
| <input type="checkbox"/> Hot  | <input type="checkbox"/> Always |

Weather Condition: \_\_\_\_\_

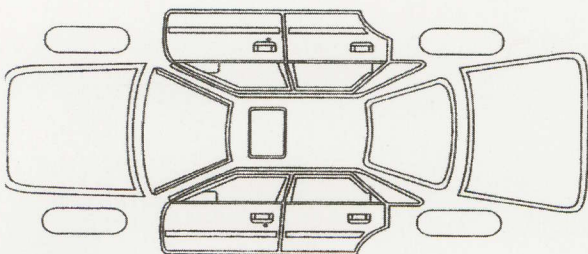
### Temperature:

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> 32-60    | <input type="checkbox"/> Raining |
| <input type="checkbox"/> 60-80    | <input type="checkbox"/> Dry     |
| <input type="checkbox"/> 80-100   |                                  |
| <input type="checkbox"/> Over 100 |                                  |

### Drive Condition?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Light Throttle | <input type="checkbox"/> Deceleration |
| <input type="checkbox"/> Heavy Throttle | <input type="checkbox"/> Idle/Stopped |
| <input type="checkbox"/> Starting       | <input type="checkbox"/> MPH _____    |
| <input type="checkbox"/> Sm. Bumps      | <input type="checkbox"/> RPM _____    |
| <input type="checkbox"/> Lg. Bumps      | <input type="checkbox"/> Steady Speed |
| <input type="checkbox"/> Rt. Turns      | <input type="checkbox"/> Highway      |
| <input type="checkbox"/> Lt. Turns      | <input type="checkbox"/> City         |
| <input type="checkbox"/> Backing up     | <input type="checkbox"/> Braking      |
| <input type="checkbox"/> Uphill         | <input type="checkbox"/> Shifting     |
| <input type="checkbox"/> Downhill       |                                       |
| <input type="checkbox"/> Other _____    |                                       |

Additional notes: \_\_\_\_\_



Date: \_\_\_\_\_