



VIELHABER'S GARAGE
501 E SANDUSKY ST.
FINDLAY, OH 45840
(419)422-3932
vielhabersgarage.com

CHECK ENGINE LIGHT DIAGNOSTIC QUESTIONNAIRE

Date: _____ RO# _____

HAS OCCURRED ____ TIMES IN WHAT PERIOD OF TIME? _____ LAST OCCURANCE? _____

- ☐ Constant (Can duplicate in the shop)
- ☐ Intermittent (Can duplicate consistently under certain conditions)
- ☐ Random (Sporadic – can not duplicate consistently)

WHEN DID THE LIGHT COME ON:

- ☐ 1 Day
- ☐ 1 Month
- ☐ 3 Months
- ☐ 6 Months
- ☐ Longer

PROBLEM STARTED:

- ☐ Suddenly _____ miles ago
- ☐ Just started _____ miles ago
- ☐ Gradually since _____ miles ago
- ☐ Since vehicle was new

THE CHECK ENGINE LIGHT:

- ☐ Does not work (Doesn't bulb check when key is turned on)
- ☐ Is on all the time
- ☐ Flashes on and off all the time
- ☐ Flashes on and off all intermittently
- ☐ Is on intermittently (Can consistently reproduce under certain same conditions)
- ☐ Is on randomly (Sporadic - can not reproduce consistently)
- ☐ Has been on for a while with no drivability issues until recently

THE VEHICLE:

- ☐ Starts Normally
- ☐ Cranks for a long period & then starts
- ☐ Starts & then stalls



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THE CHECK ENGINE LIGHT COMES ON WHEN:

- | | |
|--|--|
| <input type="checkbox"/> Idling | <input type="checkbox"/> Low Speed (____ mph) |
| <input type="checkbox"/> Accelerating | <input type="checkbox"/> High Speed (____ mph) |
| <input type="checkbox"/> Decelerating | <input type="checkbox"/> A/C On |
| <input type="checkbox"/> Cruising (Steady Speed) | <input type="checkbox"/> A/C Off |
| <input type="checkbox"/> Stop & Go Traffic | <input type="checkbox"/> Highway Driving |
| <input type="checkbox"/> While Turning | <input type="checkbox"/> Braking |

UNDER WHAT CINDITIONS IS THE CHECK ENGINE LIGHT ON:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Daytime | <input type="checkbox"/> Rainy/Humid/Moist |
| <input type="checkbox"/> Nighttime | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Cold Weather | <input type="checkbox"/> All Conditions |
| <input type="checkbox"/> Warm Weather | <input type="checkbox"/> Other _____ |

WHILE DRIVING WITH THE CHECK ENGINE LIGHT ON:

- | | |
|---|--|
| <input type="checkbox"/> Runs Normal | <input type="checkbox"/> Misses (Vibrates) |
| <input type="checkbox"/> Backfires | <input type="checkbox"/> Stalls |
| <input type="checkbox"/> Pings/ Spark Knocks | <input type="checkbox"/> Blue |
| <input type="checkbox"/> Stumbles or Hesitates on Acceleration | <input type="checkbox"/> White |
| <input type="checkbox"/> Lacks Power | |
| <input type="checkbox"/> Smokes: <input type="checkbox"/> Black | |
| <input type="checkbox"/> Other _____ | |

WHEN WAS THE A/C SYSTEM SERVICED LAST:

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 1 Year | <input type="checkbox"/> Longer |
|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|

AVERAGE MILES PER DAY _____ LAST FILLUP _____ WHERE? _____ OCTANE: _____

HAS ANY WORK BEEN DONE RECENTLY? FOR THIS CONCERN?:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

IF YES, BY WHOM? PLEASE PROVIDE DETAILS.

Comments: _____