

Automatic Transmission/CVT Symptom Survey

CUSTOMER NAME	MODEL & YEAR	MILEAGE
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Check Engine Light ☐ Continuously Illuminated ☐ Not Illuminated ☐ Flashing
☐ Was on but is now off When was it last on? _____

Symptoms ☐ Vehicle does not move forward ☐ Vehicle does not move backward
☐ Engine RPM too high at certain engine or vehicle speed. Engine Speed _____ RPM Vehicle Speed _____ MPH
☐ Engine RPM too high at all speeds except idle
☐ Gear selector (shifter handle) will not move
☐ Gear selector moves normally, transmission delays into gear ☐ Drive ☐ Reverse
☐ Poor shift quality (Select all that apply)
 ☐ Harsh shift (bangs) ☐ Shift point too high ☐ Shift point too low
 ☐ Slips ☐ No upshift ☐ No downshift
☐ Noise or vibration (Select all that apply)
 ☐ All speeds ☐ At about _____ MPH
 ☐ Speeding up, heavy throttle ☐ Speeding up, light throttle ☐ Slowing down
 ☐ Going uphill, heavy throttle ☐ Going uphill, light throttle ☐ Going downhill
☐ When turning ☐ Left ☐ Right ☐ Both
☐ Noise sounds like _____
☐ Other, be specific _____

Frequency ☐ Continuous ☐ Intermittent ☐ _____ times per day

When did the concern begin? ☐ Ever since the vehicle was new ☐ Problem just started
☐ Other _____

What repairs were completed recently? _____

When was the transmission fluid replaced last (if known)? Date _____ Mileage _____