

TRANSMISSION CONCERN DIAGNOSTIC WORKSHEET:

Customer _____ Mileage _____ VIN _____

Primary Complaint

MIL ON

Shifting Faults:

- Won't upshift
- Won't downshift
- Delayed shift
- Delayed engagement
- Harsh shift
- Harsh engagement

Slipping Gear:

- 1 gear
- Some gears
- All gears

Noises:

- Grind, rumble
- Squeal
- Whine
- MPH or RPM related

Engine Temperature

- Cold
- Warm
- Hot
- Hot restart
- All

Timing

Frequency:

- Random
- Time fr. start _____
- Dist. fr. start _____

Duration:

- Random
- Always
- Seconds
- Minutes
- Hours
- Days
- Other _____

Ambient Conditions

- Any
- Below 32 °F
- 32-60 °F
- 61-80 °F
- Above 80 °F
- Dry
- Humid
- Wet roads
- Raining
- Snowing

Recent Repairs

Mechanical: _____

Collision: _____

Accessories/Modifications: _____

Driving Conditions

- All conditions
- Highway
- City
- Speed _____
- Light throttle
- Moderate throttle
- Heavy throttle
- Accelerating
- Steady speed
- Deceleration
- Bumpy roads
- Turning
- Braking
- Shifting
- Uphill
- Downhill

Other Variables

Selected gear: _____

of Passengers: _____

- Cruise engaged
- Towing
- Cargo/passengers
- Other load

Actions that modify or eliminate symptoms: _____
