

AUTOMATIC TRANSMISSION QUESTIONNAIRE
Service Advisor Job Aid

Service Advisors: Fill out this form completely and attach it to the repair order.

Name: _____

Date: _____

Repair Order: _____

Advisor: _____

VIN: _____

Has the vehicle recently been serviced for this problem/symptom? Yes No

(Please explain): _____

Any other problem/symptom? Yes No

(Please explain): _____

Where has the vehicle been serviced? _____

1. What is the nature of the complaint?

- | | |
|--|--|
| <input type="checkbox"/> Car does not move | <input type="checkbox"/> No upshift |
| <input type="checkbox"/> Car slips in _____ gear | <input type="checkbox"/> Early upshift |
| <input type="checkbox"/> No downshift | <input type="checkbox"/> Lateshift |
| <input type="checkbox"/> Harsh downshift | <input type="checkbox"/> Harsh upshift |
| <input type="checkbox"/> An abnormal noise (describe): _____ | |

Other _____

2. At what speed does the problem occur?

RPM _____ MPH _____

3. What is the shift lever position in when the problem occurs? _____

4. When does the problem occur?

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Acceleration | <input type="checkbox"/> Deceleration | <input type="checkbox"/> At all throttle positions |
| <input type="checkbox"/> Cold engine | <input type="checkbox"/> Hot engine | <input type="checkbox"/> At all times |

5. How long has the customer experienced the problem?

- Just started A few days One week Longer _____

5A. Any recent repairs prior to problem? Yes No

5B. If yes, explain _____

6. Electronic automatic transmissions questions?

6A. Did the "S," "D4," "D5," or "Check Trans" light flash? Yes No

6B. Is it currently flashing? Yes No

6C. When did you notice the light go on?

- | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Acceleration | <input type="checkbox"/> Deceleration | <input type="checkbox"/> Cruising | <input type="checkbox"/> Braking |
|---------------------------------------|---------------------------------------|-----------------------------------|----------------------------------|

7. Other Comments: _____
