

Diagnostic Worksheet

1. Select sense affected below.
2. Shade the potential area of concern below.
3. Select appropriate factors to the right.

Guest Name _____

Year, Model, Color _____

Vin # _____

 Any photos/videos to help describe symptom? ☐ Yes ☐ No

SEE


☐

FEEL


☐

HEAR


☐

SMELL


☐

Select ALL that apply

FREQUENCY

☐ Once ☐ Occasionally ☐ Sometimes ☐ Most of the time ☐ Always

SYMPTOM LOCATION

- ☐ Front of Vehicle
- ☐ Engine
- ☐ Dash
- ☐ Radio/Navigation
- ☐ Steering Wheel
- ☐ Accelerator Pedal
- ☐ Brake Pedal
- ☐ Clutch Pedal
- ☐ Shift/Lever Knob
- ☐ Seat
- ☐ Rear of Vehicle
- ☐ Floor
- ☐ Under Vehicle
- ☐ Other (in comments)

VEHICLE MODE

- ☐ Vehicle Off
- ☐ Start up
- ☐ Idle
- ☐ Gear Selection
- ☐ Accel Light
- ☐ Accel Moderate
- ☐ Accel Heavy
- ☐ Steady Speed
- ☐ Deceleration
- ☐ Coast Down
- ☐ Braking Soft
- ☐ Braking Normal
- ☐ Braking Hard
- ☐ Neutral
- ☐ Reverse
- ☐ Other (in comments)

OCCURS WHEN?

- ☐ Turning Left
- ☐ Turning Right
- ☐ Over Bumps
- ☐ Slight Incline
- ☐ Up Hills
- ☐ Down Hills
- ☐ Upshifting
- ☐ Downshifting
- ☐ Parked
- ☐ In Traffic
- ☐ Windows Open
- ☐ While Towing
- ☐ AWD/4WD Engaged
- ☐ Accessory On (List Accessory)
- ☐ Other (in comments)

VEHICLE SPEED

- ☐ 0-25
- ☐ 26-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80+

ROAD SURFACE

- ☐ Smooth Paved
- ☐ Rough Paved
- ☐ Bumpy
- ☐ Wet

WEATHER CONDITIONS

- ☐ Sunny
- ☐ Windy
- ☐ Wet/Humid
- ☐ Rain
- ☐ Snow
- ☐ Ice
- ☐ 0-20°F
- ☐ 21-40°F
- ☐ 41-60°F
- ☐ 61-80°F
- ☐ 81-100°F
- ☐ 100+°F

Comments

For Internal Use Only

Repair Order # _____

Tag # _____

 Open Campaigns? ☐ Yes ☐ No

Condition Verified By:

- ☐ Support Staff
- ☐ Service Advisor
- ☐ Technician
- ☐ Shop Foreman
- ☐ Service Manager

Associate Name: _____

Escalation Needed:

- ☐ Contact Techline
- ☐ Contact Manufacturer Assistance
- ☐ QMR to be Issued
- ☐ URCA to be Submitted

Techline Case No: _____

Manufacturer Case No: _____

QMR aID: _____

DTC Code: _____