

For Office Use Only:
Reference Number: 20__ - _____
Report taken by: _____
Date: _____
Sample taken (Y/N): _____

Benewah County
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PLANT PROBLEM DIAGNOSIS

To better serve our clients:

1. Samples are processed on a first-come, first-served basis;
2. To ensure accuracy, please give us 2-3 business days to research your problem and get back to you with an answer;
3. A sample should be several plant parts from affected areas of the plant.
4. Our diagnosis is only as good as the information we receive. Please fill out this form as completely as possible;
5. It is very helpful if we can also get digital photographs of a group of affected plants, individual plants and individual affected plant parts;
6. Diagnosis may be delayed by poor quality samples, incomplete or missing information or by staff schedules;
7. We may need to forward the sample and information to the University of Idaho for diagnosis, which may take additional time to complete. We will be in touch with you if we need to do this.

Name _____ Phone (daytime) _____
Address _____ Cell Phone _____
City _____ Email _____
State _____ Zip _____ County _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your plant problem and recommend the action you need to take. If you do not fill out this form, we will not be able to provide you with a prompt or adequate, accurate diagnosis and management recommendation for your plant problem.

1. Name of plant _____ Variety (if known) _____
2. Age of plant _____ When was plant planted in this location _____
3. Size of plant—approximate size (height and/or width) _____
4. Please describe the problem in comparison to a normal specimen in your own words, then check all that apply: _____

Patterns:

On affected plant:

- | | |
|---|---|
| <input type="checkbox"/> started at bottom and moves up | <input type="checkbox"/> started at top and moves down |
| <input type="checkbox"/> entire plant is affected | <input type="checkbox"/> damaged only on tips of branches |
| <input type="checkbox"/> damage only on one side
(N__ S__ E__ W__) | <input type="checkbox"/> damaged only on inside branches |

In landscape/planting:

- | | |
|---|---|
| <input type="checkbox"/> scattered plant affected | <input type="checkbox"/> several plants in a row affected |
| <input type="checkbox"/> only one plant affected | <input type="checkbox"/> all similar plants affected |

5. When did you first notice the problem? _____

- | | |
|--|---|
| <input type="checkbox"/> happened very quickly | <input type="checkbox"/> happened gradually |
| <input type="checkbox"/> is getting worse | <input type="checkbox"/> is not getting worse |

6. Has this plant ever had this problem before? ___ Yes ___ No If yes, when: _____

7. Are other plants of the same variety in your landscape/garden similarly affected? ___ Yes ___ No

8. Do other plants of different varieties in your landscape/garden show the same symptoms? ___ Yes ___ No

9. Plant parts affected and how affected (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Flowers
<input type="checkbox"/> spots
<input type="checkbox"/> wilted
<input type="checkbox"/> distorted
<input type="checkbox"/> insect injury
<input type="checkbox"/> other _____ | <input type="checkbox"/> Fruit
<input type="checkbox"/> blotches
<input type="checkbox"/> dry
<input type="checkbox"/> distorted
<input type="checkbox"/> rotten/mushy
<input type="checkbox"/> other _____ | <input type="checkbox"/> Leaves/needles
<input type="checkbox"/> spots ___ wilted
<input type="checkbox"/> fall off ___ rolled
<input type="checkbox"/> distorted
<input type="checkbox"/> yellowish
<input type="checkbox"/> brown
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Roots
<input type="checkbox"/> brown (internally)
<input type="checkbox"/> rotted
<input type="checkbox"/> chewed
<input type="checkbox"/> few roots
other _____ | <input type="checkbox"/> Twigs
<input type="checkbox"/> dead
<input type="checkbox"/> decayed area
<input type="checkbox"/> sticky/weepy
<input type="checkbox"/> other _____ | <input type="checkbox"/> Stems
<input type="checkbox"/> dead
<input type="checkbox"/> decayed area
<input type="checkbox"/> sticky/weepy
<input type="checkbox"/> other _____ |
| <input type="checkbox"/> Large branches
<input type="checkbox"/> dead
<input type="checkbox"/> decayed area
<input type="checkbox"/> sticky/weepy
<input type="checkbox"/> other _____ | <input type="checkbox"/> Trunk
<input type="checkbox"/> dead/losing bark
<input type="checkbox"/> decayed area
<input type="checkbox"/> sticky/weepy
<input type="checkbox"/> other _____ | <input type="checkbox"/> Whole plant
<input type="checkbox"/> wilted
<input type="checkbox"/> distorted
<input type="checkbox"/> stunted
<input type="checkbox"/> other _____ |

10. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant?

___ Yes ___ No If yes, what did you find? _____

11. How was the plant planted? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> balled & burlapped | <input type="checkbox"/> peat/manure/compost | <input type="checkbox"/> fertilizer applied at planting |
| <input type="checkbox"/> plastic pot | <input type="checkbox"/> added to backfill | <input type="checkbox"/> or right after planting |
| <input type="checkbox"/> bare root | <input type="checkbox"/> peat/paper pot | <input type="checkbox"/> planted by landscaper |
| <input type="checkbox"/> pot/burlap removed
from root ball | <input type="checkbox"/> other _____ | <input type="checkbox"/> planted by previous owner |
| | <input type="checkbox"/> don't know for sure | |

12. Mulched with:

_____ nothing _____ grass clippings _____ bark mulch(type _____)
 _____ other _____

13. Irrigation

System:Where is water applied:

Watering frequency:

_____ hand watered	_____ overhead watering	_____ times a week for
_____ sprinkler	_____ individual emitter per plant	_____ minutes each time
_____ set sprinkler system	_____ water with lawn	_____ as needed with checking soil
_____ drip/soaker hose/porous	_____ watered directly at base	_____ as needed without checking
_____ wall hose	_____ of plant	_____ soil but relative to weather
		_____ conditions

14. Where is the plant located?

_____ in garden	_____ next to driveway	_____ under eaves
_____ in lawn	_____ next to pool	_____ plant is shaded
_____ in landscape bed	_____ next to garage/carport	_____ full sun
_____ in landscape berm/mound	_____ next to road	_____ exposure N__ S__ E__ W__
_____ on lot line	_____ next to house	_____ windy location
_____ on a slope	_____ next to sidewalk	_____ other _____
_____ in nursery	_____ next to fence/deck/patio	
_____ in greenhouse		

15. Soil situation:

_____ sandy soil	_____ lots of rocks	_____ white crust on soil
_____ loamy soil	_____ introduced top soil	_____ shallow soil 6" or less depth
_____ clay soil	_____ good drainage	_____ soil the builder left
	_____ poor drainage	

16. Chemicals applied to plant or applied to nearby plants:

_____ insecticide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fungicide	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____
_____ fertilizer	type _____	date applied _____	where applied _____
	type _____	date applied _____	where applied _____

17. Have any of these weed killers been used in your landscape/garden within the last two years?

_____ Roundup, Kleen-up, Knock Out – when & where _____
 _____ Triox, Noxall, Spike, other soil residual pesticides – when & where _____
 _____ Casoron – when & where _____
 _____ Other soil sterilant herbicides _____

18. Do you use a separate sprayer when applying weed-killers and insecticides/fungicides?

_____ Yes _____ No

19. Have any of these happened to your affected plant or within your yard or garden in the past 3 to 5 years?

- construction or heavy equipment over soil
- change of soil grade—landscaping, pool installation
- soil/root injury—septic work, trenching, root removal or cutting, pool installation, construction
- addition to soil of a volume of organic matter or other soil additives
- trunk, bark injury—injury to plant from lawn mover or weed eater, staking wire, rope, twine
- extreme drought—no irrigation for several months in spring, summer, or fall months
- driveway or road paving nearby

SPACE BELOW FOR MASTER GARDENER USE ONLY

For office use only:

Problem ID/diagnosed _____

Sample requested from client

Solutions researched _____

Date: _____

Client contacted:

Phone message _____

Sample submitted to UI

Sent response _____

Date: _____

Work complete _____

Date: _____

Diagnosed by: _____

Diagnosis:

Recommendation:

ALWAYS FOLLOW LABEL DIRECTIONS!

Approved by: _____

Gail Silkwood
Extension Educator

Source:

Trade names have been used to simplify information; no endorsement is intended.