

# Courtesy Car Care LLC

## Symptoms Worksheet

Name:	
Vehicle Year:	
Make:	
Model:	
<b>Check All That Apply:</b>	
Starting Problems	<input type="checkbox"/> Will not crank <input type="checkbox"/> Cranks, but won't start <input type="checkbox"/> Starts, but takes long time
Engine Stop Running	<input type="checkbox"/> Right after starting <input type="checkbox"/> When put in park <input type="checkbox"/> Right after stopping <input type="checkbox"/> During steady driving <input type="checkbox"/> While idling <input type="checkbox"/> During acceleration
Poor Idling	<input type="checkbox"/> Is too slow <input type="checkbox"/> Is too fast <input type="checkbox"/> Slows when A/C is turned on <input type="checkbox"/> Is rough or uneven <input type="checkbox"/> Fluctuates up and down
Running Conditions	<input type="checkbox"/> Runs rough <input type="checkbox"/> Lacks power <input type="checkbox"/> Hesitates on acceleration <input type="checkbox"/> Engine knocks or pings <input type="checkbox"/> Misfires or cuts out <input type="checkbox"/> Surges or chugs <input type="checkbox"/> Dieseling or run-on <input type="checkbox"/> Engine light always on <input type="checkbox"/> Engine light sometimes on <input type="checkbox"/> Backfires <input type="checkbox"/> Poor fuel economy <input type="checkbox"/> Gas smell
Automatic Transmission	<input type="checkbox"/> Improper shifting <input type="checkbox"/> Randomly changes gear <input type="checkbox"/> When in gear, vehicle doesn't move
Poor Handling	<input type="checkbox"/> Hard steering <input type="checkbox"/> Pulls to the right <input type="checkbox"/> Pulls to the left <input type="checkbox"/> Shaking or vibrating while vehicle is moving
Noises (Explain)	
Odors (Explain)	
Frequency of Problem	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Occasionally <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Anytime
Engine Temperature	<input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot
Driving Speed	<input type="checkbox"/> Slow (under 30 mph) <input type="checkbox"/> Average (30-55 mph) <input type="checkbox"/> Fast (over 55 mph)
When Problem Occurs	<input type="checkbox"/> Driving short distances <input type="checkbox"/> Driving long distances <input type="checkbox"/> Stop and go driving <input type="checkbox"/> While turning <input type="checkbox"/> While braking <input type="checkbox"/> Going down hill <input type="checkbox"/> Going down hill <input type="checkbox"/> During acceleration <input type="checkbox"/> On a curve <input type="checkbox"/> On rough roads
Weather Conditions	<input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Wet/rainy <input type="checkbox"/> Dry <input type="checkbox"/> Humidity high <input type="checkbox"/> Snow

Print this form and use as a reference when calling, bring it in with you or fax it to us at 608-788-4650