



106 N. Chester St. Olathe, KS 66061

DRIVABILITY QUESTIONNAIRE

1. What are the symptoms? In your own words, describe exactly what the vehicle is doing?

2. When do the symptoms occur?

- | | | | |
|-----------------------|--------------------------|---------------------------------|--------------------------|
| a. When engine's cold | <input type="checkbox"/> | f. When applying brakes lightly | <input type="checkbox"/> |
| b. When engine's warm | <input type="checkbox"/> | g. When applying brakes heavily | <input type="checkbox"/> |
| c. When accelerating | <input type="checkbox"/> | h. When it's hot outside | <input type="checkbox"/> |
| d. When decelerating | <input type="checkbox"/> | i. When it's cold outside | <input type="checkbox"/> |
| e. When cruising | <input type="checkbox"/> | j. Other: | |

3. How often do symptoms occur?

4. What other conditions affect the running of your vehicle? (ex: different gas, rainy weather, etc.)

5. Have the symptoms developed gradually ? OR suddenly ?

6. Has your vehicle been worked on recently by us or another shop/individual? If so, what has been done & how long ago?