FRONT WHEEL DRIVE ANALYSIS
Customer Diagnostic Survey Form

CUSTOMER NAME _____ **DATE** _____

REPAIR ORDER # _____ **LICENSE #** _____

SERVICE ADVISOR _____ **VIN** _____

IT HAPPENS WHEN....

VEHICLE OPERATION

- ☐ Vehicle not moving (engine running)
- ☐ Vehicle is moving during the following operation(s)
  - ☐ Light to medium acceleration
  - ☐ Hard acceleration
  - ☐ Deceleration (coast in gear)
  - ☐ Deceleration (coast out of gear)
  - ☐ Cruising (constant highway speed)
  - ☐ Braking
  - ☐ Turning
  - ☐ With vehicle occupants (or heavy load)

SPEED OF VEHICLE

Describe the speed at which the problem occurs:

Vehicle speed _____ (MPH)

Engine Speed

☐ Idle ☐ Medium ☐ High

ROAD TEST

Describe the speed at which the problem occurs:

Vehicle speed _____ (RPM)

Engine RPM _____

Road test indicated the following:

- ☐ Engine Check
- ☐ Engine accessory check
- ☐ Wheel and Tire check
- ☐ Engine mount check
- ☐ Drive train check
- ☐ Body check
- ☐ Other

_____

_____

_____

_____

DEFINE THE PROBLEM...

THE PROBLEM STARTED...

- ☐ Suddenly at _____ (odometer)
- ☐ Gradually at _____ (odometer)
- ☐ Just started _____ (odometer)
- ☐ Since the vehicle was new
- ☐ After abnormal occurence (i.e. pot hole, curb impact)

THE PROBLEM OCCURS...

- ☐ Rarely
- ☐ Sometimes
- ☐ Always

NOISE/VIBRATION

Are there any unusual noises? ☐ Yes ☐ No

Is there any vibration? ☐ Yes ☐ No

If yes, please describe the noise and / or vibration and where it seems to be coming from. (Some of the noises may be accompanied by vibration)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CUSTOMER SIGNATURE _____