



Transmission Client Concern Questionnaire

CLIENT NAME: _____

IT HAPPENS WHEN...

(Check which gear position it happens in)

- P (Park)
- R (Reverse)
- N (Neutral)
- D (Drive 1-6)
- D (Drive 1-2 gear)
- D1 (Drive 1st gear only)

BETWEEN WHAT GEAR POSITION(S) DOES THE PROBLEM OCCUR?

- 1st and 2nd -2nd and 3rd -3rd and 4th -4th and 5th -5th and 6th

THE PROBLEM OCCURS WHEN...

- Light to medium acceleration
- Hard acceleration
- Deceleration
- Braking
- 2WD on
- 4WD on
- Other: _____

Engine speed (RPM)

Idle Medium High

Engine Temperature:

Hot Cold Warm

Outside Temperature:

Hot Cold Warm

How long does the vehicle need to be operating for before the concern occurs?

Minutes _____ OR Hours: _____

When did the problem start?

- Suddenly
- Gradually
- Just started
- Since new

Please give odometer reading of when it started (if known): _____

Has the Transmission been previously repaired?

No Yes Please specify where repairs were done:_____

DEFINE THE PROBLEM:

Does the Transmission shift correctly?

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 take off or when shifting)
- No upshift
- No downshift
- Will not shift at all

Does the engine start when the selector level is not in “P” (park) or “N” (neutral)?

Yes No

THE PROBLEM OCCURS:

Always Sometimes Rarely

UNUSUAL NOISES:

Are there any unusual noises?

Yes No

Please describe noise:_____

SPEED OF VEHICLE:

Describe the speed at which the problem occurs:

_____(km/hr)

Is this vehicle used for towing?

Yes No

Size/Weight of trailer:_____

CLIENT SIGNATURE:_____