

## Driveability And Intermittent Problem Worksheet

Intermittent vehicle problems can be a very frustrating experience for both you and the technician. In order to serve you better, please fill out as much of the information below, and check off the appropriate boxes. If necessary, keep this form with you for a few days so the information that is needed will be fresh in your mind the next time the problem occurs. Please take the time to read through it several times so that you will remember what is being asked.

1. CUSTOMER NAME \_\_\_\_\_

2. VEHICLE (year, make, model) \_\_\_\_\_

3. VEHICLE SYMPTOMS / DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. WHEN DID THIS PROBLEM FIRST START TO HAPPEN? \_\_\_\_\_

\_\_\_\_\_

5. HAS THIS VEHICLE EVER BEEN LOOKED AT / WORKED ON FOR THIS PROBLEM BEFORE?       Yes       No

If yes, what work was done, where, and did it make any difference?

\_\_\_\_\_

\_\_\_\_\_

6. DOES THE VEHICLE HAVE A PROBLEM WHEN THE ENGINE IS:

(warm = normal operating temp.)

Cold only       Yes       No

Warm only       Yes       No

Warm or cold       Yes       No

Other (describe) \_\_\_\_\_

7. DOES THE VEHICLE HAVE A PROBLEM IF THE WEATHER CONDITIONS ARE:

Cold only       Yes       No

Hot only       Yes       No

Hot or cold       Yes       No

Wet only       Yes       No

Dry only       Yes       No

No difference       Yes       No

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**(706) 549-5222**

8. HAVE YOU NOTICED ANY UNUSUAL:

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Sounds           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Odors            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drips            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leaks            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Smoke            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Warning Lights   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gauge Readings   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (describe) | _____                        |                             |

9. HAVE THERE BEEN ANY CHANGES IN:

- |                    |                              |                             |
|--------------------|------------------------------|-----------------------------|
| Acceleration       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Engine performance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas mileage        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluid levels       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handling           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Braking            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Steering           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vibrations         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (describe)   | _____                        |                             |

10. APPROXIMATELY HOW OFTEN DOES THIS PROBLEM OCCUR:

- Every time the vehicle is driven  
 Once a week  
 Once a day  
 Randomly/Intermittently  
Other (describe) \_\_\_\_\_

11. WHAT HAS BEEN THE LONGEST PERIOD OF TIME, DURING WHICH YOU DID NOT NOTICE THE PROBLEM:

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 hour  | <input type="checkbox"/> 2 hours | <input type="checkbox"/> 3 hours |
| <input type="checkbox"/> 6 hours | <input type="checkbox"/> 1/2 day | <input type="checkbox"/> 1 day   |
| <input type="checkbox"/> 1 week  |                                  |                                  |
| Other (describe)                 | _____                            |                                  |

12. OTHER HELPFUL INFORMATION: (Please check ALL that apply)

- Has the vehicle been sitting for a long time?  Yes  No  
(If so, how long?) \_\_\_\_\_
- Is the vehicle normally garaged?  Yes  No  
Is the vehicle only driven short trips?  Yes  No  
Has the vehicle ever been in an accident?  Yes  No  
If Yes, what parts were damaged?  
\_\_\_\_\_

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has the vehicle been stolen/recovered recently?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the vehicle just been washed?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever noticed wet carpeting?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the vehicle ever been in a flood?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the vehicle have a salvage title?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the vehicle just had bodywork or other repairs?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a stereo or other accessory been recently installed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the vehicle's radio have static?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any electrical accessories that do not work?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, please list:

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Have you noticed any electrical abnormalities?  Yes  No

If yes, please list: \_\_\_\_\_

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- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Did the problem happen shortly after gas purchase?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any recent change of gas brands?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any unusual raw gas smells?                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the problem occur right after loaning car to someone else? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has anyone else experienced the problem in your vehicle?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does altitude seem to have any effect?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the number of occupants / passengers affect it?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the temperature gauge ever show overheat?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the temperature gauge show very low temperature?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Even after driving for 20-30 minutes?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the heater take a long time to put out hot air?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the vehicle equipped with any anti-theft device/alarm?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does it work?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the vehicle have a hidden "kill" switch?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any other information that you feel might be useful? \_\_\_\_\_

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Thank you for taking the time to review this form and fill it out. Accurate information is a valuable tool to the Technician while trouble shooting your vehicle's problem(s). Your input will assist us in making an accurate and more cost effective

Thank you,  
Japanese Motor Works, Inc.