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EXCELERATE PERFORMANCE'S DIAGNOSTIC QUESTIONNAIRE

Customer: _____ Vehicle: _____

1. What is wrong with your vehicle? (Please circle one below and describe in the space below)

Feel: I feel it (i.e. hesitation, shimmy, vibration, or a pull) ® **Hear:** I hear it (i.e. a rattle, a knock, or a squeal) ® **Other**

See: I see it (i.e. oil leak, warning light, or smoke) ® **Smell:** I smell it (i.e. gasoline, burning oil)

2. What area of the vehicle is the issue in? (Please circle one below and describe in the space below)

Brakes ® **Check Engine/Warning Lights** ® **Electrical Accessories** ® **Engine** ® **Engine Performance** ® **Exterior Components** ®

Heating & Air Conditioning ® **Interior Components** ® **Lights** ® **Steering & Handling** ® **Tires & Wheels** ® **Transmission**

3. When does the issue occur and how often? (Please be specific and circle all that apply below)

Engine Temp: Cold ® During warm up ® Normal ® All temperatures ® Cold restart ® Warm restart ® Hot

Occurrence Frequency: Always ® Intermittently ® Since new ® Began after ___ miles ® After last repair ® After accident

Additional Factors: In morning ® Cold weather ® Hot weather ® After driven ___ Miles ® Wet weather – rain or snow?

® Damp weather ® On acceleration: hard, medium or light? ® On deceleration ® At constant speeds ® During braking

® On highway ® During stop & go ® When specific parts are installed ® Only at a specific speed ® If so, what _____ mph?

® Only at a specific RPM ® If so, ___ RPM? ® In a specific gear ® If so, which gear? ___ ® Fuel level during issue? _____

4. Is there any other information that can help us diagnose your issue? Remember the more information you give us the easier it will be to diagnose.
