

Automatic Power Transmission Client Concern Questionnaire

Customer Name:	Date:
Repair Order #:	License #:
Service Advisor:	VIN #:
IT HAPPENS WHEN	DEFINE THE PROBLEM
GEAR SELECTOR Describe the position of the gear selector (check all that apply) □ P (Park) □ R (Reverse) □ N (Neutral) □ D (Drive 1-4 gear) □ D (Drive 1-2 gear) □ D1 (Drive 1st gear only) Between which gear position(s) does the problem occur? (Check all that apply) □ 1 and 2 □ 2 and 3 □ 3 and 4 (overdrive)	TRANSMISSION Does the transmission/transaxle shift properly? ☐ Yes ☐ No Describe how the problem "feels" (Check all that apply). ☐ Slow, mushy or early shift ☐ Rough, harsh or delayed shift ☐ Slippage (engine speed increases at initial takeoff or when shifting ☐ No upshift ☐ No downshift ☐ Will not shift at all
THE PROBLEM OCCURS WHEN □ Light to medium acceleration □ Hard acceleration □ Deceleration (foot off accelerator) □ Braking □ 2 WD on □ 4 WD on	Does the engine start when the selector lever is not in "P" (park) or "N" (neutral)? Yes No **THE PROBLEM OCCURS** Rarely Sometimes Always
Engine Speed (RPM) ☐ Idle ☐ Medium ☐ High Engine Temperature	UNUSUAL NOISES Are there any unusual noises? ☐ Yes ☐ No
□ Cold □ Warm □ HotOutside Temperature□ Cold □ Warm □ Hot	If yes, please describe the noise and where it seems to be coming from:
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How long does the vehicle have to be operating before the condition occurs?	
☐ Minutes ☐ Hours	
PROBLEM STARTED □ Suddenly at (odometer)	SPEED OF VEHICLE Describe the speed at which the problem occurs: Vehicle Speed (km/h)

Has the transmission been previously repaired?

(odometer)

(odometer)

 \square Gradually at

☐ Just Started

 \square Yes \square No

 \square Since the Vehicle was new

 \square Yes \square No

Size / Wt of Trailer

Client Signature: ___

Is the vehicle used for towing?