



Drivability Worksheet

(To be filled out by the vehicle owner/driver)

Name: _____ Date: _____ RO# _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Fault Characteristics - Descriptions of problem(s) (Please check all that apply)

Starting Problems	<input type="checkbox"/> Will not Crank <input type="checkbox"/> Cranks, but won't start <input type="checkbox"/> Starts, but takes a long time
Engine Quits	Quits: <input type="checkbox"/> Right after starting <input type="checkbox"/> When put into gear <input type="checkbox"/> Right after vehicle comes to a stop
Running Problems	<input type="checkbox"/> During steady speed driving <input type="checkbox"/> While idling <input type="checkbox"/> During acceleration <input type="checkbox"/> When parking
Poor Idling Conditions	Idle Speed: <input type="checkbox"/> Is too slow at all times <input type="checkbox"/> Is too slow with A/C on <input type="checkbox"/> Is too fast <input type="checkbox"/> Is rough or uneven <input type="checkbox"/> Fluctuates up & down
Auto Transmission Problems	<input type="checkbox"/> Improper shifting (early / late) <input type="checkbox"/> Changes gear randomly on it's own <input type="checkbox"/> Vehicle does not move when in gear <input type="checkbox"/> Other
Poor Handling	<input type="checkbox"/> Pulls to one side <input type="checkbox"/> Hard Steering <input type="checkbox"/> Vehicle shakes and/or vibrates while moving
Noise Problems	Please fill out the noise questionnaire
Odor Problems	Explain: _____
Problem Frequency	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Occasionally
Usually Occurs	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Anytime <input type="checkbox"/> After how many miles
Engine Temp	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot
Vehicle Speed	<input type="checkbox"/> Low <input type="checkbox"/> Cruising <input type="checkbox"/> High
Driving Conditions	<input type="checkbox"/> Short - Less than 2 miles <input type="checkbox"/> 2 - 10 miles <input type="checkbox"/> Long - More than 10 miles
During Occurrence	<input type="checkbox"/> Stop & Go <input type="checkbox"/> While turning <input type="checkbox"/> While backing <input type="checkbox"/> At gear engagement <input type="checkbox"/> With A/C operating <input type="checkbox"/> With headlights on <input type="checkbox"/> During acceleration <input type="checkbox"/> During deceleration <input type="checkbox"/> Mostly downhill <input type="checkbox"/> Mostly uphill <input type="checkbox"/> Mostly level <input type="checkbox"/> Mostly curvy <input type="checkbox"/> Rough road
Driving Habits	<input type="checkbox"/> Drive hard before engine is warmed up <input type="checkbox"/> Allow engine to fully warm up before driving <input type="checkbox"/> Mostly city driving <input type="checkbox"/> Highway driving <input type="checkbox"/> Park vehicle inside <input type="checkbox"/> Park outside Drive per day: <input type="checkbox"/> Less than 10 miles <input type="checkbox"/> 10 -- 50 miles <input type="checkbox"/> More than 50 Fuel Octane: <input type="checkbox"/> 87 low <input type="checkbox"/> 89 mid <input type="checkbox"/> 91 high <input type="checkbox"/> More than 91 Brand you use the most: _____ Current brand in tank: _____ <input type="checkbox"/> Gasohol <input type="checkbox"/> Propane Conversion <input type="checkbox"/> Natural Gas
Outside Weather	<input type="checkbox"/> Cold - below 40 <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Wet/Rainy <input type="checkbox"/> Fog <input type="checkbox"/> Snow / Hail <input type="checkbox"/> Dust / Dirt <input type="checkbox"/> Dry <input type="checkbox"/> Humid