

Customer Diagnostic Evaluation Form

Print this form, fill out applicable sections, and bring with you when you drop off your car.

Name _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

YEAR _____ MAKE _____ MODEL _____

Symptom(s):

___ Hard starting (or not starting) but cranks properly

___ Excessive cranking time before starting

___ Starts normally but engine stalls or will not run

___ Rough (unsteady) idle speed

___ Idle speed is too high

___ Engine hesitates or stalls on acceleration

___ Engine stalls on deceleration or quick stop

___ Engine pings or knocks

___ Engine runs on after key is turned off

___ Engine backfires (popping noise)

___ Speed changes without touching accelerator

___ Poor gas mileage (_____MPG)

___ Other _____
Unleaded

When Does Drivability Problem Occur?

used _____

Engine temperature gauge reads:

___ Cold ___ Warm-up (fast idle)

___ Normal ___ Hot

___ At all temperatures

Weather Conditions:

___ Hot days

___ Cool or cold days

___ Humid or rainy days

Driving Conditions

Other _____

How often Does Problem Occur?

___ Rarely ___ Sometimes ___ Always

___ Accelerating: ___ Light ___ Medium ___ Hard

___ Decelerating: ___ Cruising ___ Braking

___ Occurs at the speed of _____MPH

___ Occurs at the engine speed of _____RPM

When did drivability Problem Start?

___ Suddenly occurred Mileage _____

___ Gradually occurred Mileage _____

___ Just started ___ Since car was new

What Type of Fuel is Used?

___ Regular ___ Unleaded ___ Premium

___ Diesel Brand _____

Other Comments and Observations:

